

16 week Action Plan update

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| Service Name: | Scottish Dental Implants & Cosmetic Dentistry |
| Organisation number: | 02142 |
| Service Provider: | Zetta Elite UK Limited |
| Address: | 22 Commercial Street, Dundee, DD1 3EJ |
| Inspector: | Anna Martin |
| Date Inspection Concluded: | 11 January 2024 |

| Requirements | Action Taken | Completed Yes/No | Further action if applicable |
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| <p>Requirement 1: The provider must ensure that all staff who work directly with patients are registered with the General Dental Council or enrolled on a dental nurse trainee programme (see</p> <p>Requirement 2: The provider must update its complaints policy to make</p> | <p>All certificates are in folder for qualified/ registered staff.</p> <p>We currently have one GDC registered Dental nurse and we are recruiting for a part time GDC registered Dental Nurse on indeed.co.uk. We do not have Other dental nurses at the moment.</p> <p>In case of Trainee Dental Nurses, the practice will enrol them on the 12 months training course organised by www.mentortrainingcentre.co.uk</p> <p>This has now been updated by the practice manager with all the right information provided.</p> | YES | |

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| <p>clear that patients have the right to contact Healthcare Improvement Scotland at any time. Full contact details for Healthcare Improvement Scotland must also be detailed in the procedure.</p> <p>Requirement 3: The provider must develop and implement a medicines management policy that sets out how the service procures, receives, stores, prescribes, administers, and disposes of medicines (see page 19).</p> <p>Requirement 4: The provider must ensure that the X-ray scanner is appropriately tested in-house or arrange for an annual performance test to be carried out by an external specialist contractor (see page 19).</p> <p>Requirement 5: The provider must ensure that appropriate recruitment checks are</p> | <p>A record of medications delivered to the practice is now in place with stock control measures. Also, a dispensing record which is signed, and counter signed but staff, along with a prescription in the patient records.</p> <p>This has now been completed by an outside contractor and certificate obtained as proof of annual performance test.</p> | <p>YES</p> <p>YES</p> <p>YES</p> | |
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| <p>carried out on all staff before they start working in the service (see</p> <p>Requirement 6: The provider must carry out a risk assessment on the clinical hand wash basin and taps in the decontamination room to mitigate any risk associated with using non-compliant basins and taps and consider a refurbishment programme to upgrade these (see page 23). Timescale – by 20 April 2024</p> | <p>All potential employees will have to provide satisfactory references before starting employment with in Scottish dental Implants. A recruitment check list will now be used and kept within the employee file.</p> <p>Awaiting quotes from Henry Schein and installation date</p> | <p>YES</p> <p>NOT YET</p> | <p>We will continue to chase these quotes</p> |
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Action Plan (continued)

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| Recommendations | Action Taken | Completed Yes/No | Further action if applicable |
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| <p>Recommendation a: The service should develop measurable key performance indicators and a process for measuring these to check they are being met (see</p> <p>Recommendation b: The service should introduce a programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions. (See page</p> <p>Recommendation c: The service should develop a patient engagement strategy that sets out a structured way for obtaining patient feedback and using it to improve the service (see page 16).</p> <p>Recommendation d: The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered.</p> | <p>We are continuing to use SOE, to measure KPI's this is ongoing.</p> <p>: We continue to have staff meetings monthly to discuss any changes within practice and any updates the staff need to know about</p> <p>Patients continue to receive the feedback link after each appointment and have the option to leave feedback in the practice via the feedback box located in the waiting area.</p> <p>we will be starting the 1-2-1's with all staff members to gain staff feedback. This is due to start within the coming weeks after a change in staff within the practice.</p> | <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> | |

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| <p>Recommendation e: The service should develop an appropriate back-up protocol in case the autoclave malfunctions or stops working (see page 19).</p> | <p>This has now been put in place by our Lead nurse and a copy is available in the decontamination room, reception, and a copy in the manager's office.</p> | <p>Yes</p> | |
| <p>Recommendation f: The service should ensure its complaints procedure is available in the reception area and on its website (see page 19).</p> | <p>The complaints procedure is available to read in the waiting area, it is not yet available on the website due to upgrade but will be available there when upgrade is completed.</p> | <p>Yes</p> | |
| <p>Recommendation g: The service should ensure a range of image receptor sizes is available to maximise comfort for all patients and facilitate the best possible positioning (see page 19).</p> | <p>Size 2 sensors are available I both surgeries, if patients find this difficult, we have an OPT machine that is available should we require.</p> | <p>Yes</p> | |
| <p>Recommendation h: The service should ensure that all clinical staff are trained in the duty of candour principles (see page</p> | <p>The staff will be provided CPD training courses to complete.</p> | <p>Yes</p> | |

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| <p>Recommendation i: The service should produce and publish an annual duty of candour report (see page 19).</p> | <p>This will be provided in due course.</p> | <p>Yes</p> | |
| <p>Recommendation j: The service should further develop its audit programme to include radiology audits, patient care record audits and patient treatment outcomes audits (see page 20).</p> | <p>An audit programme has now been put in place for radiology, patient care and patient treatment outcomes these are carried out throughout the month by staff members.</p> | <p>Yes</p> | |
| <p>Recommendation k: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).</p> | <p>Patient online questionnaire after each appointment to describe the journey and attention required, this is fed back to staff at monthly meetings.</p> | <p>Yes</p> | |
| <p>Recommendation l: The service should assign at least one staff member responsible for fire safety management and legionella management within the service and ensure that appropriate fire marshal and legionella management training is provided to enable them to undertake this role (see page 21).</p> | <p>this has now been assigned to our receptionist who will be put on a course for fire marshal and the lead nurse is responsible for the legionella management.</p> | <p>Yes</p> | |

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| <p>Recommendation m: The service should ensure that patient care records consistently contain all the necessary information for each patient interaction.</p> <p>Recommendation n: The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland (see page 23</p> | <p>This has been passed on to all staff member for all records to be completed properly and updated when required.</p> <p>The discussion regarding self-evaluation has been fed back to the practice manager and is aware of the importance of this and will have this completed when requested in the future.</p> | <p>Yes</p> <p>Yes</p> | |
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| Name | <input type="text" value="Sheham El Gamal"/> |
| Designation | <input type="text" value="Practice manager"/> |
| Signature | <input type="text" value="Sheham El Gamal"/> |
| Date | <input type="text" value="13/05/2024"/> |

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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