

## Action Plan

Service Name:	DentOutline
Service number:	01760
Service Provider:	DentOutline
Address:	GF North, 3 Ponton Street, Edinburgh EH3 9QQ
Date Inspection Concluded:	20 May 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must obtain new adult and paediatric defibrillator pads and remove the expired pads from service (see page 21).</p> <p>Timescale – immediate</p>	Purchased	June 2024	Practice Manager
<p><b>Requirement 2:</b> The provider must provide an appropriate method of undertaking intraoral X-rays (see page 21).</p> <p>Timescale – immediate</p>	The operator has had selected the equipment and methods that ensure the dose of radiation is as low as reasonably practicable and consistent with the intended diagnostic purpose, in consultation with the provider's medical physics expert.	July 2024	Practice Principal

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 8	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Requirement 3:</b> The provider must ensure that all clinical staff undertake life support and medical emergency training and that staff undertake regular refresher training at appropriate intervals (see page 21).</p> <p>Timescale – by 1 September 2024</p>	<p>Refreshner CPR training done</p>	<p>14<sup>th</sup> of June 2024</p>	<p>Practice Manager</p>
<p><b>Requirement 4:</b> The provider must ensure that all relevant staff undertake NHS Education for Scotland infection prevention and control training and that staff undertake regular refresher training at appropriate intervals (see page 21).</p> <p>Timescale – by 1 September 2024</p>	<p>Already contacted NES NHS SCOT ( emailed <a href="mailto:QIIPT@nes.scot.nhs.uk">QIIPT@nes.scot.nhs.uk</a>), sent Booking Request Form, waiting for their answer</p>	<p>asap</p>	<p>Practice Manager</p>
<p><b>Requirement 5:</b> The provider must arrange for a fire risk assessment to be carried out by a competent person and then act on any areas for improvement that are identified (see page 21).</p> <p>Timescale – by 1 September 2024</p>	<p>Will be arranged</p>	<p>01.09.2024</p>	<p>Practice Principal</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 8</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Requirement 6:</b> The provider must ensure that appropriate health clearance checks are carried out:</p> <ul style="list-style-type: none"> <li>a) on all staff before they begin working in the service, and</li> <li>b) on all staff currently working in the service.</li> </ul> <p>Checks must be recorded and retained on staff files (see page 26).</p> <p>Timescale – immediate</p>	<p>Already contacted Occupational Health Services (Lizz Brannan), waiting for their answer</p>	<p>asap</p>	<p>Practice Manager</p>
<p><b>Requirement 7:</b> The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images (see page 26).</p> <p>Timescale – immediate</p>	<p>Process of improving taking notes already started</p>	<p>immediate</p>	<p>Practice Principal</p>
<p><b>Recommendation a:</b> The service should develop a formalised strategy that sets out its vision, purpose, aims and objectives. It should also identify key performance indicators to help it achieve its aims and objectives, and a process for monitoring and measuring these (see page 15).</p>	<p>Recommended strategy will be implemented.</p>	<p>End of year 2024</p>	<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:3 of 8</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation b:</b> The service should develop a patient participation policy that sets out a structured way for obtaining patient feedback and using the feedback to improve the service (see page 18).</p>	<p>We are constantly asking patients for feedback, QR code available for website feedback</p>		<p>Practice Principal</p>
<p><b>Recommendation c:</b> The service should update its 'safe storage of patient records policy' and 'patient notification if the clinic closes policy' to ensure they reflect the correct process for an independent clinic (see page 21).</p>	<p>Already in place</p>	<p>June 2024</p>	<p>Practice Manager</p>
<p><b>Recommendation d:</b> The service should develop an accidents, incidents and adverse events policy and provide training to staff on dealing with accidents, incidents and adverse events (see page 22).</p>	<p>Adverse events policy will be implemented</p>	<p>End of year 2024</p>	<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:4 of 8</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation e:</b> The service should ensure that all treating clinicians are appropriately trained in the use of intraoral X-ray machines and the reporting of X-ray images (see page 22).</p>	<p>Appropriate trainings will be attended</p>	<p>End of year 2024</p>	<p>Practice Principal</p>
<p><b>Recommendation f:</b> The service should ensure all clinical staff are trained in the duty of candour principles (see page 22).</p>	<p>Duty of candour training</p>	<p>End of year 2024</p>	<p>Practice Manager</p>
<p><b>Recommendation g:</b> The service should consider moving to a single patient care record system for storing patient information (see page 22).</p>	<p>Already in place, we are just keeping hard copies as a back-up ( signed forms).</p>	<p>May 2024</p>	<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:5 of 8</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation h:</b> The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audit results should be documented, and action plans implemented (see page 23).</p>	<p>Regular audits will be implemented</p>	<p>End of year 2024</p>	<p>Practice Manager</p>
<p><b>Recommendation i:</b> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 23).</p>	<p>Quality improvement plan will be developed</p>	<p>End of year 2024</p>	<p>Practice Manager</p>
<p><b>Recommendation j:</b> The service should develop and implement a regular documented stock checking system for all emergency drugs and equipment to ensure they are always within date and ready for use (see page 26).</p>	<p>Already done.</p>	<p>June 2024</p>	<p>Practice Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:6 of 8</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation k:</b> The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 26).</p>	<p>Self-evaluation will be completed</p>	<p>1 Nov 2024</p>	<p>Practice Principal</p>
---	--	-------------------	---------------------------

Name	Dan Tonalá	
Designation	Practice Principal	
Signature	DT	Date 11 / 07 /2024

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

### Guidance on completing the action plan.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:7 of 8	Review Date:
Circulation type (internal/external): Internal/External		

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:8 of 8	Review Date:
Circulation type (internal/external): Internal/External		