

Action Plan

Service Name:	Fergus & Glover
Service number:	02534
Service Provider:	The Real Good Dental Company Ltd
Address:	160 Union Street, Aberdeen, AB10 1QT
Date Inspection Concluded:	10 October 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that appropriate Disclosure Scotland background checks are carried out and recorded for:</p> <p>a) all staff before they begin working in the service, and</p> <p>b) all staff currently working in the service (see page 18).</p> <p>Timescale – immediate</p>	<p>Completed, all staff including self-employed staff now have appropriate disclosures in place – 2 certificates received 30/10/24 one on its way, was sent off on 6/11/24 due to a delay in the staff member obtaining a bill with current address.</p> <p>See attached two already received One in progress</p>	Completed	Practice manager

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<p>Requirement 2: The provider must ensure that appropriate practicing privileges agreements are in place for all self-employed staff:</p> <p>a) before they begin working in the service, and</p> <p>b) for those staff currently working in the service (see page 18).</p> <p>Timescale – immediate</p>	<p>Self employed staff now have signed agreements/contracts</p> <p>See attached a copy of agreement/contract</p>	<p>Completed</p>	<p>Practice manager /director of clinical recruitment</p>
<p>Requirement 3: The provider must repair the broken window on the landing of the third floor (see page 19).</p> <p>Timescale – immediate</p>	<p>This window has now been long term repaired with a more accurate fitting “boarding up”. Building works are being planned and the Permanent repair will be included in this.</p> <p>See photo attached</p>	<p>Completed</p>	<p>Practice manager/ commercial director</p>

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<p>Recommendation a: The service should develop a formalised strategy that brings together the provider's key performance indicators and the service's values, identifies organisational aims and objectives, and describes how these will be monitored and measured. This information should be shared with staff and patients so there is a shared sense of direction (see page 10).</p>	<p>Practice manager in the process of Making a document for Formalized Strategy for Aligning KPIs, Service Values, Organizational Aims, and Monitoring/Measurement, this will be shared and added to meeting agenda</p>	<p>3/12</p>	<p>Practice manager</p>
<p>Recommendation b: The service should create a standardised agenda template for meetings, including standing agenda items to be discussed and monitored at every meeting (see page 11).</p>	<p>Standardised Agenda template now used and was implemented last meeting on 1/11/24</p> <p>See attached last meeting notes for reference</p>	<p>Completed</p>	<p>Practice manager</p>

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<p>Recommendation c: The service should implement a formalised approach to sharing patient feedback results and outcomes with staff and patients (see page 13).</p>	<p>Report Now included in standard agenda points, Shared comments and scoring with staff. Discuss with team if any improvements required or anything requires actioning</p> <p>Included in staff meeting minutes that as attached</p>	<p>Completed</p>	<p>Practice manager</p>
<p>Recommendation d: The service should ensure all clinical staff are trained in the duty of candour principles (see page 16).</p>	<p>All staff have now completed or updated their Duty of Candour training through Agilio iLearn</p> <p>I have attached some certificates for reference</p>	<p>Completed</p>	<p>Practice manager</p>

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<p>Recommendation e: The service should update its recruitment policy to include the health clearance and immunisations requirements for individual job roles (see page 16).</p>	<p>Practice Manager has fed back to Head office regarding this</p>		<p>Head of recruitment or director that deals with policies and handbook</p>
<p>Recommendation f: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</p>	<p>Practice manager in the process of Making a document for improvements and developments – this will be shared with staff once completed</p>	<p>Within 3/12</p>	<p>Practice manager</p>

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

Name

Hannah Daly

Designation

Practice Manager

Signature

Hannah Daly .

15 /11 /2024

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Guidance on completing the action plan.

- **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.

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