# Action Plan

<table>
<thead>
<tr>
<th>Service Name:</th>
<th>Flying Smiles</th>
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<tbody>
<tr>
<td>Service number:</td>
<td>01546</td>
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<tr>
<td>Service Provider:</td>
<td>Flying Smiles</td>
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<tr>
<td>Address:</td>
<td>St Leonards, Dalginross, Comrie, Perth PH6 2HB</td>
</tr>
<tr>
<td>Date Inspection Concluded:</td>
<td>27 October 2021</td>
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</tbody>
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### Requirements and Recommendations

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Action Planned</th>
<th>Timescale</th>
<th>Responsible person</th>
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<tbody>
<tr>
<td><strong>Requirement 1:</strong> The provider must ensure that treatment and care is delivered in premises that are suitable for the purpose of the healthcare being provided.</td>
<td>Questions are asked before and at the time of delivery of treatment to find the most suitable place for the delivery of the service. This risk assessment includes: within the domicile setting, safety, wellbeing, ventilation, privacy, cross infection.</td>
<td>Immediate</td>
<td>Fiona Perry</td>
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<td><strong>Requirement 2:</strong> The provider must produce evidence of a clinical waste contract for the removal and disposal of all types of clinical and hazardous waste generated by the service.</td>
<td>Clinical waste is collected via an online account with PHS. Screenshot of account has been shown to inspectors at the time of the inspection. A request for a paper based certificate has been made to PHS and will be scanned and sent on to HIS on its arrival</td>
<td>Immediate</td>
<td>Fiona Perry</td>
</tr>
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<td><strong>Requirement 3:</strong> The provider must ensure that regular checks are carried out on the service’s portable electrical appliances to ensure they are maintained in a safe condition.</td>
<td>A template has been made (and send to HIS) as with other audits it will be given time every three months to ensure it is actioned and signed for by the person responsible</td>
<td>Immediate</td>
<td>Fiona Perry</td>
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<td>Requirement 4: The provider must develop and implement a recruitment policy and process and relevant additional policies that demonstrate the safe recruitment, selection and induction of new staff.</td>
<td>The person responsible is working at these policies as she will be advertising for the first employee in the new year. She has support from The Skills Collective with regards legal and HR issues.</td>
<td>22 January</td>
<td>Fiona Perry</td>
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<td>Recommendation a: The service should ensure staff receive training on the principles of duty of candour.</td>
<td>The person responsible and their chaperone has read and understood the principles of the duty of candour. We discussed issues around Organisational duty of candour: guidance - gov.scot (<a href="http://www.gov.scot">www.gov.scot</a>) and who would take what responsibility</td>
<td>8/12/21</td>
<td>FP</td>
</tr>
<tr>
<td>Recommendation b: The service should develop an incident management policy and process for dealing with accidents, incidents and adverse events.</td>
<td>This information is found in several policies: 1) Domiciliary protocol 2) Fire Management 3) Managing medical emergencies 4) Cargo bike risk assessment 5) Domiciliary risk assessment 6) Duty of Candour The person responsible is developing a separate policy that draws together an incident management policy that draws accidents, incidents and adverse events into one policy.</td>
<td>8/12/21</td>
<td>FP</td>
</tr>
<tr>
<td>Recommendation c: The service should develop a fire risk assessment for the decontamination room and transportation of the emergency oxygen cylinder. Consideration of fire risk should also be assessed at every home from where the service provides treatment.</td>
<td>This information was seen during inspection in: 1) The fire management policy 2) Cargo bike assessment With the inspection feedback the person responsible will bring together a separate risk assessment for the fire risk of the LDU and transport of oxygen. The person responsible has added it to the domiciliary protocol and prior to treatment, fire and incident management is discussed and actions agreed.</td>
<td>8/12/21</td>
<td>FP</td>
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### Recommendation d:
The service should introduce a programme of regular audits, for example on patient care records. Audits should be documented and improvement action plans implemented.

A series of audit sheets have been developed by the person responsible and time allocated monthly to complete an audit. They include:
- 1) Risk Assessments
- 2) Policies
- 3) SOP
- 4) Client communication / records

Documents will be available for the next practice inspection with noted implemented action plans.

8/12/21  Fiona Perry

### Recommendation e:
The service should develop and implement a quality improvement plan.

The person responsible is working with The Skills Collective to develop and implement a quality improvement plan. Documents will be available for the next practice inspection with noted implemented actions.

22 Jan  Fiona Perry

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<table>
<thead>
<tr>
<th>Name</th>
<th>Fiona Perry</th>
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<tbody>
<tr>
<td>Designation</td>
<td>Independent Domiciliary Dental Hygiene</td>
</tr>
<tr>
<td>Signature</td>
<td>[Signature]</td>
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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.