

Action Plan

Service Name:	3 Step Smiles
Service number:	01339
Service Provider:	EDG Restore Limited
Address:	Apartment 89, The Metropole, 89 Dunlop Street, Glasgow G1 4ET
Date Inspection Concluded:	03 March 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must reduce the number of cables on the work surfaces and ensure sharps bins are not placed on the floor but wall mounted above work surface height or on the work surface if space allows.	tidy up all the surgeries and cables make sure sharp bin is on the work surface on dentist side	10/03/2022	Blanca
Requirement 2: The provider must register with the Medicines and Healthcare Products Regulatory Agency (MHRA).	register the milling machine with MHRA - in process	01/05/2022	Veronica

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Requirement 3: The provider must ensure that all staff employed or engaged to work in the service have appropriate health checks carried out and an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.	PVGs for Luis, Felix and Shauna Blood test from Sharon	1/05/2022	Blanca
Recommendation a: The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.	implement regular audits training every 3 months to improve our practice audit every 6 months health and safety, hand wash...	01/05/2022	Veronica and Blanca
Recommendation b: The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events.	look for training in this matter	1/05/2022	Veronica
Recommendation c: The service should provide training on duty of candour or provide information to staff on where to access training, such as online modules.	look for training in this matter	01/05/2022	Veronica

Recommendation d: The service should develop and implement a quality improvement plan.	regular training for improvement in quality	01/05/2022	Veronica
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Name	Blanca Crooke		
Designation	Dentist		
Signature	Blanca Crooke	Date	20 / 04 /2022

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