

Action Plan

Service Name:	Clifton Dental Clinic
Service Number:	01205
Service Provider:	Portman Healthcare Limited
Address:	4 Clifton Street, Charing Cross, Glasgow, G3 7LA
Date Inspection Concluded:	25 April 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure the flooring joints in treatment room 4 are sealed (see page 13). Timescale – by 31 July 2023	Sourcing a flooring company to seal all floors that have been highlighted.		Practice manager
Requirement 2: The provider must: a) install an appropriate clinical hand wash basin in the decontamination room that meets Scottish Health Technical Memorandum (SHTM) 64 Sanitary Assemblies, and b) develop a refurbishment plan that sets out how the remaining clinical hand wash basins and taps will be upgraded, within a reasonable timeframe, to meet Scottish Health Technical Memorandum (SHTM) 64 Sanitary Assemblies (see page 14). Timescale – immediate	LDU new sink and tap will be replaced on the 29 th of June 2023 Room 2 new mixer tap will be upgraded on the 29 th of June 2023 Room 3 full refurb will be carried out from the 30 th of June and should be completed by the 18 th of July 2023		Practice manager

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 3	Review Date:
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Recommendation a: The service should produce and publish an annual duty of candour report (see page 10).	In progress	Within 6 months	Practice manager
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation b: The service should ensure the dental microscope is either appropriately covered or removed from the treatment room when not in use (see page 14)	Confirmed cover being used when microscope not in use.	Immediate	Practice manager

Name	<input type="text" value="Gemma Dickman"/>		
Designation	<input type="text" value="Safety and quality lead"/>		
Signature	<input type="text" value="G.Dickman"/>	Date	<input type="text" value="15 / 06 /2023"/>

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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 3	Review Date:
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- **Timescales:** for some requirements the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 3	Review Date:
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