

Action Plan

Service Name:	Cherrybank Dental Spa Perth
Service number:	00288
Service Provider:	Cherrybank Dental Spa Limited
Address:	168 Glasgow Road, Perth, PH2 0LY
Date Inspection Concluded:	01 November 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must replace the expired adult defibrillator pads and implement a stock checking system to make sure the pads are always in date and ready to use.	This has been completed. Pads were ordered but supplier had an issue with stock.	Complete	
Requirement 2: The provider must not use the dental laser until it has been suitably serviced and calibrated. Evidence of the servicing and calibration must be provided to Healthcare Improvement Scotland. Thereafter, the laser must be regularly serviced and calibrated according to the manufacturer's instructions.	To look into maintenance required for Laser and have this scheduled into the diary as per manufacturers instructions. Laser will not be used in the meantime until it has been calibrated and evidence is available for HIS.	Feb 2023	Jennifer McKenzie
Requirement 3: The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions.	This has been booked in and electrician arranged. We will also be in touch with our RPA.	Jan 2022	Jill Melloy

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Requirement 4: The provider must remove all unnecessary items stored in the decontamination room.	All items have been moved into another storage area	Complete	Jennifer McKenzie
Requirement 5: The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year.	Sedation training will be arranged when the sedationist is onsite and we will diarise refresher training annually	March 2023	Jill Melloy
Requirement 6: The provider must ensure it can demonstrate evidence of appropriate background checks and health clearance status for all self-employed or visiting clinicians before they start working in the service.	We have created a “new start “ document for self employed or visiting clinicians to ensure these checks are in place prior to starting	Jan 2022	Caroline Ralston
Recommendation a: The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.	We will create audits to be carried out regularly for sedation activities and will document action plans.	March 2023	Jill Melloy
Recommendation b: The service should develop and implement a quality improvement plan to structure its approach to quality improvement and demonstrate a culture of continuous improvement.	We will create a spreadsheet to document our improvement processes. This will be stored centrally so that all management team can access easily.	Jan 2022	Jill Melloy

Name	<input type="text" value="Jillian Melloy"/>		
Designation	<input type="text" value="Practice Manager"/>		
Signature	<input type="text" value="J. Melloy"/>	Date	<input type="text" value="19 / 01 /2023"/>

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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.

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