


## Action Plan

Service Name:	Evo Dental Edinburgh
Organisation Number:	02865
Service Provider:	Evo Dental Care Limited
Address:	Cornerstone, 60 South Gyle Crescent, Edinburgh, EH12 9EB
Date Inspection Concluded:	14 March 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should create a standardised agenda template for meetings that includes standing agenda items for discussion and monitoring at every meeting (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	It has been decided to include the recommendations in our new slide deck for our team meetings moving forward. These shall be issued for use in all our clinics as 'best practice'	1/5/2025	Lyndsay McGregor
<p><b>Recommendation b:</b> The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	This had been submitted and uploaded, upon review this is missing from the portal. In future this shall also be uploaded as a word document.	1/5/2025	Lyndsay McGregor
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Produced by: IHC Team	Page:1 of 2	Review Date:	
Circulation type (internal/external): Internal/External			

Name	Lyndsay McGregor		
Designation	Business Manager		
Signature		Date	29/4/2025

**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 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.

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