Action Plan

Service Name:	Albany Dental Care
Organisation Number:	01375
Service Provider:	Albany Dental Care
Address:	12a Howe Street, Edinburgh, EH3 6TD
Date Inspection Concluded:	07 August 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must develop a medicine management policy that sets out how medicines will be safely managed in the service and identifies who is responsible for each stage of the process (see page 15). Timescale – by 17 November 2025 *Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Create policy for medicine management and detail who is responsible for each stage.	31/10/25	Practice Manager

Recommendation a: The service should develop a strategic plan that incorporates its mission and sets out formal aims and objectives that link to the service's identified key performance indicators, to help demonstrate to patients how it will achieve its mission (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Develop a plan as recommended, detailing our aims and objectives.	31/10/25	Practice Manager
Recommendation b: The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Create a template to use for future meetings with the team as discussed at inspection.	31/10/25	Practice Manager
Recommendation c: The service should review and update its policies and procedures to ensure they align with best practice (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	Review policies and amend as required, ensure updated and signed by all staff.	31/10/25	Practice Manager and all staff

Recommendation d: The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Complete self-evaluation when requested.	31/10/25	Practice Manager

Name	Naomi Cutts		
Designation	Practice Manager		
Signature	N. Cutts	Date	7/10/25

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.