Action Plan

Service Name:	Art of Dentistry
Organisation Number:	01758
Service Provider:	Clyde Dental Practice Limited
Address:	171 Main Street, Prestwick, KA9 1LB
Date Inspection Concluded:	25 August 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that patient care records detail the date, time and dose of any medicines administered to the patient (see page 22). Timescale – immediate *Regulation 4(2) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	A custom screen has been created within SOE and attached to all treatment options. This must be completed by the GDPs.	Immediate	Lead Clinician / Clyde Munro Dental

Recommendation a: The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	It is our intention to use the Clyde Munro Dental Group template going forward. This includes staffing changes or company updates, clinical governance eg Health & Safety changes, equipment failures or servicing, infection control updates and audits, patient experience positive and negative, compliance issues, improvements and audits, medical emergencies and scenarios, and any other business	Immediate – completed	Lead Clinician
Recommendation b: The provider should review its recruitment policy to ensure it reflects current national best practice (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24	Clyde Munro Dental Group are reviewing all recruitment policies in line with Health & Social Care Standards. Clyde Munro Dental Group's Staff Handbook is currently in draft form and once finalised will be given to all staff.	Immediate – completed	Lead Clinician
Recommendation c: The service should review its policies to ensure they reflect the correct processes that apply to an independent clinic (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24	Clyde Munro Dental Group are reviewing all policies in line with Health & Social Care Standards. The policies will clearly define the processes for an independent clinic. Each policy will have quality control information attached to show date of implementation, any changes, responsible person and review date.	1 month	Clinical Compliance Officer

Recommendation d: The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the September 2022 inspection report for Art of Dentistry.	Our Quality Improvement Plan (QIP) will regularly review, monitor and aim to improve the quality of our services to ensure it meets the needs and requirements of our patients. Regular activities to be reviewed are clinical audits, incidents, complaints, patient feedback, staff training and CPD compliance, policy and procedure reviews. Our QIP will be reviewed three monthly and supporting evidence will be retained.	Immediately – completed	Full Team
Recommendation e: The service should introduce routine audits of radiographic image reporting to ensure any gaps are identified and improvements made as a result (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	We have introduced a Radiographic Audit in accordance with SDCEP and HIS quality standards with the aim of assessing compliance of radiographic quality and to identify any areas of improvement required. The audit includes justification for exposure, image quality, appropriate recording of imaging within patient notes. A report will be produced on audit findings and discussed at staff meetings and any required improvements actioned.	Immediately-completed	Lead Clinician
Recommendation f: The service should record all inhouse testing of autoclaves and washer disinfectors (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	We currently record all daily and weekly testing of the washer disinfector and autoclaves using a Clyde Munro Dental Group template. All testing is carried out by appropriately trained staff. All sterilisation cycles are recorded by dataloggers and securely stored on computer.	Immediately – completed	Dental Nursing Staff / Clyde Munro Dental

Name	David Wiseman		
Designation	Lead Clinican		
Signature	David Wiseman	Date	10/10/2025

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.