Action Plan

Service Name:	Mariner House Dental Care
Organisation Number:	02693
Service Provider:	Portman Healthcare Limited
Address:	Mariner House, Watermark Business Park, 355 Govan Road, Glasgow, G51 2SE
Date Inspection Concluded:	15 September 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure an effective process is in place for carrying out checks of all medical emergency equipment to make sure all items are in date and available for use at all times (see page 13). Timescale – immediate *Regulation 13(2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Completed	done	Dental Nurse
Recommendation a: The service should ensure patients are kept informed of any	We contact patients to advice of any changes made due to their feedback.This can be via call, email or letter.	done	Practice Manager

changes made to the service as a result of their feedback (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19			
Recommendation b: The service should develop a formal agreement with the dental practice located immediately opposite for additional support when required, including for assisting with medical emergencies (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14	Contacted the practice manager of the opposite practice to implement formal agreement between us. The Safety and Quality team to create the document.	immediate	Practice Manager
Recommendation c: The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Contacted safety and quality team to request they submit this.	immediate	Quality team

Name	Kim Hosie		
Designation	Practice Manager		
Signature	K.Hosie	Date	28/10/25

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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.