

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:	10 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must produce and publish a duty of candour report each year and make this available to patients (see page 16). Timescale – immediate Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011	We have produced and published an annual Duty of Candour report in line with statutory requirements. The report will be publicly available and accessible to patients, and this will be reviewed and updated annually as part of our governance arrangements	Complete	Jill Melloy
Recommendation a: The service should ensure minutes of meetings include any actions and staff responsible for taking forward actions and have timescales identified. This will ensure better accountability to make sure actions	Meeting minute templates have been updated to ensure all actions are clearly recorded, with named responsible staff and agreed timescales. This will support improved accountability and allow actions to be tracked and completed effectively	Complete	Jill Melloy

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can be tracked and completed (see page 12).			
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 ensure hand hygiene product dispensers are wall mounted off the work surface in all clinical areas to facilitate effective cleaning (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	The service has reviewed the placement of hand hygiene product dispensers in all clinical areas. Dispensers will be wall mounted off work surfaces to support effective cleaning and infection prevention, with this action implemented and monitored as part of ongoing environmental audits	End of January 2026	Jennifer McKenzie (Lead Nurse)

Name	<input type="text" value="Jillian Melloy"/>		
Designation	<input type="text" value="Clinical Manager"/>		
Signature	<input type="text" value="J Melloy"/>	Date	<input type="text" value="26 / 01 /2026"/>

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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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 can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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