

Action Plan

Service Name:	Truly Dental Glasgow (3 Step Smiles)
Organisation Number:	01339
Service Provider:	EDFG Restore Limited
Address:	Apartment 89, The Metropole, 89 Dunlop Street, Glasgow, G1 4ET
Date Inspection Concluded:	3 February 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must produce and publish an annual duty of candour report each year and make this available to patients (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>	<p>Updated for 2026 and posted on the practice website https://trulydental.ie/storage/pages/902/duty-of-candour-policy.pdf?_gl=1*1vp49n4*_up*MQ..*_gs*MQ..&gclid=CjwKCAjw1tLOBhAMEiwAiPkRHr_9ddysj8tj0A3KkPOWb44EPMiFRPNaqkQ4banJDDP1Cz2wG2VN4hoC-ulQAvD_BwE&gbraid=0AAAAAC53MGJwYH8_ULWhllfK4BuuFmIDN</p>		A.R

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<p>Requirement 2: The provider must follow national guidance for the decontamination of dental instruments in a local decontamination unit (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(ii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Policy reviewed for the practice and shared with the team.</p>		<p>A.R</p>
<p>Requirement 3: The provider must ensure an effective process is in place for carrying out checks of all stock and medical emergency equipment to make sure all items are always in date and available for use (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>We now have an online record on DCME (compliance platform) and manual checklist to be completed on a weekly basis. Platform is available to Practice Manager and dental nurses to fill out.</p>		<p>A.R</p>

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<p>Requirement 4: The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images (see page 21).</p> <p>Timescale – immediate <i>Regulation 4(2) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Policy for Record keeping is reviewed and updated to align with Truly Dental Policies. Patient records are updated with the front of house trained on what must be updated at every visit.</p>		<p>AR</p>
<p>Recommendation a: The service should update its website to ensure that information about the service’s current mission is available to patients (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>	<p>Website is up to date with services provided for the patient along with any necessary information they may need. https://trulydental.ie/uk</p>		<p>AR</p>
<p>Recommendation b: The service should ensure team meetings take place on a regular basis and formalise these with an agenda and record of discussions and decisions reached, with actions to be taken forward shared appropriately with the team (see page 13).</p>	<p>Team meetings will be scheduled every 4–6 weeks, with key topics included as part of full team discussions. Minutes from each meeting will be documented digitally and distributed to all staff within one week.</p>		<p>AR</p>

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<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>			
<p>Recommendation c: The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>All feedback received, whether in person or via platforms such as Google, email, or Trustpilot, will be recorded in the events tracker on our compliance platform and addressed promptly by the team. Feedback will also be reviewed during staff meetings and appropriately documented.</p>		<p>AR</p>
<p>Recommendation d: The service should ensure that all clinical staff are trained in the duty of candour principles (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p> <p>This was previously identified as a recommendation in the March 2022 inspection report for 3 Step Smiles.</p>	<p>All staff have been requested to complete the Duty of Candour CPD training on our new compliance forum and have been sent the Duty of Candour policy for 2026</p>		<p>AR</p>

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<p>Recommendation e: The service should make formal arrangements with an occupational health service for staff to use as needed, such as for immunisations and blood tests (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>Contact has been made with three different health providers to arrange occupational health contracts. One of these is conveniently located nearby and can provide services for our clinical team as needed, including immunisations and blood tests.</p>		<p>AR</p>
<p>Recommendation f: The service should update its safeguarding policy to reflect Scottish legislation. Local authority and police contact details should be available in the event of a safeguarding (public protection) concern (see page 18).</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>	<p>Safeguarding policy is reviewed and rewritten to reflect the Scottish legislation. All staff have been requested to complete the Safeguarding CPD on the DCME platform to ensure all is understood and all are compliant.</p>		<p>AR</p>
<p>Recommendation g: The service should continue to develop an audit programme to include key aspects of care and treatment, including patient care record audits. Audits should be documented and improvement action plans implemented (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>On the new compliance platform there are 7 different clinical record keeping audits that can be completed; Endo, Exam, extractions, implants, orthodontics, restorative and sedation. Auditing will be completed every 12 months of all relevant treatments performed in the practice</p>		<p>AR</p>

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<p>organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the March 2022 and September/October 2020 inspection reports for 3 Step Smiles.</p>			
<p>Recommendation h: The service should share outcomes from quality improvement activities with staff and ensure any relevant learning is actioned (see page 19).</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>	<p>Quality improvement initiatives within the practice, such as audits and new policies of infection control procedures, patient feedback reviews, and clinical record-keeping assessments, will be formally documented and regularly shared with the team. These will be discussed during team meetings to promote shared learning, ensure actions are implemented, and support continuous improvement across the service.</p>		AR
<p>Recommendation i: The service should declutter all clinical areas and ensure drawers and cabinets are well organised, including removing any expired or out-of-use materials (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality</p>	<p>The entire practice has been renovated, decluttered, and thoroughly cleaned to maintain high clinical standards and ensure that unnecessary items are appropriately identified and disposed of.</p>		AR

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environment if the organisation provides the premises. Statement 5.24			
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Name	Aiza Revazova		
Designation	Practice manager		
Signature		Date	07.04.2026

Guidance or

- **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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