

Action Plan

Service Name:	Waverley Dental
Service number:	00261
Service Provider:	Ross McLelland & Company Limited
Address:	Waverley Dental Practice, 1 Waverley Place, Aberdeen, AB10 1XH
Date Inspection Concluded:	10 March 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a:</p> <p>The service should share its vision and purpose with patients and staff (see page 11).</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>Currently under development</p>	<p>Ongoing & evolving</p>	<p>Ross McLelland</p>

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<p>Recommendation b:</p> <p>The service should introduce formal staff meetings. These should be documented, and include any actions identified and those responsible for taking the actions forward (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19organisation providing my care and support. Statement 4.19</p>	<p>We currently operate our 'Dynamic Convergence' model which is well researched, documented and applicable to this size of practice. This structure & methodology was submitted in advance of inspection.</p> <p>We will consider introducing more procedural formality to this process where & when most appropriate.</p>	<p>Ongoing & evolving</p>	<p>Ross McLelland</p>
<p>Recommendation c:</p> <p>The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>To be actioned accordingly as appropriate to any changes made going forward.</p>	<p>Ongoing & evolving</p>	<p>Ross McLelland</p>

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<p>organisation providing my care and support. Statement 4.</p>			
<p>Recommendation d: The service should remove all unused equipment from the onsite decontamination room (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24organisation providing my care and support. Statement 4.8</p>	<p>This piece of equipment is currently in transit for repair & service / validations with my autoclave engineers.</p>	<p>Pending repair & service completion</p>	<p>Ross McLelland</p>

Name	Ross McLelland
Designation	Owner / Manager
Signature	Date

[Handwritten Signature]

7 / 5 /2026

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 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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