Action Plan

Service Name:	Truly Dental Glasgow
Organisation Number:	01339
Service Provider:	Capital Care Glasgow Limited
Address:	89 Dunlop Street, Glasgow, G1 4ET
Date Inspection Concluded:	21 August 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must conclude its significant adverse event review and duty of candour review of the recent serious incident involving a patient and share the outcomes of both with Healthcare Improvement Scotland. All learning identified must ensure that future sedation treatment provided by the service will be of a quality which is appropriate to meet the needs of patients (see page 12). Timescale – by 13 January 2027 *Regulation 13(2)(b)*	The significant adverse event review and the duty of candour review will be concluded and the final outcomes of both shared with Healthcare Improvement Scotland. The duty of candour review will be completed on receipt of the hospital's clinical findings (statements requested from the treating hospital on 29 September 2026). All learning identified will be embedded into the revised sedation assessment, governance and record-keeping processes to ensure future sedation treatment is of a quality appropriate to meet patients' needs.	By 13 January 2027	Head of Operations (UK); Clinical Director

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011			
Requirement 2: The provider must implement a written procedure for contacting the GP of patients who are assessed as high risk for treatment and using this information to make an informed clinical judgement about whether the patient's treatment should be delayed, staged, referred or refused (see page 13). Timescale – by 13 January 2027 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	An adapted surgical/sedation pre-assessment has been introduced, incorporating suitability grading and prompts to escalate, and a written procedure for contacting the GP of patients assessed as high risk has been developed and is being implemented (including a GP referral and clearance request form attached to the pre-assessment). The procedure requires the GP response to be obtained and reviewed, and an informed clinical judgement (proceed, delay, stage, refer or refuse) to be recorded in the patient care record, before treatment proceeds.	By 13 January 2027	Clinical Director; Lead Clinician
Requirement 3: The provider must implement an effective documented governance process for ensuring that patients initially assessed as high risk are appropriately escalated to senior clinical staff for a decision about their suitability for treatment. A record of all decision making related to patient treatment must be kept in the patient care record to ensure patients' health, welfare and safety (see page 13).	A documented escalation procedure is being implemented requiring patients assessed as high risk to be escalated to senior clinical staff for a decision on suitability before any treatment proceeds. A multidisciplinary team (MDT) process, supported by a dedicated MDT form filed in the patient notes, is used for complex medical cases. The escalation, the senior clinical decision and the reasons are recorded in the patient care record.	By 13 January 2027	Clinical Director; Lead Clinician

Timescale – by 13 January 2027 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*			
Requirement 4: The provider must ensure that patient care records contain all necessary information about patients' consultations, examinations, assessments and treatment (see page 14). Timescale – by 13 January 2027 *Regulation 4(2)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	The record-keeping standard operating procedure has been reinforced and revised assessment templates introduced so that patient care records contain all necessary information about consultation, examination, assessment and treatment. Monthly clinical note audits are undertaken by the clinical team, with findings and resulting actions recorded, to provide ongoing assurance.	By 13 January 2027 (monthly audits ongoing)	Clinical Director; Registered Manager
Requirement 5: The provider must ensure that conscious intravenous sedation is only provided to patients that meet the appropriate assessment criteria. Patients with a classification of American Society of Anesthesiologists (ASA) 3 (severe systemic disease) or higher must not be treated in this service (see page 16). Timescale – by 13 January 2027	The adapted surgical/sedation pre-assessment embeds case-selection criteria so that conscious intravenous sedation is only provided to patients who meet the appropriate assessment criteria, and patients classified ASA 3 or higher are not treated under sedation at the service. ASA grading and escalation have been reinforced through staff training, with senior clinical sign-off on case selection for higher-risk patients.	By 13 January 2027	Lead Clinician; Clinical Director

Regulation 3(a) *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*			
Requirement 6: The provider must ensure that patient care records contain an accurate record of the teeth present in patients' mouths (see page 16). Timescale – by 13 January 2027 *Regulation 4(2)(a)(b)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	An accurate record of the teeth present in the patient's mouth is required within the record-keeping standard and is included in the monthly clinical note audit to ensure consistent and accurate charting.	By 13 January 2027	Clinical Director; Registered Manager
Requirement 7: The provider must ensure that appropriate sedation monitoring details are recorded during patient sedation treatment so that the safe management of patients can be demonstrated (see page 16). Timescale – by 13 January 2027 *Regulation 4(2)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	A sedation monitoring record is being implemented requiring the contemporaneous recording of physiological observations, including the times at which they are taken, throughout sedation and recovery. Capnography (end-tidal CO2) monitoring has been procured and will be in use, with staff trained, before any sedation resumes.	By 13 January 2027 (in place before sedation resumes)	Lead Clinician

Requirement 8: The provider must ensure that the time and administration doses of local anaesthetic are always documented to ensure maximum doses are not exceeded (see page 16). Timescale – by 13 January 2027 *Regulation 4(2)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	A local anaesthetic record has been added to the sedation monitoring form, requiring the time and dose of each local anaesthetic administration, a running total, and confirmation that the maximum dose for the individual patient is not exceeded.	By 13 January 2027	Lead Clinician

Name	Cheryl Reynolds		
Designation	Head of Operations UK		
Signature	C A Reynolds	Date	20/10/2026

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.