

Action Plan

Service Name:	Bite Dentistry
Service number:	01788
Service Provider:	Bite Dentistry Ltd
Address:	The Old School House, 30 Glen Street, Edinburgh, EH3 9JE
Date Inspection Concluded:	15 August 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must produce a copy of an updated electrical installation condition report that demonstrates the electrical system is in satisfactory condition (see page 16).</p> <p>Timescale – by 9 November 2024</p>	<p>Awaiting date for confirmation of re assessment. Likely week commencing 21 Oct 2024</p>	<p>ASAP</p>	<p>Practice Manager</p>

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<p>Requirement 2: The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks identified (see page 18).</p> <p>Timescale – by 9 November 2024</p>	<p>Contacted council, awaiting site visit as our building is grade C listed.</p>	<p>ASAP</p>	<p>Director</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should include staff in the development of its business improvement plan and key performance indicators to help achieve its aim and mission (see page 11).</p>	<p>All staff appraisals have been carried out which resulted in PDP being updated and plans in place for future training for quality improvement.</p>	<p>Annual appraisals</p>	<p>Practice Manager</p>

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<p>Recommendation b: The service should incorporate the dental plan provider's feedback survey results into its routine patient engagement processes, so that opportunities for improvement can be identified and acted on (see page 13).</p>	<p>We have changed to a monthly denplan report regarding pt survey which means we can act on pt feedback quicker resulting in higher patient satisfaction</p>	<p>Ongoing</p>	<p>Practice manager</p>
<p>Recommendation c: The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 19).</p>	<p>This was submitted on the portal on May 23 2024 by PM and updated the day before the inspection 14 Aug by director</p>	<p>Complete</p>	<p>Practice Manager/Director</p>

Name	Emma Raynes
Designation	Practice Manager
Signature	Date

Emma Raynes

10 / 10 /24

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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