

## Action Plan

Service Name:	Albany Dental Care
Service number:	01375
Service Provider:	Albany Dental Care
Address:	12a Howe Street, Edinburgh, EH3 6TD
Date Inspection Concluded:	16 September 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible person
<b>Requirement 1:</b> The provider must develop and implement a practicing privileges policy and an individual practicing privileges agreement between the provider and each self-employed clinician.	To complete and implement practicing privileges agreement for each self-employed clinician as soon as.	December 2021	Murray Bremner Business Owner
<b>Recommendation a:</b> The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events.	Policy to be put in place as recommended.	December 2021	Business owner and practice manager

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Produced by: IHC Team	Page:1 of 2	Review Date:
Circulation type (internal/external): Internal/External		

Name

Naomi Cutts

Designation

Practice Manager

Signature

N. Cutts

Date

26 / 10 / 2021

**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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