

Action Plan

Service Name:	Vermilion - The Smile Experts
Service number:	00336
Service Provider:	Vermilion - The Smile Experts Limited
Address:	24 St John's Road, Corstorphine, Edinburgh EH12 6NZ
Date Inspection Concluded:	25 March 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure the service is meeting all essential criteria of the national Combined Practice Inspection Checklist to ensure the safe delivery of care. In particular, the service must ensure all equipment is inspected and serviced, as required.	All equipment has now been serviced. Service plans are in place to ensure that the annual inspections are in place. Diary reminders are also in place on the company shared calendar.	Complete	Jennifer Wilson, Head Nurse

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019		
Produced by: IHC Team	Page:1 of 3	Review Date:		
Circulation type (internal/external): Internal/External				



Recommendation a: The service should ensure that the most up-to-date policies and procedures are readily available for staff.	The clinic is a transition of going paperless and all policies were being up-dated. Older versions do require to be archived or deleted from the system.	12 weeks	Kay MacMillan, General Manager & Jennifer Wilson, Head Nurse
Recommendation b: The service should use its induction checklist system to ensure evidence can be provided for all health clearance checks that staff require before they start working in the service. These should be regularly checked to ensure professional registration and indemnity insurance for each staff member remains in place.	An induction checklist is being used when recruiting staff. All staff have up-to-date registration and indemnity. A calendar reminder has be generated to ensure Dentist provide their new certificates when they receive them.	Complete	Kay MacMillan, General Manager

Name	Kav MacMillan			
Designation	General Manader			
Signature	K MacMillan	Date	05 / 05 / 2021	

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019		
Produced by: IHC Team	Page:2 of 3	Review Date:		
Circulation type (internal/external): Internal/External				



In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019		
Produced by: IHC Team	Page:3 of 3	Review Date:		
Circulation type (internal/external): Internal/External				