

Action Plan

Service Name:	Vermilion - The Smile Experts (Kelso)
Organisation Number:	01482
Service Provider:	Vermilion - The Smile Experts Limited
Address:	Plot 9 Pinnaclehill Industrial Estate, Kelso, TD5 8DW
Date Inspection Concluded:	19 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure an effective process is in place for carrying out checks of all medical emergency equipment to make sure all items are always in date and available for use (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	Defib pads were replaced and paperwork altered to include the checks in the nurses' weekly tasks check sheet.	Next day	Laura Ferguson

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Recommendation a: The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Individuals who provide feedback do receive written updates on the progress of any resulting changes. We will also include a dedicated section in the quarterly newsletter to inform all patients & RDPs of improvements made in response to their feedback. In addition, a new slide will be added to the waiting-room patient presentation to highlight these updates.	3 months	Gillian Cowley (marketing manager)
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Name	Kay MacMillan		
Designation	General Manager		
Signature	K MacMillan	Date	02/02/2026

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.

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