

Action Plan

Service Name:	Visage Cosmetic Dental Clinic
Service number:	00182
Service Provider:	Avsan Visage Ltd
Address:	61 Miller Street, Glasgow, G1 1EB
Date Inspection Concluded:	24 July 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must operate within its conditions of registration at all times. If it intends to do anything that is not covered under its conditions of registration, it must submit for approval an ‘application to vary, add or remove a condition of registration’ within the timescale indicated in our notifications guidance (see page 19).</p> <p>Timescale – immediate</p>	<p>As registered manager I am aware and understand the Independent Healthcare regulations and notifications and will follow these guidelines carefully to ensure we meet our responsibilities.</p> <p>Bupa dental care Healthcare Regulatory and Risk specialists have actioned a guide for new managers and will be supporting with the onboarding of new managers ensuring they meet HIS responsibilities.</p>	Immediate	PM and Healthcare Regulatory team

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<p>Requirement 2: The provider must ensure that the name of the local anaesthetic and dosage given to patients is always recorded in patient care records (see page 22).</p> <p>Timescale – immediate</p>	<p>Actioned immediately. All clinicians made aware of requirements. Followed up with email to each clinician showing report findings.</p> <p>Nurses also made aware.</p> <p>Report forwarded to Quality improvement lead for Scotland.</p>	<p>Immediately/complete</p>	<p>PM & clinicians responsible for their own notes.</p>
<p>Requirement 3: The provider must undertake a risk assessment of its ventilation system in the treatment rooms and decontamination room and mitigate against any risks associated with using a ventilation system which does not meet national guidance for specialised ventilation for healthcare services (see page 22).</p> <p>Timescale – by 17 October 2024</p>	<p>Ventilation site survey carried out on the 9th August 2024. Report received on 22nd August and forwarded to head of property. 3rd September measurements taken for works.</p>	<p>Head of property aware of timescale and to be complete before 17th October 2024.</p>	<p>PM and Property for Bupa Dental Care</p>

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<p>Recommendation a: The service should implement a process to ensure all parts of the patient care record are saved in one central location (see page 19).</p>	<p>All practices use dentally and radiographs are held in EXpro/ CBCT in Sidexis. This has been passed on to the relevant teams to be looked at centrally.</p>		<p>Quality improvement lead/ Central ops.</p>
<p>Recommendation b: The service should update its recruitment policy to include the health clearance and immunisations requirements for individual job roles (see page 19).</p>	<p>This has been passed onto Quality improvement lead and Central ops to be looked at centrally.</p>		<p>Quality improvement lead/ Central ops.</p>

Name	Melissa Marshall
Designation	Practice Manager
Signature	Date

M Marshall

3 / 9 /2024

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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