

Action Plan

Service Name:	Lady A Clinic
Service number:	00842
Service Provider:	Lady A Clinic Ltd
Address:	31 Beresford Terrace, Ayr, KA7 2EU
Date Inspection Concluded:	14 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, including carrying out risk assessments and developing a risk register (see page 18).</p> <p>Timescale – immediate</p>	<p>Since inspection we have instructed Croner Group to work with ourselves in order to provide both a risk assessment register and online risk assessment management system . Whereby it will support our compliance with regulatory requirements and internal governance by documenting how risks within the business are managed and demonstrates diligence and proactivity . It will be invaluable for future project planning and risk assessment enabling us to captilise on learned efficiencies. This will enable us to continuously monitor and review risks and their management , fostering an adaptive and responsive risk management strategy.</p>	Immediate	Manager

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<p>Requirement 2: The provider must develop an up-to-date fire risk assessment to demonstrate the fire safety arrangements in the service (see page 19).</p> <p>Timescale – immediate</p>	<p>An up to date interim Fire risk assessment has been uploaded to the portal and Croner our health and safety advisors are also in the process of adapting and updating our fire risk assessment in line with HSE standards.</p>	<p>Immediate</p>	<p>Manager</p>
<p>Requirement 3: The provider must carry out a risk assessment on the sinks in the treatment rooms to mitigate any risk associated with using non-compliant clinical wash hand basins and consider a refurbishment programme to upgrade these hand basins (see page 21).</p> <p>Timescale – immediate</p>	<p>A sink risk assessment has been uploaded to portal in the interim. Refurbishment proposals are in discussion as discussed with inspector at time of inspection on 14/02/2024 with a view to work starting in August 2024 to have sink in clinic installed inline with latest HIS standards.</p>	<p>Immediate</p>	<p>manager</p>

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<p>Requirement 4: The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate, and documented, background and safety checks in place (see page 21).</p> <p>Timescale – immediate</p>	<p>We have instructed Croner HR services to be involved in our recruitment and retention process , all members of staff have been issued with a notification for them to provide a named person who will provide a personal and a named person to provide a professional reference. we have set a time scale of 14 days for these to be returned to ourselves and all references for practicing privileges staff will be held in an online personnel folder via HR Bright system which will notify us also of when any other documentation is required to be updated – e.g insurance certificates, NMC checks.</p>	<p>Immediate</p>	<p>Manager</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should further develop a programme of measuring, recording and reviewing key performance indicators (see page 13).</p>	<p>A Key performance Indicator register has been implemented , our key performance indicators are displayed on our noticeboard in staff room , we will have a regiuster implemented for 3 monthly review of KPI and what our focus is for the following 3 months.</p>	<p>Immediate</p>	<p>Manager</p>

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<p>Recommendation b: The service should ensure the contact details for Healthcare Improvement Scotland included in the complaints policy are up to date (see page 17).</p>	<p>Healthcare Improvement Scotland details are updated on the notice in reception – this was carried out the day of inspection .</p> <p>All details in the health care improvement complaints policy is up to date</p>	<p>Immediate</p>	<p>Manager</p>
<p>Recommendation c: The service should ensure information on how to make a complaint is easily accessible to patients (see page 17).</p>	<p>All information on how to make a complaint is displayed in clinic at reception .</p>	<p>Immediate</p>	<p>Manager</p>

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<p>Recommendation d: The service should produce and publish an annual duty of candour report (see page 17).</p>	<p>An annual duty of candour report is produced every year it is displayed in our staff room and reception area , unfortunately at present we don't have an official website , however are adding a separate link in our social media link tree to display our duty of candour report annually along with our complaints procedure, so that it is available for everyone to see both in clinic and online.</p>	<p>Immediate</p>	<p>Manager</p>
<p>Recommendation e: The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 19).</p>	<p>A quality improvement plan is in place within the clinic , we have had feedback from staff and patients from numerous sources and looked at the feedback to implement change based on this . We are in the process of further developing a quality improvement plan which will include a quality improvement cycle we will continually assess and improve the performance and quality of services ensuring that we meet and exceed standards and customer expectations , a model will be implemented whereby we Plan – Do – Check – Act (PDCA) We will have a register of our improvement plans and action processes</p>	<p>Immediate</p>	<p>Manager</p>

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<p>Recommendation f: The service should ensure batch numbers and expiry dates of medicines used are recorded on each individual patient care record (see page 22).</p>	<p>All batch numbers and expiry dates ARE documented on our treatment forms – as discussed at inspection we also have a list of all POMS and non POM stock in our stock register which displays all batch numbers and expiry dates and patient details that are linked to that product when they are used with that patient, therefore can easily correlate with either form what product the patient has received and lot number / batch number and expiry date are available on both records.</p> <p>As discussed at inspection we are in the process of transitioning to Aesthetic Nurse Software (ANS) whereby all details are stored in each individual patient file.</p>	<p>Immediate</p>	<p>Manager</p>
<p>Recommendation g: The service should document consent to share information with the patient's next of kin in the event of an emergency in the patient care record (see page 22).</p>	<p>Next of kin details / Emergency contact details are on all consent forms – we did not have a box to tick to state that this person was able to be contacted in an emergency however , the assumption was that if this information was completed then this is the person to be contacted in an emergency , in turn we have added a separate line to consultation forms indicating that the patient has to tick the box to state they want emergency contact contacted in event of an emergency. This was updated on the day of inspection.</p> <p>We are also in process of switching to new software where all our consultations forms are digital and this will also be included.</p>	<p>Immediate</p>	<p>Manager</p>

Name	Alison Blane
Designation Owner	
Signature	A Blane
Date	22/04/2024

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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