

Action Plan

Service Name:	Fresh Inc Medispa
Service number:	00217
Service Provider:	Fresh Inc Medispa Limited
Address:	Old School House, 2 Errol Road, Invergowrie, Dundee, DD2 5AD
Date Inspection Concluded:	22 November 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must ensure that all medicines in treatment rooms are stored securely in a lockable space or a refrigerator suitable for storing temperature sensitive medicines.	Plan to secure upstairs treatment room's fridge with lock is in place. Awaiting lock to be fitted.	By the end of January 2023	Linsey Watson (Clinic Manager)
Requirement 2: The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation.	Cytotoxic/Cytostatic sharps bins to replace current sharps bins.	By the end of January 2023	Kallie Kenneth (Clinical Assistant Lead)

Recommendation a: The service should ensure botulinum toxin is used in line with the manufacturer's guidance and update its medicines management policy to accurately reflect the processes in place.	Manufacturers guidance double checked with manufacturer, advised it was at the discretion of practitioner. Taking on board HIS recommendation of 24 hours a clinical meeting with all practitioners is in place to agree on protocol which will be updated in medicines management policy	End of February 2023	Clinical Team
Recommendation b: The service should update its clinical waste contract to enable the service to provide weight loss management patients with an individual sharps container for the safe disposal of sharps. This should include the disposal of the patient's full containers.	Clinical waste contract will be updated to provide each weight loss management patient with their own individual sharps disposable and for that container to be disposed by clinic.	End of February	Kallie Kenneth (Clinical Assistant Lead)

Name	<input type="text" value="Gayle Reekie"/>		
Designation	<input type="text" value="Clinical Director"/>		
Signature	<input type="text" value="G Reekie"/>	Date	<input type="text" value="22/01/2023"/>

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