

Action Plan

Service Name:	Argyll Aesthetics
Service number:	01638
Service Provider:	Shirley MacNeil
Address:	8 Argyll Square, Oban, Argyll, PA34 4AZ
Date Inspection Concluded:	24 January 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: 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 (see page 11). Timescale – immediate	Service agreement with Initial Clinical Waste Management has been amended. The contract for Argyll Aesthetics will now comply with the European Waste Category 18 01 08	In progress from 6/3/23, awaiting email with amended contract and appropriate disposal unit to arrive.	SMacNeil
Requirement 2: The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out relevant Disclosure Scotland background checks for staff employed in the service.	Argyll Aesthetics has registered with Disclosure Services for enhanced checks for my prescribers with practicing privileges and any other professional that will be using the premises.	Advised by Disclosure Services checks & report	SMacNeil

<p>This includes staff with practicing privileges (see page 14).</p> <p>Timescale – immediate</p>		completed by 10/3/23	
<p>Recommendation a: The service should ensure it gathers patient feedback in line with its participation policy (see page 8).</p>	<p>Feedback cards with short survey now being formalised and printed.</p>	17/3/23	SMacNeil
<p>Recommendation b: The service should ensure that its complaints policy is easily accessible to patients in the clinic and on its website (see page 8).</p>	<p>Complaints policy is now displayed in clinic and will be visible on website shortly.</p>	10/3/23	SMacNeil
<p>Recommendation c: The service should implement an accident and incident log book (see page 11).</p>	<p>Accident & incident log book now in place in clinic.</p>	31/1/23	SMacNeil
<p>Recommendation d: The service should formalise audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 11).</p>	<p>Hand hygiene audit tool will be in place for monthly rolling programme of compliance, monitored with prescriber.</p> <p>Medicines audit following Royal Pharmaceutical framework.</p> <p>Client care records to be audited/reviewed - with improvements to the whole process from 1st consultation to recording treatment plans- more</p>	31/3/23	SMacNeil

	extensive medical history questions /emergency contact & allergy for clients to complete. Improvement plan to possibly move to a digital platform in future.		
Recommendation e: The service should formally document all risk assessments carried out and demonstrate the actions taken to reduce risks (see page 11).	Risk assessments are in process of being implemented for ; Enhanced disclosure checks annually Medicines management Environmental/equipment/cleaning & Cossh Hand Hygiene	31/3/23	SMacNeil
Recommendation f: 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 (see page 11).	Botulinum Toxin is now used in line with manufacturers guidance.	3/2/23	SMacNeil
Recommendation g: The service should ensure that patient care records include the patients' next of kin or emergency contact information for the patient (see page 13).	Patient care records are being updated to include the next of kin & emergency contact info for all patients.	31/3/23	SMacNeil
Recommendation h: The service should update its consent process and forms to include consent to share information with the patient's GP or other healthcare professionals (see page 13).	All consent forms are being updated to include consent to share information with gp/other health professionals.	31/3/23	SMacNeil

<p>Recommendation i: The service should develop and implement a quality improvement plan, to inform and direct service improvement (see page 17).</p>	<p>Formal improvement plan now in progress, the following will be drive developments that will lead to an improved service that aims to provide a high standard of care.</p> <p>Documentation to be more comprehensive with info gathering ie new prescriptions that has a more robust medical history questions /allergies and meds taken.</p> <p>Documentation will be more thorough from beginning of patient journey.</p> <p>Formalising clinical audits regularly</p> <p>Ensuring feedback forms completed and considered for directing care given.</p> <p>Securing a place on V300 prescribing course.</p>	<p>31/3/23</p>	<p>SMacNeil</p>
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Name	<div>Shirley MacNeil</div>		
Designation	<div>Nurse Practitioner/owner</div>		
Signature	Shirley MacNeil	<div>07/03/2023</div>	
<p>In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.</p>			