

Action Plan

Service Name:	A & M Acupuncture Clinic
Service number:	01084
Service Provider:	Laura Mathieson
Address:	117 Manse Road, Motherwell ML1 2PS
Date Inspection Concluded:	20 July 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse, including the names and contact details of the public bodies and departments that a report will be made to.	Safeguarding policy updated to include if childcare concern information will be shared with police or social work.	Aug 2021	L.Mathieson
Recommendation b: The service should keep a record of the patient GP details in the patient care record.	In the Acupuncture consultation GP details already recorded however GP details added to the official aesthetics paperwork provided by allergan.	Aug 2021	L.Mathieson

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Recommendation c: The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.	Consent to share information added to consultation form for signature.	Aug 2021	L.Mathieson
Recommendation d: The service should develop and follow a recruitment and practicing privileges policy that sets out how it will safely grant practicing privileges to other registered healthcare professionals to work on behalf of the service.	Policy updated to include practicing privileges annual check for NMC and PVG Prescribers NMC checked, expires 02/22 Emailed PVG scheme re any changes to status of prescriber	Aug 2021	L.Mathieson
Recommendation e: The service should implement a yearly review process for all practicing privileges agreements.	Policy updated to include practicing privileges annual check for NMC and PVG	Aug 2021	L.Mathieson
Recommendation f: The service should obtain a Disclosure Scotland PVG update for all staff at regular intervals. This will ensure that staff are appointed safely and remain safe to work in the service.	Emailed PVG scheme re any changes to status of prescriber	Aug 2021	L.Mathieson

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Name	<input type="text" value="Laura Mathieson"/>		
Designation	<input type="text" value="practitioner"/>		
Signature	<input type="text" value="Laura Mathieson"/>	Date	<input type="text" value="27 / 08 /2021"/>

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