

Action Plan

Service Name:	Birmingham Aesthetic Rooms
Service number:	01181
Service Provider:	Birmingham Aesthetic Rooms Limited
Address:	Room 1, 31 Academy Street, Coatbridge ML5 3AW
Date Inspection Concluded:	22 September 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
7Requirement 1: The provider must ensure that all patients receive a face-to-face consultation with the prescriber before any episode of treatment being carried out and this is recorded in the patient care record.	Medical Director of Birmingham Aesthetic Rooms Ltd, Dr Andrew Willis, will continue to carry out a face to face consultation with all new patients and before any episode of new treatment or change in treatment plan with registered patients. This will continue to be documented in patient notes.	Implemented	APW / MJ
Recommendation a: The service should develop a cleaning schedule including details on cleaning tasks and frequency, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.	Since the date of inspection a cleaning schedule has been introduced which outlines the methods used and frequency of cleaning being undertaken.	Implemented	MJ

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 3	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation b: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.	The clinic will develop a more comprehensive programme of clinical audit, these will be performed on a regular basis. On completion of the audit cycle any required improvement will be implemented and documented. The audit cycle will then be repeated to assess the impact of the changes.	End of Jan 2022	APW / MJ
Recommendation c: The service should ensure all patient care records are fully completed to comply with professional standards from the Nursing and Midwifery Council and General Medical Council about keeping clear and accurate records.	The clinic agrees with this recommendation and will demonstrate compliance through completion of clinical audit	Ends of Jan 2022	APW / MJ
Recommendation d: The service should carry out regular audits of patient care records.	See Above	End of Jan 2022	APW/MJ
Recommendation e: The service should provide written aftercare information to patients following their treatment.	In addition to standard practice of giving post treatment advice we now offer written advice to take away including emergency contact details	Implemented	APW / MJ
Recommendation f: The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement.	We will implement a more formal record of quality improvement activity within the clinic.	End of Jan 2022	APW / MJ

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page: 2 of 3	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation g: The service should develop a process for gathering and using patient feedback to influence improvements to the service.	We currently have a feedback log that patients use to provide feedback about the care given. We will endeavour to implement an electronic feedback process.	12 months	APW/Mj
--	---	-----------	--------

Name	<input type="text" value="Dr Andrew P Willis"/>		
Designation	<input type="text" value="Medical Director"/>		
Signature	<input type="text" value="Andrew Willis"/>	Date	<input type="text" value="/ 7/11 2021"/>

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