

Action Plan

Service Name:	Clarendon Aesthetics
Service Number:	00769
Service Provider:	Kerry Donald
Address:	556 Perth Road, Dundee, DD2 1PY
Date Inspection Concluded:	14 February 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented safety checks completed (see page 17).</p> <p>Timescale – immediate</p>	<p>Jannine Watson is the only registered nurse working within Clarendon as Non-Medical Prescriber. The Practising and Privileges policy has been devised. All safety checks within this policy have been completed and confirmed.</p>	Completed	Kerry Donald

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Recommendation a: The service should ensure that information about how to make a complaint about the service is easily accessible and available to patients (see page 10).	<p>There has been a Complaint Policy in paper form and digitally since 2017 for patients to read if they ask.</p> <p>Since HIS assessor inspection we have also made a laminated postcard clearly visible on the clinic wall to clients who should feel they want to make a complaint.</p>	Completed	Kerry Donald
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation b: The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 10).	<p>Since HIS assessor attended, a Participation Policy has been devised and is kept in paper and digital form.</p> <p>There is a questionnaire as an adjunct to this which is disseminated six monthly to improve Clarendons' performance</p>	Completed	Kerry Donald
Recommendation c: The service should develop and implement an adult support and protection policy (see page 13).	<p>An Adult Support and Protection policy has been devised and is kept in paper and digital form.</p> <p>Clarendon is also abreast with NHS Learn Pro modules of Child Protection to Level 3 and adult Protection.</p>	Completed	Kerry Donald

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Recommendation d: The service should complete an environmental risk assessment and risk register to ensure the safety of patients and those working in the service (see page 13).	We have in place an environmental risk assessment and risk register in paper copy and can document digitally also.	Completed	Kerry Donald
Recommendation e: The service should review its current processes and introduce a formal detailed annual audit programme (see page 13).	We have devised an in depth formal annual audit form. This will be completed throughout the year in paper and digitally. This will be completed monthly at a minimum depending on what we are auditing.	Completed	Kerry Donald
Recommendation f: The service should consistently document all aftercare information given to patients (see page 15).	Aftercare forms are given to patients in paper form. As part of the aftercare, the NMP at time of assessment also discusses this with the patient as does the Treatment Practitioner Kerry Donald.	Completed	Kerry Donald
Recommendation g: The service should develop and follow a practicing privileges policy that sets out how it will safely grant practicing privileges to other healthcare professionals to work on behalf of the service (see page 17).	Jannine Watson is the only registered nurse working within Clarendon as Non-Medical Prescriber. The Practising and Privileges policy has been devised. All safety checks within this policy have been completed and confirmed as are done yearly in regulation with NMC Policy Clarendon has no intention of employing another healthcare professional.	Completed	Kerry Donald

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	PP policy now in place. Clarendon Aesthetics has no intention of employing any further HCP's.		
Recommendation h: The service should continue to develop its quality improvement plan to help inform continuous quality improvement activities (see page 19).	There is a Quality Improvement plan in place for Clarendon to audit and an added adjunct in the form of questionnaires to be given to patients. Annual improvement plan now in situ and being adhered to.	Completed	Kerry Donald

Name	<input type="text" value="Kerry Donald"/>		
Designation	<input type="text" value="Clinic Owner/Manager"/>		
Signature	<input type="text" value="K.Donald"/>	Date	<input type="text" value="27/03/2023"/>

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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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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