

Action Plan

Service Name:	Derma Secrets
Service number:	00545
Service Provider:	Derma Secrets Ltd
Address:	Lionsgate Manor, Howgate, Penicuik, EH26 8PX
Date Inspection Concluded:	07 June 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must record the full name, address, telephone number and email address of the patient's next of kin or any person authorised to act or consent on the patient's behalf, and the name and address of the patient's GP (see page 14). Timescale – immediate	A new form has been created asking patients for this information. This information will be requested at all consultations.	Already commenced	Dr Vicki Gordon

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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Recommendation a: The service should ensure that patient consent for sharing information with their GP and other medical staff in an emergency, if required, is documented in patient care records (see page 14).	A new form has been created asking patients for details of their GP and their consent to share their personal and medical information in the form of any emergency. This information will be requested at all consultations.	Already commenced	Dr Vicki Gordon
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Name	<input type="text" value="Vicki Gordon"/>	
Designation	<input type="text" value="Director"/>	
Signature	<input type="text" value="V. Gordon"/>	Date <input type="text" value="12/ 07 /2023"/>

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

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

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