

Action Plan

| Service Name: | Est-Ethics Wellness Clinic |
|----------------------------|--|
| Service number: | 01381 |
| Service Provider: | Est-Ethics Ltd |
| Address: | The Italian Centre, Unit 6, 170 Ingram Street, Glasgow, G1 1DN |
| Date Inspection Concluded: | 19 June 2023 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|--|-----------|--------------------|
| Requirement 1: The provider must ensure that treatment rooms have adequate and suitable ventilation (see page 7). Timescale – by 11 November 2023 | Install adequate ventilation in room 2 | Nov 2023 | Clinic Manager |

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:1 of 5 | Review Date: | | |
| Circulation type (internal/external): Internal/External | | | | |



| Requirement 2: The provider must ensure that detailed information is provided about the pre- and post-surgical care service offered to patients considering surgical procedures outside the UK. Information must include the risks of private healthcare abroad and precautions to take (see page 9). | Update consent form to include more detail for patients on who is responsible for what. Disclaimer to be added that informs patients of the additional risks when going outside of the UK for surgical procedures | Sept 2023 | Clinic Manager |
|---|---|-----------|----------------|
| | | | |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|---|---|-----------|--------------------|
| Recommendation a: The service should further develop its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 6). | Policy updated to include source of feedback and quarterly feedback survey to be created. | Sept 2023 | Clinic Manager |

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:2 of 5 | Review Date: | | |
| Circulation type (internal/external): Internal/External | | | | |



| Recommendation b: The service should ensure all staff are trained in the principles of duty of candour (see page 6). | Obtain learn pro records from associates | Sept 23 | Clinic Manager |
|--|--|----------|----------------|
| Recommendation c: The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance (see page 7). | Actichlor purchased and now in use. | Complete | Clinic Manager |

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:3 of 5 | Review Date: | | |
| Circulation type (internal/external): Internal/External | | | | |



| retain occupat | ation d: The service should ional health records, including status, for all staff recruited in the service (see page 9). | Obtain immunisation reassociates | ecords for all staff | and | Sept 23 | Clinic Manager |
|--|--|----------------------------------|----------------------|---------|---------|----------------|
| Name Designation Signature | Leanne Harris Clinic manager L.Harris | | Date [| 27 / 07 | /2023 | |
| In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider. | | | | | | |

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:4 of 5 | Review Date: | | |
| Circulation type (internal/external): Internal/External | | | | |



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.

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:5 of 5 | Review Date: | | |
| Circulation type (internal/external): Internal/External | | | | |