

The Action Plan

| Service Name: | Emerald Facial Aesthetics |
|----------------------------|---------------------------------------|
| Service number: | 01457 |
| Service Provider: | Emerald Facial Aesthetics Limited |
| Address: | 34 Dundas Street, Bonnyrigg, EH19 3AS |
| Date Inspection Concluded: | 17 January 2023 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible person |
|--|---|-----------|--------------------|
| Requirement 1: The provider must review its duty of candour policy so that it clearly sets out how the provider will meet its responsibilities to be honest with patients if things go wrong. Staff must be trained in the duty of candour principles and annual duty of candour reports must be published (see page 8). | As noted in the error response the policy does cover this Reports will be published online going forward and has already been added to our website | Complete | Sinead Johnstone |
| Timescale – by 13 April 2023 Requirement 2: The provider must ensure that no teeth whitening treatments are carried out from the service, unless they are provided by a GDC registered dentist, or a dental nurse/dental hygienist working under the direction of a GDC registered dentist (see page 11). | Stopped immediately after instructed to do so at inspection. | Complete | Sinead johnstone |
| Timescale – immediate | | | |

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| Requirement 3: The provider must review and amend its policies and procedures, making sure each one is relevant to the service and how it operates. All policies should have a consistent naming convention, author and review process (see page 12). | Ongoing amendment to policy wording ad referencing | End of March 2023 | Sinead Johnstone |
|--|---|----------------------|------------------|
| Timescale – by 13 April 2023 | | | |
| Requirement 4: The provider must obtain key pre-employment information for each employee and ensure that this information is kept on the employee's individual file. Each staff member's insurance renewal should also be checked every year to make sure it remains current (see page 15). | This was in place at inspection however awaiting 3 references out of 3 files. They have now been received. Insurance in date and checked at 6 monthly supervisions. No staff have met a year end as yet therefor no updates can be documented. | Complete | Sinead Johnstone |
| Timescale – immediate | | | |
| Requirement 5: The provider must apply to Disclosure Scotland for appropriate background checks to be carried out on every member of staff, or employ an umbrella company to carry out these checks on its behalf. These checks should be repeated at least every 5 years to make sure individuals remain safe to work in the service. All future new employees must have these background checks undertaken as part of the recruitment process, before they start working in the service (see page 15). | Awaiting feedback on becoming a signatory to replace all current in place disclosure checks to ensure they are under Emeralds name and not another company. | March 2023 | Sinead Johnstone |
| Timescale – immediate | | | |

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| Recommendation a: The service should update its website to make sure information relating to its address, staffing and treatments offered is an accurate representation (see page 9). | Website update is underway. Could not change address as variation for new address had yet to approved. | End March 2023 | Sined johnstone |
|--|--|-------------------|-------------------|
| Recommendation b: The service should update its complaint poster with the correct name and contact details for Healthcare Improvement Scotland and make it clear that patients have the right to contact Healthcare Improvement Scotland at any time (see page 9). | Updated and displayed | complete | Sinead johnstonne |
| Recommendation c: The service should record all discussions about treatment costs in patient care records and ensure all patient care records are dated correctly (see page 13). | Will be added to our comprehensive notes going forward. This was adapted directly after inspection | Complete | Sinead johnstoneb |

| Name | Sinead Johnstone | | | |
|--|------------------|------|------------|--|
| Designation | Clinic owner | | | |
| Signature | s.iohnstone | Date | 27 / 2 /23 | |
| 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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