

Action Plan

Service Name:	Espacio Medical Aesthetics		
Service Number:	00489		
Service Provider:	Dr Liliana Limited		
Address:	12a Castle Terrace, Edinburgh, EH1 2DP		
Date Inspection Concluded:	28 June 2023		
Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that medical devices, including dermal fillers, are stored and used and according to the manufacturer's guidelines at all times (see page 12). Timescale – immediate	Filler is stored in the fridge if a patient may need to return for a follow up. The filler has the patients name/date of opening along with batch & expiry of the product, which is logged and reviewed every Friday with our injectable stock count. This filler is disposed off if the patient doesn't not require further treatment in the timeframe. I sent our inspector the studies used by Dr Liliana. We have a protocol for all staff to be kept up to date.	Completed	Medical Director

<p>Requirement 2: The provider must put in place a schedule for the regular servicing and maintenance of all equipment (see page 12). Timescale – immediate</p>	<p>I have contacted the manufacturers for servicing plans and as I was previously told, the equipment we have do not require routine servicing (I will send correspondence from companies). I have explained we are being required to have these for regulatory purposes and are currently being put in place. These will be logged and a record made of timescale for regular servicing required to easily track when the servicing is due.</p>	<p>Completed</p>	<p>Clinic Manager</p>
<p>Requirement 3: The provider must ensure a record is made in the patient care records that includes the name of the healthcare professional responsible for providing the treatment (see page 14). Timescale – immediate</p>	<p>We have added a section to name the practitioner carrying out the service within the treatment record. Our electronic system logs who any treatment is booked in with within 'appointments' section on each patient file.</p>	<p>Completed</p>	<p>Clinic Manager</p>
<p>Recommendation a: The service should introduce staff training in safeguarding (public protection), managing complaints and the principles of duty of candour (see page 9).</p>	<p>We have quarterly meetings which involve all members of staff and this will be included in the agenda of our next meeting.</p>	<p>September 2023</p>	<p>Clinic Manager</p>

Recommendation b: The service should ensure that information is available for patients on how to make a complaint (see page 9).	Our complaints procedure was available within the clinic but not on display, I have a printed version now available in the reception area. Our complaints procedure is available on our website alongside Duty of Candour Report.	Completed	Clinic Manager
Recommendation c: The service should develop a structured process of informing patients about how their feedback has been used to improve the service (see page 9).	Patient feedback is currently monitored and reviewed by the Clinic Manager. Where appropriate patients are contacted directly regarding feedback. Clinic updates and changes made as a result of feedback will be sent to our database via email newsletters on a regular basis.	Completed	Clinic Manager
Recommendation d: The service should ensure expiry dates of all single-use equipment are checked on a regular basis (see page 12).	All single-use equipment have now been added to the audit for expiry dates we carry out monthly.	Completed	Clinic Manager
Recommendation e: The service should develop a rolling programme of audits ensuring ongoing practices and processes are reviewed. Audits should be documented and improvement action plans implemented (see page 12).	All audits are documented within an online system where all staff have access. These are regularly reviewed and monitored via spreadsheets. Changes to practice are made when required as a result of any audit. We will continue to carry out these audits on a regular basis and keep up to date with clinical guidelines.	Completed	Clinic Manager and Medical Administrators

Recommendation f: The service should develop an induction programme for all new staff (see page 15).	We have a manual which will be given to all new staff. All new staff have allocated training days with the relevant team member depending on their job role.	Completed	Clinic Manager
Recommendation g: The service should introduce a system for regularly checking professional registration and Protecting Vulnerable Groups (PVG) status (see page 15).	We have an active account with disclosure services for staff PVGs which will be reviewed every 5 years and a record kept. GMCs are checked annually with the L2P appraisal. For NMC I will incorporate regularly checking these within staff appraisals.	Completed	Clinic Manager
Recommendation h: The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 17).	This will be discussed with Medical Director at our next meeting	September 2023	Clinic Manager

Name	<input type="text" value="BillieJean Mckay"/>		
Designation	<input type="text" value="Clinic Manager"/>		
Signature	<input type="text" value="B McKay"/>	Date	<input type="text" value="08/ 08 /2023"/>

Guidance on completing the action plan.

- **Action Planned:** This must be 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.