

Action Plan

Service Name:	No.1 Aesthetics
Service number:	01272
Service Provider:	Gem Aesthetics Ltd
Address:	Unit 2, Beardmore Business Centre, Beardmore Street, Dalmeir, G81 4HA
Date Inspection Concluded:	12 April 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1 – The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the EWC code 18-01-08, to ensure it complies with appropriate waste legislation.	Order has been placed for additional bin with initial and will be delivered by end of the month	31/8/2022	Gemma Bradley
Requirement 2 – The provider must ensure that all consultations, including those by medical practitioners, are fully documented in the patient care record. This must include the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional.	All clinicians are in the process of updating their consultation forms to reflect the consultation carried out between the prescriber and patient. This will continue to be stored in a locked cabinet and/or password protected software ensuring client confidentiality alongside data protection act 2018. Prescribers will attach their consultation alongside the clinician's consent and documentation file. Examples of software used by clinicians - Faces and aesthetic nurse software	31/8/2022	Gemma Bradley

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Requirement 3 – The provider must develop and implement a recruitment policy to ensure it follows guidelines for safer recruitment before staff work in the service.	A formal recruitment policy is in development and will be finalised by end of August 2022. The policy will be reviewed annually in line with no.1 aesthetics other policies/guidelines	31/8/2022	Gemma Bradley
Requirement 4 – The provider must ensure that a system is in place to make sure pre-employment checks are carried out in line with legislation and that information is recorded in staff records.	All employed staff go through a thorough recruitment process. Part of this involves pre – employment checks. This includes a minimum of 1 professional reference and a 2 nd reference which can be a personal reference. Once offered employment staff are offered conditionally pending a disclosure Scotland and references as mentioned above. All staff have records filed in a locked filing cabinet or if electronic they are filed in a password protected desktop, in line with data protection act 2018.	31/8/2022	Gemma Bradley
Requirement 5 – The provider must implement a suitable system of regularly reviewing the quality of the service.	A client feedback questionnaire is given to a random 10 clients every month. This allows us to measure the quality of our work in terms of client feedback. This allows us to measure the quality if the service we provide as well as monitoring our client satisfaction.	31/8/2022	Gemma Bradley
Recommendation a -The service should implement a system to record accidents and incidents	An accident book will be kept on the premises and kept in an area that all staff are able to access. If an incident occurs it must be recorded in the accident book at the time it occurs, once safe to do so.	Completed	Gemma Bradley

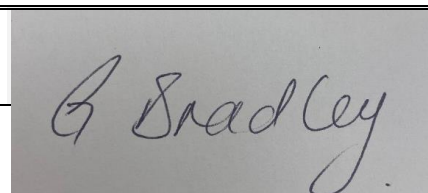
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Recommendation b -The service should introduce a formal system for regularly reviewing policies and procedures.	The policies, procedures and guidelines will be reviewed annually or if/when required before the year is up at a minuted meeting which involves all the key stakeholders.		
Recommendation c -The service should review the fire risk assessment for the service every year.	Heidi Campbell, health and safety consultant has completed a fire risk assessment July 2022. Contact details: Glenside safety services 07402857626 The company will carry out fire risk assessment every 2 years, however, can be done annually if this is recommended.	Complete July 2022	Gemma Bradley
Recommendation d - The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.	Yearly reviews on the medicine management guidance will take place with clinicians and prescribers, ensuring they are also up to date with any new guidance and or recommendations	31/8/2022	Gemma Bradley
Recommendation e - The service should ensure that patient consent to photography and sharing information with their GP and other healthcare professionals is documented in the patient care record for each episode of care.	When clients are registered for any procedure/treatment at the clinic we request GP details and NOK/emergency details. We state that this is only used in an emergency and will not be shared with third parties out with the no.1 aesthetic clinic. As part of the consent process, the form clearly states that they are consenting to photography. Clinicians who work in the clinic have been asked to ensure that all their documentation reflects the same as no.1 aesthetics documents.	31/8/2022	Gemma Bradley

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Recommendation f - The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement.	Quality improvement is always key within the clinic. We have introduced the client feedback/questionnaire to use as a measure for quality improvement. We will collate the client questionnaire/feedback form on to a spreadsheet allowing us to measure the improvement or areas that require improvement. We will hold annual meetings with all key stakeholders to report this and discuss as a team ways to improve.	31/8/2022	Gemma Bradley
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Name	<input type="text" value="Gemma Bradlev"/>		
Designation	<input type="text" value="Clinic owner and manager"/>		
Signature	<input type="text" value="As below"/>	Date	<input type="text" value="23/7/2022"/>



Confirming that you have the authority to complete it on behalf of the service provider.