Action Plan

Service Name:	Profile Aesthetic
Service Number:	00857
Service Provider:	Profile Aesthetic Ltd
Address:	60 Carden Place, Aberdeen, AB10 1UP
Date Inspection Concluded:	16 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must put a system in place that traces all medical devices through the life cycle and can link them to the individual patients they have been used on (see page 20). Timescale – by 30 January 2024	All single use items are already logged against each patient. Re-usable devices have been numbered and will be logged as above.	Completed	Clinical Director
Requirement 2: The provider must demonstrate that it has obtained or applied for a Home Office license for controlled drugs (see page 20). Timescale – by 30 January 2024	Application made and additional information that was requested has been submitted. Awaiting confirmation of licence. Application form attached to this email as proof	Pending	Clinical Director
Requirement 3: The provider must ensure a risk assessment is in place for the safe management of the water supply to reduce the risk of water borne infection (see page 20). Timescale – by 24 April 2024	Risk assessment spreadsheet attached, this will become an App for use. Water is already run in all sinks daily apart from when the clinic is closed. We now have a document which is completed daily. A copy is attached to this email. All hot taps have temperature control valves fitted	Completed	Clinical Director

Requirement 4: The provider must ensure an annual gas safety check is carried out on the gas boiler and system (see page 20). Timescale – by 30 January 2024	Gas safety Check delayed due to bad weather. Will reschedule in the next week or so and forward the certificate when I have it	Pending	Clinical Director
Requirement 5: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 22). Timescale – by 24 April 2024	Risk Register developed and attached as spreadsheet as detailed above and attached	Ongoing	Clinical/Medical Director
Requirement 6: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 26). Timescale – by 30 January 2024	I now have a checklist for each member of staff and have asked for the missing items. These will be checked and updated regularly	Complete	Clinical Director
Recommendation a: The service should assess itself against defined corporate objectives, values and key performance indicators (see page 12).	Strategy document created and copy attached to this email. Still needs some figures and KPIs collated.	Ongoing	Clinical/ Medical Director
Recommendation b: The service should develop and implement a staff survey to actively seek the views of staff working in the service (see page 16)	This is being developed and will be distributed to all staff.	Ongoing	Clinical Director

Recommendation c: The service should ensure that: (*a) Botulinum toxin is used in line with the manufacturer's and best practice guidance, and* *(b) any products being used off licence are discussed with the patient and consent is given (see page 20).*	This was always discussed, but it is now written in the consent form.	Complete	Clinical Director
Recommendation d: The service should update its complaints information on its website to state that complainants can complain to Healthcare Improvement Scotland at any time (see page 21).	This will be done soon	Pending	Medical Director
Recommendation e: The service should publish an annual duty of candour report (see page 21).	We already have a page on our website	Complete	Medical Director
Recommendation f: The service should ensure that staff files contain a record of all relevant training mandatory training including. Mandatory training should also include: (*a) complaints management* *(b) consent, and* *(c) duty of candour (see page 21).*	This is now part of the Staff checklist and personnel file. We have registered an account with an online training provider.	Ongoing	Clinical Director
Recommendation g: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).	This is part of our strategy, KPI and audit commitment, we are developing an audit calendar. These are discussed at staff and MDT meetings	Ongoing	Clinical/Medical Director

Recommendation h: The service should further develop its audit programme to include audits of patient care records and staff files (see page 22).	Audit calendar in development which will include these.	Ongoing	Clinical Director
Recommendation i: The service should develop a formal role-specific induction package for staff to evidence that they have the appropriate support to gain the knowledge and skills required for their role (see page 26).	We are further developing and formalising this process, part of this is included in the online learning platform.	Ongoing	Clinical Director
Recommendation j: The service should ensure that staff files contain a record of all relevant and mandatory training (see page 26)	This has been requested for those working in the NHS and almost complete to date. It is part of their appraisal and personnel documentation.	Ongoing	Clinical Director
Recommendation k: The service should ensure that patients' next of kin or emergency contact details and GP are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 26).	This is almost been completed by my reception staff. We now also have a SOP for all new patient details uploaded into the patient management software.	Ongoing	Clinical Director
Recommendation l: The service should ensure that consent to share information with GPs and other relevant healthcare professionals is documented in the patient care records (see page 26).	This has been added to every consent form.	Complete	Clinical Director
Recommendation m: The service should ensure that monitoring of patient observations takes place during all surgical procedures (see page 26).	This has been adopted.	Complete	Clinical Director

Name	Fiona Leitch		
Designation	Owner/Clinical Director		
Signature		Date	17/01\2024

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 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.