

## Action Plan

Service Name:	Re-Nu Skin Clinic
Service number:	00316
Service Provider:	Re-Nu Skin Clinic Ltd
Address:	41 North Lindsay Street, Dundee, DD1 1PW
Date Inspection Concluded:	17 August 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must document patients' next of kin and consent to share information in the patient care record (see page 19).  Timescale – immediate	We have now included this in Phorest our online system for NOK details. All of our staff have been made aware to ask patients when checking in. We have also amended our online consultation forms to include NOK details as well as consent to share information when required. As a back up we have also now amended our in clinic CRM system where the patient will now sign the consent on the day of their appointment that includes the above.	Completed as of 16/10/23	Kristeen Geddes RN/ Director

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p><b>Recommendation a:</b> The service should further develop its cleaning schedules to include details on cleaning products used (see page 16).</p>	<p>Our Cleanliness champion staff member has now included this in her reports . We have updated our daily cleansing checklists as well as a new protocol that each room has to include which products are being used . We have also labelled all products that must be used for each area. For example sinks and surgical trough require their own cleaning products</p>	<p>Completed as of 16/10/23</p>	<p>Carrie McCabe Cleanliness Champion.</p>
<p><b>Recommendation b:</b> The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 16).</p>	<p>We have now removed staff members PVG from their folders and in line with current legislation</p>	<p>Completed as of 16/10/23</p>	<p>Kristeen Geddes RN /Director</p>

Name	Kristeen Geddes RN NIP Director
Designation	Kristeen Geddes
Signature	Date

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

### 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.

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