

## Action Plan

Service Name:	Southside Aesthetics
Service number:	01401
Service Provider:	Southside Aesthetics Limited
Address:	1019 Aikenhead Road, Glasgow, G44 4SE
Date Inspection Concluded:	11 January 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible person
<b>Requirement 1:</b> The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).	I am developing a clinical audit programme designed to manage the risks of patients and staff.	6 months	Deby Mcghie
<b>Requirement 2:</b> The provider must ensure all documented consultations and assessment of treatments with the independent nurse prescriber are recorded and retained in the patient care record (see page 12).	Prescriber consent is now kept in clinic with consent from for patient and locked away.	Immediate	Deby McGhie

<b>Requirement 3</b> The provider must ensure practicing privileges contracts are in place for any member of staff working under practicing privileges (see page 14).	Practising privilege contracts are all now in place for any practitioner renting in the clinic for beauty and aesthetic.	Immediate	Deby McGhie
<b>Recommendation a:</b> The service should implement a duty of candour policy and make sure a duty of candour report is published every year for patients to review (see page 8).	Duty of candour policy now in place on HIS portal.	Immediate	Deby McGhie
<b>Recommendation b:</b> The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).	QR codes now being attached to our booking system so clients can leave feedback.	Immediate	Deby McGhie
<b>Recommendation c:</b> The service should further develop a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 8).	I am developing 6 monthly colour coded spreadsheets regarding patient feedback to improve the service.	Immediate	Deby McGhie
<b>Recommendation d:</b> The service should continue to develop its programme of regular audits to cover key aspects of care and treatments. Audits must be documented	Annual audits will be submitted and documented regarding aspects of care and treatments.	Immediate	Deby McGhie

and action plans implemented (see page 11).			
<b>Recommendation e:</b> The service should ensure a prescriber is available in the event of an adverse reaction or complication occurring following treatment (see page 11).	I am registered for my prescribing course starting in September. My prescriber works at present in clinic too.	Immediate	Deby McGhie
<b>Recommendation f:</b> The service should record patients' GP and next of kin contact details and consent to share information in the patient care record in the event of an emergency, or document if consent is not given for this (see page 12).	Consent forms are now being changed to include GP and next of kin.	Immediate	Deby McGhie
<b>Recommendation g:</b> The service should ensure that all aspects of the patient care records are completed every time (see page 12).	Consent forms are completed for every visit for patients.	Immediate	Deby McGhie
<b>Recommendation h:</b> The service should ensure all pre-employment checks are carried out consistently for each staff member working under practicing privileges (see page 14).	All checks are completed for any new practitioner prior to working under practicing privileges.	Immediate	Deby McGhie

<b>Recommendation i:</b> The service should ensure that staff files are retained for non-healthcare staff working in the service, and these should include all pre-employment safety checks and practicing privileges contracts (see page 14).	All checks are now completed for any member of staff working under practicing privileges.	Immediate	Deby McGhie
<b>Recommendation j:</b> The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 16).	Quality improvement plans are now in place to implement and improve the service.	Immediate	Deby McGhie
<b>Recommendation k:</b> The service should further develop the agenda for staff meetings and formally record the minutes. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability (see page 16).	Action plans now in place regarding staff development. Colour coded plans now being used.	Immediate	Deby McGhie

Name	<input type="text" value="Deby McGhie"/>		
Designation	<input type="text" value="Aesthetics Practitioner"/>		
Signature	<input type="text" value="D McGhie"/>	Date	<input type="text" value="24/02/23"/>

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