

Action Plan

| Service Name: | Samantha Campbell Aesthetics |
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| Service Number: | 00671 |
| Service Provider: | Club Coco Ltd |
| Address: | Clinic 21, 21 Rutland Place, Glasgow, G51 1TA |
| Date Inspection Concluded: | 08 August 2023 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|---|-------------------|--------------------|
| Requirement 1: The provider must ensure that all Botulinum-contaminated sharps are disposed of as cytostatic medicines, through the correct European Waste Catalogue code of EWC 18-01-08. | The waste consignment note has since been amended to the correct catalogue code number of 180108. I have uploaded this to the portal. | Completed | Samantha Campbell |
| Requirement 2: The provider must develop a risk assessment for the use of a clinical hand wash basin in the treatment room and implement the appropriate controls until a compliant sink can be installed. | I will carry out a risk assessment for the service risk assessment folder to identify any potential hazards with regards to the wash hand basin to determine if any further controls are required for safety until a new sink is installed. | 2 weeks | Samantha Campbell |
| Recommendation a: The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions. | As of the end of October I will no longer be granting practising privileges as I will have qualified as an Independent Nurse Prescriber. However, until that time I will take minutes of any meetings held. | ASAP | Samantha Campbell |
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| Recommendation b: The service should develop a process of keeping patients informed of the impact their feedback has on the service. | The results of the survey monkey and written feedback are emailed to patients in a quarterly newsletter email detailing how their feedback has improved the service and changes made. | 4 weeks | Samantha Campbell |
|---|--|-----------------------------------|-------------------|
| Recommendation c: The service should ensure that a written record of all training provided, including confirmation that staff have read and understood relevant policies, is held for each staff member, including for those that are granted practicing privileges to work in the service. | I have uploaded the Practising Privileges Agreement contract where the member has signed and agreed to the policies and contract. Training certificates are held in the member's file. | Completed | Samantha Campbell |
| Recommendation d: The service should develop and implement a quality | I have developed a Quality Improvement Register. A spreadsheet of all the improvements made, why it | Completed though | Samantha Campbell |
| improvement plan that demonstrates and directs the way it measures improvement. | was actioned, the date completed or ongoing. | ongoing as improvements are made. | |

SAMANTHA CAMPBELL

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

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