

Action Plan

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| Service Name: | Strathearn Health & Beauty |
| Service number: | 00535 |
| Service Provider: | Strathearn Health & Beauty Ltd |
| Address: | 264 Bath Street, Glasgow, G2 4JP |
| Date Inspection Concluded: | 22 February 2023 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| Recommendation a: The service should publish a yearly duty of candour report (see page 9). | Our website has a specific page with a downloadable PDF of the past 3 years' Duty of Candour Reports. | DONE | LM |
| Recommendation b: The service should ensure that local social work contact details are available to staff in the event of a safeguarding concern (see page 9). | The policy has been updated to contain the correct information and includes the contact details for the local Social Work Adult Care department and for the police. I have provided evidence of this to HIS. | DONE | LM |

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| Recommendation c: The service should make sure contact details for Healthcare Improvement Scotland included in the complaints policy are up to date and accurate (see page 9). | A detailed complaints policy has always been available to all patients on our website. The temporary landing page, however, did not have this link active so we have created a dedicated page to complaints and included the correct contact details for HIS. Our booking system also emails a follow up after every treatment that contains the correct contact details for HIS. This has been active since 2019 and updated as required. | DONE | LM |
| Recommendation d: The service should audit the treatments used for weight loss management to ensure that best practice is being maintained (see page 12). | The treatments used in the medical weight Loss clinic are audited as part of the service audit. We already have an improvement plan in place for the use of licensed medication, however, the decision to use the current medications will still be available and at the discretion of the doctor and based on patient's individual needs. At present, the demand for the newer licenced weight loss medication outweighs supply so it is not a suitable alternative at this stage as there is no reliable chain of supply. | DONE | LM |
| Recommendation e: The service should further develop its environmental risk assessments (see page 12). | A new risk assessment was created on 1 st March 2023 to include the risk of the external stairs coming into the clinic. This was already on file in the form of a risk assessment created by the factor and by the Fire Safety Risk Assessment contractor. | DONE | LM |

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| Recommendation f: The service should introduce a valid risk matrix to the process of risk assessments (see page 12). | A new matrix was created and emailed to HIS on 1 st March 2023. This is now the standard for the Clinic Risk Assessment(s). | DONE | LM |
| Recommendation g: The service should support its medical practitioners to have positive discussions with their responsible officer in respect of prescribing where they may not have access to the patient's medical record (see page 15). | The service fully supports our medical practitioners and performs annual checks to ensure that the Weight Management Doctor(s) are up to date with their Responsible person(s) assessments. In addition, we pay to send the doctors on accredited courses covering Medical Weight Loss best practice and regulations. We are confused as to why this is in the report. | DONE | LM |
| Recommendation h: The service should ensure staff have a yearly appraisal that includes individual objectives for professional development. (see page 17). | <p>The service produces annual appraisals for all staff. This system has automatic reminders for the appraisal and is documented on a system-generated checklist and text fields that are completed during a one-to-one appraisal.</p> <p>Although we deal with personal development at our monthly meetings and document progress and achievements through our digital meetings software, we will include a section in our annual appraisals to discuss and document this.</p> | DONE | LM |

Name

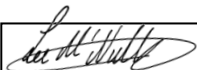
Designation

Signature

Date

Lee-Martin McNulty

IT & Business Manager



06/04/2023

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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