

Action Plan

Service Name:	Secret Smiles Aesthetics
Service number:	00619
Service Provider:	Secret Smiles Aesthetics Limited
Address:	88 Dumbarton Road, Clydebank, Glasgow, G81 1UG
Date Inspection Concluded:	28 September 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure that information about the service's mission, vision and values is available to patients (see page 10).	1.An A4 poster is being drafted for the reception area 2.The next batch of treatment brochures will have this information printed on them 3. We have contacted our website designers to add this information to the website	31/12/23	Nicola
Recommendation b: The service should share minutes of staff meetings with all staff to ensure issues discussed and decisions made are communicated to anyone unable to attend a meeting (see page 12).	Going forward all minutes of meetings will be shared via email to any staff members who could not attend the meeting. We will also continue to share our monthly newsletter with staff via email	Immediately	Kate
Recommendation c: The service should document the induction programme for new members of staff (see page 18).	An induction checklist has been created and will be used from now on as well as the healthcare improvement Scotland practice privilege check list which we already use.	Completed	Kate

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<p>Recommendation d: The service should introduce peer review as part of the audit process (see page 19).</p>	<p>A 3 monthly peer review programme has been agreed and we will begin this in January and continue this every quarter. All PP staff have been made aware of this via a newsletter. PP staff will also continue to self evaluate their own work monthly and submit evidence of this.</p>	<p>Commence January 2024</p>	<p>Kate and all PP staff inclusive</p>
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Name	Kate Elliot	
Designation	Clinic Manager and practitioner	
Signature	K Elliot	Date 07 / 11 /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.

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- **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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