

## Action Plan

|                            |                                  |
|----------------------------|----------------------------------|
| Service Name:              | The Coast Clinic                 |
| Service number:            | 00685                            |
| Service Provider:          | The Coast Clinic Ltd             |
| Address:                   | 20 Cathcart Street, Ayr, KA7 1BJ |
| Date Inspection Concluded: | 04 October 2023                  |

| Requirements and Recommendations   | Action Planned   | Timescale   | Responsible Person |
|--|--|---|--------------------|
| <b>Requirement 1:</b> The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using a non-compliant clinical hand wash basin and consider a refurbishment programme to upgrade this basin (see page 20).<br><br>Timescale – immediate | A risk assessment tool has been devised which will be carried out prior to each clinic session in order to reduce the risk of cross contamination or any infection risk to patients. It is hoped that a refurbishment of the clinic will take place in 2024 at which point an upgrade to the sink will be considered a priority. | Immediate<br><br><br><br><br><br><br>Possible refurbishment 2024-2025 | Kathleen McGuire   |

| Requirements and Recommendations   | Action Planned  | Timescale | Responsible Person |
|--|---|-----------|--------------------|
| <b>Recommendation a:</b> The service should ensure that staff files contain a record of all relevant training (see page 17). | Individual files have been updated to reflect training. Review of training has now been formalised within staff performance review 2 times per year. Currently there are only two members of staff within the clinic, | Immediate | Kathleen McGuire   |

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| Circulation type (internal/external): Internal/External             |              |                    |

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|  | the owner and prescriber. Both records and files are up to date.   |               |                  |
| <b>Recommendation b:</b> The service should publish its duty of candour report on its website or social media (see page 17).   | There have been no adverse events or complaints to the clinic to date. However a duty of candour report will be written and available by 1 <sup>st</sup> February 2024. Details of this will be uploaded onto requested media. Copies of the report will also be made available within the clinic and in the next planned clinic newsletter in March 2024. | February 2024 | Kathleen McGuire |
| <b>Recommendation c:</b> The service should ensure Botulinum toxin is used in line with the manufacturers and best practice guidance (see page 17).  | Alternative bacteriostatic saline solutions have been requested via the clinic pharmacies. In the meantime a consent form has been produced and is being used within all botox treatments  | Immediate     | Kathleen McGuire |
| <b>Recommendation d:</b> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).   | The clinic has quality improvement methodology built in to all processes. However these have not been translated and consolidated within a specific quality plan. We will use the template provided by HIS and complete by February 2024   | February 2024 | Kathleen McGuire |
| <b>Recommendation e:</b> The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 21). | The clinic has taken on board the recommendations from the HIS Visit. The requested products are now used and on site  | Completed     | Kathleen McGuire |

Name Kathleen McGuire

Designation Clinical Director and Owner

Signature *Kathleen McGuire*

Date 15/12/2023

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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