

Action Plan

Service Name:	Laser Clinics UK - Glasgow
Service number:	01713
Service Provider:	UKSLC Glasgow Limited
Address:	Unit E7, Silverburn Shopping Centre, Silverburn, Glasgow, G53 6AG
Date Inspection Concluded:	13 December 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must have appropriate laser safety processes and procedures in place to ensure the safe use of laser equipment (see page 11). Timescale – immediate	Will work with HIS on identifying exactly what is required as we have policies for laser treatment and safety. Plan to have Laser Safety officer in clinic. All current protocols and policies, settings Guidelines were made available during Audit.	March 23	Gillian McDougall
Requirement 2: The provider must notify Healthcare Improvement Scotland of specific events that occur in its premises, as detailed in Healthcare Improvement Scotland's notification guidance (see page 11). Timescale – immediate	HIS have been notified of the 2 incidents noted in the audit. Moving forward we are now aware that this is a requirement and we will notify HIS should a relevant event occurs.	Ongoing	Gillian McDougall
Requirement 3: The provider must ensure that all staff have a Disclosure Scotland Protecting Vulnerable Groups (PVG) background check carried out. A process should also be in place to obtain a PVG update for all staff at regular intervals. This	This was actioned immediately an all staff now have a PVG	Completed 20 th Dec	Gillian McDougall

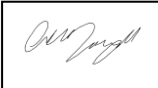
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will ensure that staff remain safe to work in the service (see page 15). Timescale – immediate			
Requirement 4: The provider must ensure that all staff working with lasers are appropriately trained with core of knowledge laser training (see page 15). Timescale – immediate	Completed 15 th Dec 22. All staff have completed Core of Knowledge and passed.	Completed	Gillian McDougall
Requirement 5: The provider must ensure that, at all times, a suitably qualified healthcare professional is working in the independent healthcare service when service users or patients are present (see page 17). Timescale – immediate	This has been actioned and plan sent to Meriel Gordon. We now have 4 injectors. The only time we do not have cover is on Sundays and evenings. We have an 'on call' plan for when we do not have an injector onsite. Each injector is rostered to have an 'on-call' session. We will continue to work with HIS to ensure this is met.	ongoing	Gillian McDougall
Recommendation a: The service should ensure the complaints policy is easily available to patients and has up-to-date Healthcare Improvement Scotland contact details (see page 8).	Completed – a poster is on clear view in the reception area showing a clear contact for any complaints and feedback.	Completed 17 th Dec 22	Gillian McDougall
Recommendation b: The service should develop a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).	Working with HeadOffice to develop a clear patient feedback form to send out 6monthly to gain valuable feedback.	June '23	Gillian McDougall

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Recommendation c: The service should produce and publish an annual duty of candour report and make this available to the public (see page 8).		Dec 23	Gillian McDougall
Recommendation d: The service should develop a risk register of risk assessments to support the management and ongoing review of identified risks (see page 11).	Working on this with HeadOffice. Fire Risk Assessment complete. Will add to other Risk Assessments and use to identify risks.	Ongoing	Gillian McDougall
Recommendation e: The service should develop documented cleaning schedules and checklists which should be included in the infection prevention and control audit (see page 11).	Done	Completed	Gillian McDougall
Recommendation f: The service should record patients' GP and emergency contact details in the patient care record, or document if consent is not given for this (see page 13).	This has been added to the Jotform and is now completed by all clients.	Completed 20 th Dec 22	Gillian McDougall
Recommendation g: The service should develop a recruitment policy to help ensure that documented evidence of recruitment checks are obtained and held in individual staff files (see page 15).	All relevant checks are currently obtained and held for each individual. 2 Reference checks and CV. Recruitment Policy is already developed and used.	Completed	Gillian McDougall

Recommendation h: The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 17).	This is being worked on following feedback from HIS.	June 23	Gillian McDougall
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Name	<input type="text" value="Gillian McDougall"/>		
Designation	<input type="text" value="Nominated Manager/Owner"/>		
Signature		Date	<input type="text" value="11 / 02 /2023"/>

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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