

## Action Plan

Service Name:	NY Skin Clinic
Organisation Number:	01472
Service Provider:	NY Skin Clinic Ltd
Address:	92 Fonthill Road, Aberdeen, AB11 6UL
Date Inspection Concluded:	20 March 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that staff providing laser treatments have completed 'Core of Knowledge' laser training (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(v) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	Jenna and Mya operate the laser machine and have both undertaken Core of Knowledge training. Can this be amended thanks.		

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<p><b>Requirement 2:</b> The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer’s guidance for botulinum toxin (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>This is already done, as we order stock and 1 twin packet of Azzalure is ordered per patient and kept for follow ups which take place within 2 weeks and then discarded.</p>	<p>April 2025</p>	<p>EWood</p>
<p><b>Requirement 3:</b> The provider must produce and publish a duty of candour report every year (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>	<p>We will have a folder in reception for clients with a yearly duty of candour report for them to view and will be completed by May 2025.</p>	<p>May 2025</p>	<p>EWood</p>
<p><b>Recommendation a:</b> The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>Alongside our policies, audits, staff meetings and feedback process, we have developed bullet points of Aims and Objectives to help monitor how well the service is being delivered.</p>	<p>May 2025</p>	<p>EWood</p>
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organisation providing my care and support. Statement 4.19			
<b>Recommendation b:</b> The service should review its whistleblowing policy to ensure that it addresses the stated aims of the policy (see page 15).  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.22	Already been reviewed.	May 2025	E Wood
<b>Recommendation c:</b> The service should ensure that all policies and procedures are thoroughly reviewed to ensure that they are accurate, clear for staff and reflect practice in the service (see page 20).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	The policies are at present reviewed annually and we believe accurate, reflecting practice in the service and all staff fully understand what is in them. We will continually review and update these to improve quality and service.	May 2025	E Wood

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<p><b>Recommendation d:</b> The service should ensure that the practicing privileges agreement in place with the GP is reviewed and updated to reflect the current working arrangements (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	<p>This has been implemented</p>	<p>April 2025</p>	<p>EWood</p>
<p><b>Recommendation e:</b> The service should further develop its risk assessments to include non-clinical risk and develop a risk register (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>We will develop a Risk Assessment register.</p>	<p>May 2025</p>	<p>Ewood</p>
<p><b>Recommendation f:</b> The service should further develop its quality improvement plan to include specific actions, timelines and staff names (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>We have developed an action plan with bullet points as recommended by yourselves to simplify the QIP.</p>	<p>May 2025</p>	<p>Ewood</p>

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<p><b>Recommendation g:</b> The service should develop a contingency plan in the event the service has to close (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.12</p>	<p>If the service had to close it would probably be a case of liquidation and in these cases our hands are tied as everything would be handed over to the liquidators. If it was within our control we would recommend a service to carry on care.</p>	<p>May 2025</p>	<p>E wood</p>
<p><b>Recommendation h:</b> The service should ensure that a recruitment and induction checklist is introduced and followed for all staff to ensure that the appropriate checks take place before and immediately after staff are recruited and begin working in the service (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	<p>As we showed you the recruitment induction checklist we were introducing and you agreed was a positive step, we will be introducing that for all new starts.</p>	<p>May 2025</p>	<p>E Wood</p>
<p><b>Recommendation i:</b> The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration and indemnity insurance checks (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>At present as I am the only Medically trained person in employment so therefore this is not necessary, but in the event of employing anyone who fits this criteria, we would ensure this system was in place. I off course have a separate checking system under my P and P policy.</p>	<p>May 2025</p>	<p>E Wood</p>

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<b>Recommendation j:</b> The service should ensure that patients are asked to consent to share information with the GP and next of kin in the event of an emergency and asked to consent to take photographs (see page 25).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	We already had photo consent documentation but have further added this to our medical questionnaire, along with consent to share with GP and added next of kin to our medical questionnaire.	March 2025	E Wood
<b>Recommendation k:</b> The service should ensure that a system is in place to make sure that all single-use equipment and medicines remain in-date (see page 25).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	As you observed we check all medicines monthly in line with our Medical Management Policy, we have added syringes, plasters, ice packs and other relevant single use items.	March 2025	EWood

Name	Elaine Wood	ewood
Designation	Clinical Director	
Signature		Date 01/05/2025

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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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