

Action Plan

Service Name:	Platinum Medi Cosmetic Clinic
Service Number:	00883
Service Provider:	Jill Smith
Address:	22-24 Academy Street, Bathgate, West Lothian, EH48 1DX
Date Inspection Concluded:	21 March 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service (see page 14). Timescale – immediate	All staff roles have been risk assessed. A Disclosure from the practitioner's substantive post was seen prior to being granted PPs and NMC register checked for any restrictions along with all other known required checks at the time. A specific service Disclosure will be applied for before any subsequent PPs are granted, or healthcare professionals are employed. A Disclosure application is in progress for the current PP practitioner and after exhaustive attempts via Disclosure Scotland have registered via an umbrella organisation.	1 month	Jill Smith
Recommendation a: The service should ensure that all prescription-only medicines are checked or audited regularly (see page 12).	ALL POMs are adequately documented and audited as standard. Frequently used POMs such as botulinum toxins audit is reviewed monthly as part of stock control and lesser used POMs are reviewed bi-annually. ALL POMs prescribed from stock are collated as a means of auditing monthly via electronic and evidenced on Aesthetics Nurse		Jill Smith

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	Software. There are also regular visual checks for stock levels, expiry dates etc and ALL prescribed items are documented in patient notes as standard. This recommendation does not reflect current and adequate management and infers otherwise. This will be given due consideration should staff compliment increase, discrepancies found or a change to whom is eligible to have access to the locked room where POMs are secured.		
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation b: The service should introduce regular one-to-ones as part of the staff appraisal process to allow self-employed staff the opportunity to discuss progress in their role or any concerns (see page 15).	There is currently 1 practitioner working under a PP arrangement (works full time NHS) and examples of 1:1s were evident. A template was sent prior to inspection with 2 completed (Team Meeting) available at inspection along with 2 self reflective accounts. As the “team” consists of myself and 1 PP practitioner this is a 1:1 account which did give opportunity to discuss progress, raise any concerns and provide feedback. The “regular” nature of these, I was advised, is at the discretion of the manager.		Jill Smith
Recommendation c: The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service (see page 15).	A formal induction process was in place. There was a SOP of this process within the policy folder and induction information (signed) also contained within a staff file folder including the signed read policy sheet which was seen. All information was not sought but this was available should anything specific had been requested.		

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Recommendation d: The service should further develop its quality improvement plan to formalise and direct the way it drives performance (see page 17).	Although there was a detailed improvement plan and same template as per last inspection, it was suggested an additional column be added to indicate if these decisions are from audits, feedback, staff or otherwise. This will be given due consideration at next update.	18-24 months	Jill Smith
Recommendation e: The service should introduce staff meetings. Minutes should be documented and include an action plan highlighting those responsible for any actions to be taken. Minutes should be shared with all staff (see page 17).	Staff consists of 1 x PP practitioner. A “Team Meeting” at this time is a 1:1/Team Meeting due to time management and already evidenced in recommendation “b”. Should staff compliment increased this will be addressed accordingly.		Jill Smith

Name	<input type="text" value="Jill Smith"/>		
Designation	<input type="text" value="Practitioner/Service Manager"/>		
Signature	<input type="text"/>	Date	<input type="text" value="/ /23/05/2023"/>

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.

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- 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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