

Action Plan

Service Name:	The Expert Clinic
Service number:	00443
Service Provider:	Fiona Shanks Aesthetics Limited
Address:	St Clair, Redding Road, Brightons, Falkirk, FK2 0HG
Date Inspection Concluded:	08 February 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 16). Timescale – immediate	1. Reassess our recruitment policy. 2. 2 references required rather than 1. We have requested a further reference 3. Occupational health to be obtained prior to employment. PVGs were in placed but the PVG numbers had not be filed in the staff files. The clinic assistants pvg number was sent straight after the inspection and the Dr aesthetic practitioner was sent the following day.	In process for immediate completion	Clinic Manager
Recommendation a: The service should review its current processes and introduce a formal detailed annual audit programme (see page 13).	We felt the annual audit was already in place as this same process had been used via previous inspections and no recommendation was required. See previous inspection report. However, we will happily update the annual audit as requested. This would have been done after the previous inspection if there had been a recommendation to do so.	May 2023	Clinic Manager

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 3	Review Date:
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Recommendation b: The service should make sure patients' consent to share information with their GP or other healthcare professionals is consistently recorded (see page 15).	This is something we do and have done since 2016. This was an error from a new practitioner which was highlighted at inspection. We have since retrained our new practitioner in the medical note taking process / system we use.	This was carried out after it was highlighted after inspection and completed February 2023	Clinic Manager
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Name	<input type="text" value="Fiona McInnes"/>		
Designation	<input type="text" value="Clinic Manager"/>		
Signature	<input type="text" value="F. J. McInnes"/>	Date	<input type="text" value="02 / 04 /2023"/>

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 3	Review Date:
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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 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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
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