

## Action Plan

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|----------------------------|---|
| Service Name:              | Tranzform   |
| Service number:            | 01177   |
| Service Provider:          | Tranzform   |
| Address:                   | 7 Morningside Avenue, Peterhead, Aberdeenshire AB42 3GR |
| Date Inspection Concluded: | 12 September 2022                                       |

| Requirements and Recommendations  | Action Planned   | Timescale | Responsible person |
|---|--|-----------|--------------------|
| <b>Requirement 1:</b> The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.   | Risk assessment and action plan has been developed, slips, trips and falls audit   | immediate | Joanne Duncan      |
| <b>Requirement 2:</b> The provider must ensure a record is made in the patient care record, as closely as possible to the time of the relevant event, of the following matters:<br>(a) the date and time of every consultation with, or examination of, the service user by a healthcare professional and the name of that healthcare professional, and<br>(b) the outcome of that consultation or examination.<br><br>This was previously identified as a requirement in the November 2019 | A new patient record for accurately recording consultations, treatments and outcomes has been devised and added to patient notes | immediate | Joanne Duncan      |

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| File Name: 20190121 Action Plan Template                | Version: 1.0 | Date: 21 January 2019 |
| Produced by: IHC Team                                   | Page:1 of 3  | Review Date:          |
| Circulation type (internal/external): Internal/External |              |                       |

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| inspection report for Tranzform.   |   |           |               |
| <b>Recommendation a:</b> The service's participation policy should document its approach to gathering and using feedback.  | This will be reviewed and updated   | 1 month   | Joanne Duncan |
| <b>Recommendation b:</b> The service should develop a programme of regular audits to cover key aspects of care and treatment, including medication, and infection control. Audits should be documented and action plans implemented.<br><br>This was previously identified as a recommendation in the November 2019 inspection report for Tranzform. | This will be addressed and audits will be carried out over next 6 months  | 6 months  | Joanne Duncan |
| <b>Recommendation c:</b> The service develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.   | Schedules are in place  | 1 month   | Joanne Duncan |
| <b>Recommendation d:</b> The service should review its patient care record to ensure that GP contact details are recorded and that consent to share information with other healthcare professionals in case of an emergency is documented in patient care records.<br>This was previously identified as a recommendation in the November 2019        | The GP contact details along with next of kind has been developed and has been in place since last inspection- consent to share will be added in case of emergency section in new patient consultation record | immediate | Joanne Duncan |

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| <b>Recommendation e:</b> The service should ensure that consent for treatment forms are appropriately signed before treatment is administered. | This has been addresses in new patient record | immediate | Joanne Duncan |

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|--|----------------------------------|------|----------------|
| Name   | Joanne Duncan                    |      |                |
| Designation  | Advanced Aesthetics Practitioner |      |                |
| Signature  | J.Duncan                         | Date | 27 / 10 / 2022 |
| In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider. |                                  |      |                |