

## Action Plan

Service Name:	The Good Skin Place
Service number:	02411
Service Provider:	Think Aesthetics Ltd
Address:	4a Liberator House, Prestwick Airport, Prestwick, KA9 2PT
Date Inspection Concluded:	20 May 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should develop measurable key performance indicators to help monitor its aims and objectives (see page 10).</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>Identify key performance indicators, using feedback from the inspection process and report. Identify areas for improvement over the coming year, with measurable goals in the key areas:</p> <p>Direction Implementation and delivery Results</p> <p>KPI should take into account recommendations of the report in the 7 domains KPI should be developed in association with the clinical team</p>	<p>KPIs identified 1 August 25</p> <p>KPI agreed by team 9 Sept 25</p> <p>KPI review 1 Feb 2026 1 August 2026</p>	Clinic owner with pp lead nurse

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<p><b>Recommendation b:</b> The service should develop a regular programme of formal staff meetings (see page 11).</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>Informal and documented staff meetings will be supplemented with monthly formal meetings and minutes should be recorded</p>	<p>9 Sept 2025</p>	<p>Clinic owner</p>
<p><b>Recommendation c:</b> The service should develop a process to keep patients informed about the impact their feedback has on the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>Feedback loop to be further developed: Feedback emails following completion of treatment course – to be set up via clinic software. Two-monthly notice posted in clinic of feedback and responses.</p>	<p>1 Sept 2025</p>	<p>Clinic owner</p>

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<p><b>Recommendation d:</b> The service should develop a process of ensuring staff working under practicing privileges are appropriately appraised every year (see page 15).</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>Appraisal and checking of staff fitness to practice to be implemented on the anniversary of staff starting, or 1 October of each year.</p> <p>To include check of CPD record Professional registration Insurance Other workplace commitments Declaration of fitness to practice</p> <p>Timetable of action to be included in clinic annual action diary</p>	<p>1 October 2025</p>	<p>Clinic owner</p>
<p><b>Recommendation e:</b> The service should further develop the quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</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>Quality improvement plan to be developed as part of the KPI framework plan (recommendation a)</p>	<p>1 August 2025 draft 9 Sept final</p>	<p>Clinic owner with pp lead nurse</p>

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<p><b>Recommendation f:</b> The service should obtain consent from the patient for the sharing of information with their GP and next of kin in an emergency (see page 17).</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>Already implemented: Consent for sharing of information with GP is part of the consultation process, recorded on surgical notes. Forms for minor surgery have been updated to include checkbox for: Consent to share information with GP Consent to share information with next of Kin in an emergency</p>	<p>June 2025</p>	<p>Elizabeth Dell</p>
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Name	<input type="text" value="Elizabeth Dell"/>		
Designation	<input type="text" value="Clinic owner"/>		
Signature	<input type="text" value="Elizabeth Dell"/>	Date	<input type="text" value="01/07/2025"/>

**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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### 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.

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