

Action Plan

Service Name:	On Point Dermal Therapy Ltd
Service number:	00773
Service Provider:	On Point Dermal Therapy Ltd
Address:	Main Street, West Linton, EH46 7EA
Date Inspection Concluded:	24 July 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must complete annual appraisals with all members of staff who work in the service. Timescale – immediate <i>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	<ul style="list-style-type: none"> - Create an appraisal policy outlining process, frequency, and documentation. - Develop an appraisal template including performance, training needs, and professional development. - Schedule appraisal meetings for all staff immediately. - Maintain records of completed appraisals in staff files. 	Timescale: Immediate (completed within 1 month, then annually).	Service Manager
Requirement 2: The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff. Timescale – by 14 November 2025	<ul style="list-style-type: none"> - Develop a risk management policy covering clinical, operational, and environmental risks. - Implement a risk register with regular review (monthly/quarterly). - Train staff on incident reporting and risk mitigation. 	1 month	Service Manager

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<i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	<ul style="list-style-type: none">- Conduct regular risk assessments and document findings.- Review risk register at governance reviews.		
Requirement 3: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly. Timescale – immediate <i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	<ul style="list-style-type: none">- Update recruitment policy to include mandatory PVG checks, references, ID verification, qualifications, and right-to-work checks.- Audit all current staff files to ensure compliance.- Enrol any outstanding staff into PVG scheme immediately.- Schedule ongoing PVG updates and professional registration checks (e.g., annually).- Maintain central recruitment compliance log.	Immediate	Service Manager
Requirement 4: The provider must ensure that when unlicensed medicines are used the appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent. Timescale – immediate <i>Regulation 3(d)(iv)</i>	<ul style="list-style-type: none">- Develop policy for prescribing and using unlicensed medicines.- Create a consent form template that includes rationale, risks, and benefits of unlicensed medicines.- Ensure patient records document rationale and signed consent.- Provide training for prescribers on unlicensed medicine governance.- Review compliance at clinical audits.	Immediate	Service Manager
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<i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>			
<p>Recommendation a: The service should share its aims and objectives with patients and staff.</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>	<ul style="list-style-type: none"> - Publish aims and objectives in patient information leaflets, website, and staff handbook. - Discuss during staff induction and training. - Review annually for relevance. 	6 months	Service Manager
<p>Recommendation b: The service should introduce regular, formal staff meetings, and a record of discussions and decisions reached at these meetings should be kept.</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>	<ul style="list-style-type: none"> - Establish quarterly staff meetings with agenda. - Record minutes and circulate to staff. - Keep records for audit purposes. 	1 month	Service Manager
<p>Recommendation c: The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback.</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>	<ul style="list-style-type: none"> - Develop structured survey/questionnaire (digital & paper). - Collect feedback regularly (post-treatment, annual). - Analyse results and produce improvement reports. - Share 'you said, we did' updates with patients and staff. 	6 months	Service Manager

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<p>Recommendation d: The service should develop a formal business contingency plan that sets out the arrangements for the continuity of care for patients in the event of the service closing for any reason.</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	<ul style="list-style-type: none"> - Draft plan covering staffing shortages, IT failure, emergency closures, and service continuity. - Communicate plan to staff and store securely. - Review and test plan annually. 	1 month	Service Manager
<p>Recommendation e: The service should develop an audit programme to cover key aspects of care and treatment, such as patient care records, and the clinic environment and equipment. Audits should be documented and improvement action plans implemented.</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>	<ul style="list-style-type: none"> - Create annual audit schedule (care records, infection control, equipment checks, environment). - Use audit tools with scoring and action plans.. - Document improvements. 	3 months	Service Manager
<p>Recommendation f: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.</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>	<ul style="list-style-type: none"> - Create annual audit schedule (care records, infection control, equipment checks, environment). - Use audit tools with scoring and action plans. - Present results at staff meetings. - Document improvements. 	3 months	Service Manager

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<p>Recommendation g: The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<ul style="list-style-type: none"> - Review and adopt national cleaning guidance. - Update cleaning schedules to specify approved products. - Train cleaning and clinical staff. - Audit compliance monthly. 	Immediate	Service Manager
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Name	<input type="text" value="Fiona K Hudson"/>		
Designation	<input type="text" value="Service Manager"/>		
Signature	<input type="text" value="K Hudson"/>	Date	<input type="text" value="04 / 09 /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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