**Action Plan**

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| Service Name: | Regenesis |
| Service number: | 02529 |
| Service Provider: | CS Clinics Ltd |
| Address: | Regenesis, 42 Arcade, Stirling, FK8 1AX |
| Date Inspection Concluded: | 17 July 2025 |

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| **Requirements and Recommendations** | **Action Planned** | **Timescale** | **Responsible Person** |
| **Requirement 1:** The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 20).    Timescale – immediate    *Regulation 5(1)(b)*  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | The changes to services provided has been completed as has the changes to relevant person.  In future clinic manager will notify of changes as they arise as per the timeline set out by HIS guidance.  HIS Notifications added to clinic standing agenda and to be discussed at team meetings. | Complete | Clinic manager |
| **Requirement 2:** The provider must ensure that all staff working in the service have a regular performance review (see page 20).    Timescale – immediate    *Regulation 12(c)(i)*  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | Regenesis will and already request staff to forward their appraisals from NHS jobs. Regenesis will add this to the team meeting agenda standing item to remind staff to forward on. Regenesis will not appraise self-employed staff under practicing privileges. Those not employed by the NHS are responsible for arranging appraisal. | Completed and Ongoing |  |
| **Requirement 3:** The provider must implement a system to ensure that it has access to relevant information from the patient’s primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction (see page 20).  Timescale – immediate    *Regulation 3(a)*  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | Added to registration email for clients to provide this prior to initial appointment for prescribing controlled drugs. | Complete | Clinic manager |
| **Requirement 4:** The provider must ensure that a detailed patient care record is in place which sets out how the patient’s health, safety and welfare needs will be met (see page 26).    Timescale – immediate    *Regulation 4(2)(a)(b)(c)*  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | Reception staff will be asked to conduct checks on demographics and highlight if consent forms are missing.  Increase in frequency of audits will be implemented to include the points highlighted. – Audit tool updated.  Standing Agenda item – consent to treatment and audit feedback.  Zanda (notes system) has consent forms built in all staff reminded to use. | Complete and ongoing | Clinic manager |
| **Requirement 5:** The provider must ensure that appropriate health clearance and immunisation status checks, are carried out and recorded for:  (a) all staff before they begin working in the service, and  (b) all staff currently working in the service (see page 26)    Timescale – immediate    *Regulation 8*  *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | All staff have been sent a health declaration form to complete and return ASAP.  Some Immunisations are on file, however staff without have been asked to provide ahead of their next clinic. | Complete | Operations manager  All staff |
| **Recommendation a:** The service should develop measurable key performance indicators and a process for measuring these to check they are being met (see page 12).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | Patient return rates are already measured through Zanda and Aesthetic Nurse software reports.  Patients suggestion box in reception area  Patients are asked to leave a google review. Formal emails to be sent with link to clients with post treatment advice.  Add to team meeting standing agenda. Patient feedback and return rates. | 4 weeks | Clinic manager  All staff |

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| **Recommendation b:** The service should ensure that clinical governance policies and procedures are accurate, reflects practice and supports service oversight and improvement (see page 14).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | Clinical Governance policy updated.  Management team to meet every 2 months to review clinical governance and update policy if required.  Service improvement plan initiated and clear deadlines set out for review. | Complete  Ongoing  4 weeks | Clinic manager  Operations manager |
| **Recommendation c:** The service should ensure staff have received training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection) (see page 21).  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 | All staff have who work for NHS receive this through their mandatory training and the 2 PP staff who do not, have provided mandatory training certificates.  Clinic manager enrolment in mandatory training 2/9/25. | Complete  Complete and ongoing | Clinic Manager  All staff |
| **Recommendation d:** The service should develop an induction and ongoing training programme for staff. A written record of all relevant training should be kept for each practitioner (see page 21).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 | Database for staff training implemented to be able to regularly review expiry dates.  Staff training certificate added to personal files as received from PP staff. | 4 weeks. | Clinic manager /director  Operational Manager |
| **Recommendation e:** The service should develop comprehensive risk management process including a risk register highlighting all risks in the service to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 22).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 | Risk register in development | 8 weeks | Operational manager. |
| **Recommendation f:** The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 22).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 | Contingency for clinic floods is detailed in risk assessment for floods.  Implementation of operational manager  Recruitment of neurodevelopmental specialist with high levels of expertise to stand in as clinic manager in the event of clinic manager absence. Contingency plan completed to guide the service in the absence of current clinic manager for a prologue period of time. | Complete | Clinic manager/director  Operational manager  Neurodevelopmental specialist. |
| **Recommendation g:** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | The improvement plan aims to ensure continuity of care and patient safety and staff wellbeing.  Ongoing audits of patient records and of patient feedback.  Increase patient feedback by implementing post appointment review using google.  Encourage patient feedback through suggestion box available in clinic.  Improve staff experience by asking for feedback in team meetings and in 1:1 discussions, yearly survey monkey.  Increase team meetings and offer enhanced training in house. | Complete and ongoing | Clinic manager  Operational manager. |
| **Recommendation h:** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented. Patient care record audits should include all aspects of care documented (see page 22).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | Keep clear and accurate records relevant to your practice.”  — *NMC Code: Practise effectively, Section 10*  • Completing records at the time or as soon as possible after an event.  • Ensuring records are accurate, legible, and signed.  • Not tampering with original records.  • Storing records securely and in line with local and national policies.  1) Patient Identification – Is the full name, date of birth, present each page?  2. Date & Time – Are all entries accurately dated and timed?  3. Signature & Role – Is each entry signed with printed name and professional role?  4. Legibility – Are handwritten notes clear and readable?  5. Timeliness – Were notes completed contemporaneously or within an acceptable timeframe?  6. Content Accuracy – Are clinical findings, interventions, and decisions clearly documented?  7. Consent – Is there evidence of informed consent where applicable?  8. Risk onward referral completed.  9. Care Planning – Are care plans documented, reviewed, and updated appropriately?  10. Communication – Is there evidence of communication with the patient, family, or carers?  11. Escalation/Referral – Are referrals or escalations documented with rationale?  12. Confidentiality – Are there any breaches of confidentiality (e.g. inappropriate content or identifiers)?  13. Abbreviations – Are only approved abbreviations used?  14. Corrections – Are corrections made appropriately (single line through, dated, signed)?  15. Safeguarding – Are concerns documented and actioned appropriately? |  |  |

Name

Designation

Signature Date

Claire Clark

Clinic Manager/Director

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

**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.