

Action Plan

Service Name:	Grand Aura Skin & Wellbeing Clinic
Service number:	01243
Service Provider:	Grand Aura Limited
Address:	9 Carden Place, Aberdeen, AB10 1UR
Date Inspection Concluded:	23 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that all healthcare professionals employed in the service are not included on the children and adults' lists in the Children and Young People (Scotland) Act 2014 and The Protection of Vulnerable Groups (Scotland) Act 2007 (see page 20).</p> <p>Timescale – immediate</p>	<p>Staff are in the process doing closure Scotland checks. Applications are being done this week</p>	<p>Applications to be submitted by 6th March for all employees who require new disclosures</p>	<p>Marianne Pratt</p>

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<p>Requirement 2: The provider must ensure that staff have updated personal development plans and receive regular individual performance reviews and appraisals. This includes staff who have practicing privileges and the service manager (see page 21).</p> <p>Timescale – immediate</p>	<p>Staff Development meetings are all scheduled now for March and April. Template in place for using in these meetings with review dates at 3 months and 6 months This will form part of staff 1:1 meeting</p>	<p>In progress</p>	<p>Marianne Pratt</p>
<p>Requirement 3: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 21).</p> <p>Timescale – immediate</p>	<p>Clinic Manager and Lead Practitioner are to update system in which this is done by introducing more robust Risk Assessments and these will be reviewed annually.</p> <p>Time will be required to do this as there is a lot of individual treatment risk assessments to complete. Whilst we do have risks on all our consents forms & Protocols we need to formalise this into a specific risk assessments document. Protocols will be reviewed first, and this will then be used for the risk assessments which will become part of risk register</p>	<p>April</p>	<p>Marianne Pratt Megan O'Hare</p>

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<p>Requirement 4: The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification's guidance and in specified timeframes (see page 21).</p> <p>Timescale – immediate</p>	<p>Clinic Manager has gone over all required notifications to familiarise self with them, and will ensure these are completed in a timely manner in the future</p>	<p>Complete</p>	<p>Marianne Pratt</p>
<p>Requirement 5: The provider must develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 22).</p> <p>Timescale – immediate</p>	<p>Time will be required to do this as there is a lot of individual treatment risk assessments to complete. Whilst we do have risks on all our consents forms & Protocols we need to formalise this into a specific risk assessments document. Protocols will be reviewed first, and this will then be used for the risk assessments which will become part of risk register. Non formal risk assessments are included in all protocols but this will be formalised as part of the risk register</p>	<p>April</p>	<p>Marianne Pratt</p>

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<p>Requirement 6: The provider must ensure that detailed patient care records are kept so that safe care of patients can be demonstrated (see page 26).</p> <p>Timescale – immediate</p>	<p>Patient file audit is back now being completed monthly by the senior practitioner and reviewed by Clinic Manager. Staff are given a report back.</p>	<p>Completed</p>	<p>Marianne Pratt</p>
<p>Requirement 7: The provider must review its laser safety arrangements to ensure that:</p> <ul style="list-style-type: none"> a) the laser protection advisor has a signed contract in place detailing appointment of this post with the service b) the laser protection advisor supplies the service with information of their registration with a professional awarding body c) the local rules are updated annually, and d) staff’s core of knowledge training is updated regularly (see page 27). <p>Timescale – immediate</p>	<p>Currently liaising with Laser Protection advisor on a date for him to attend the clinic to update and carry out core of knowledge refresher. As he does not live in the area and works full time for the NHS, it is not something that we can address immediately</p>	<p>In Progress Within 3 months</p>	<p>Marianne Pratt</p>

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<p>Requirement 8: The provider must ensure that when products are not used according to the Summary of Product Characteristics that good medicine governance processes are in place, including obtaining informed patient consent (see page 27).</p> <p>Timescale – immediate</p>	<p>Consent forms have been updated</p>	<p>Complete</p>	<p>Marianne Pratt</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should ensure a system is in place to make sure its identified aims and objectives are being met (see page 14).</p>	<p>New Leadership team has been formed which included the medical director, clinic manager and lead practitioner. The leadership team will meet quarterly and this will be discussed at the next meeting and next team meeting</p>	<p>April</p>	<p>Marianne Pratt</p>

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<p>Recommendation b: The service should re-introduce a programme of regular staff meetings, including agendas, and a record of discussion and decisions reached at these meetings should be kept (see page 15).</p>	<p>Staff meeting dates have been arranged for the year now on quarterly basis Date are as follows Wednesday 6th March 6pm Wednesday 12th June 6pm Wednesday 4th September 6pm Wednesday 15th Jan 2025 6pm</p>	<p>Completed/ongoing</p>	<p>Marianne Pratt</p>
<p>Recommendation c: The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement. This feedback should be audited at agreed set intervals with improvement action plans implemented (see page 17).</p>	<p>Clinic Manager to review patient feedback monthly, record and feedback to the team. First review is planned for 1st March</p>	<p>Completed/ongoing</p>	<p>Marianne Pratt</p>

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<p>Recommendation d: The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 21).</p>	<p>date set for Friday 15th March with Lead Practitioner to do this with the clinic Manager and make any necessary updates, this had been planned for start of Feb but due to clinic manager working reduced hours, this had to be pushed back</p>	<p>15th march</p>	<p>Marianne Pratt/Megan O'Hare</p>
<p>Recommendation e: The service should develop and implement a system to determine review dates for all its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made (see page 21).</p>	<p>System is in place, needs to be reviewed, date set for Friday 15th March with Lead Practitioner to do this with the clinic Manager and make any necessary updates, this had been planned for start of Feb but due to clinic manager working reduced hours, this had to be pushed back</p>	<p>15th March</p>	<p>Marianne Pratt/Megan O'Hare</p>

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<p>Recommendation f: The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration and indemnity insurance checks (see page 21).</p>	<p>Please see below – this is now part on audit schedule</p>	<p>Ongoing</p>	<p>Marianne Pratt</p>
<p>Recommendation g: The service should develop a more detailed program of regular audits to cover key aspects of care and treatment such as infection prevention and control, the clinic environment and patient care records. Audits must be documented and improvement action plans implemented (see page 22).</p>	<p>Audits are now planned to being completed regularly by the senior practitioner and reviewed by Clinic Manager. Staff are given a report back. Audit Place now <u>Monthly</u> Client file/Laser Audits Infection control Audit Patient feedback Audit Incident/Accidents/Environment Audit <u>Annually</u> Staff HR File Audits Fire/Health & Safety Audit Risk Assessments</p>	<p>Ongoing</p>	<p>Marianne Pratt/Megan O'Hare</p>

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<p>Recommendation h: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).</p>	<p>New Leadership team has been formed which included the medical director, clinic manager and lead practitioner. They will meet quarterly and review things like this.</p> <p>Clinic Manager to draft this and will meet with the Medical Director in April to go over this with and for him give feedback on. This will be reviewed at quarterly leadership meetings.</p>	<p>April/May</p>	<p>Marianne Pratt Megan O'Hare Sanjay Rajpara</p>
<p>Recommendation i: The service should develop a contingency plan that sets out arrangements for patient aftercare and follow-up arrangements if the service ceased trading (see page 23).</p>	<p>Clinic Manager to draft this and will meet with the Medical Director in April to go over this with and for him give feedback on. This will be reviewed annually.</p>	<p>April/May</p>	<p>Marianne Pratt</p>

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<p>Recommendation j: The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance, and update its medicines management and consent policy to accurately reflect the processes in place (see page 27).</p>	<p>The update has been drafted and Medical Director needs to sign off on this</p>	<p>8th March</p>	<p>Marianne Pratt Dr sanjay Rajpara</p>
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Name	Marianne Pratt
Designation	Clinic Manager
Signature	Marianne Pratt
Date	27 / 02 /2024

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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