

Action Plan

Service Name:	Sk:n Clinic (Edinburgh)
Service number:	00272
Service Provider:	Lasercare Clinics (Harrogate) Limited
Address:	91 Hanover Street, Edinburgh, EH2 1DJ
Date Inspection Concluded:	11 th January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18).</p> <p>Timescale – immediate</p>	<p>In Place already. Online forms edited to include this: Prior to intramuscular injection, a reconstitute of each vacuum-dried vial of botulinum toxin must take place. At times, a bacteriostatic saline is used, instead of normal saline; this is classed as an off-label use.</p> <ul style="list-style-type: none"> The main reason for the prescriber to choose to use bacteriostatic saline is for its analgesic effect and client comfort When prescribing bacteriostatic saline for off-license use, the prescriber must be satisfied that the decision to do so is in the best interest of the client and evidence-based. The use of this is well recognised and represents standard clinical practice 	Done	Helen Green and MST.

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure compliance with Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> for personal protective equipment (see page 22).	For the recommendation we will remove the Vinyl gloves from areas of practice that involve blood/bodily fluid. i.e. minor ops, injectable treatments/microneedling. I have discussed this with our IPC lead Irene Majdalawy and she feels we can keep them in the laser rooms as no blood/bodily fluids. I will update the Cleanliness, Clinical Waste & Infection Control Policy to include this in the gloves section.	In Action	Clinic Manager, All Medical staff and MST.

Name	<input type="text" value="Claire Doering"/>
Designation	<input type="text" value="Clinic Manager"/>
Signature	<input type="text" value="Handwritten Signature"/>
Date	<input type="text" value="29/02 /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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