

Action Plan

Service Name:	Age Reversal Therapies
Service Number:	00463
Service Provider:	Age Reversal Therapies Limited
Address:	Meadowbrae, Monymusk, Inverurie, Aberdeenshire, AB51 7HA
Date Inspection Concluded:	17 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 21). Timescale – by 28 March 2024	I have implemented this since the date of my inspection.	17/1/24	Rhoda MacKenzie
Requirement 2: The provider must ensure that as an independent clinic, any stock of medication that they hold, must be able to be prescribed to individual patients (see page 21). Timescale – by 28 March 2024	This has been implemented.	28/1/24	Rhoda MacKenzie
Recommendation a: The service should formally record the outcome when reviewing its KPIs (see page 12).	This will occur from now on.	17/1/24	Rhoda MacKenzie

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Recommendation b: The service should demonstrate that improvements made after feedback from patients is communicated to the public (see page 14).	This will occur from now on.	17/1/24	Rhoda MacKenzie
Recommendation c: The service should publish an annual duty of candour report (see page 16).	Error – already done. But I will do this using the template from now on.	28/3/24	Rhoda MacKenzie
Recommendation d: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 17).	See error document. Improvement plan will be used from end March.	28/3/24	Rhoda MacKenzie
Recommendation e: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).	This will occur from now on.	17/1/24	Rhoda MacKenzie
Recommendation f: The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 21).	This will occur from now on.	24/1/24	Rhoda MacKenzie

Name	Rhoda MacKenzie
Designation	Medical Director
Signature	
	Date 8/3/24

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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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