

## Action Plan

Service Name:	Tay Medispa
Service number:	00445
Service Provider:	Tay Medispa Limited
Address:	53-55 York Place, Perth, PH2 8EH
Date Inspection Concluded:	23 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must arrange 'Core of Knowledge' training for all authorised users of the intense pulsed light equipment. This training must be repeated at appropriate intervals (see page 21).</p> <p>Timescale – by 18 April 2024</p>	<p>It was not clear whether the core of knowledge training was included in the original Venus IPL training. We have since discussed with the therapists and their recollection is that it was included in their training. However, we are waiting confirmation for the educator to clarify that point. In the interim, we have sourced online core of knowledge training to be completed if we find that it was not included in the training (Reed courses)</p>	1m	LG

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 6	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Requirement 2:</b> The provider must arrange for an Electrical Installation Condition Report (EICR) to be carried out by a competent person or company to determine whether the electrical installation is in satisfactory condition (see page 21).</p> <p>Timescale – by 18 April 2024</p>	<p>We have tried to find the original EICR but been unsuccessful. So currently in discussion with our Electrician about carrying this out. Will take logistical planning as clinic would have to be empty and power shut down- so must include risk assessment re cold chain POMs. In progress though.</p>	<p>2m</p>	<p>SL</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should develop a strategic policy that formalises the provider’s vision and purpose, strategic priorities and key performance indicators (see page 13).</p>	<p>This is in progress.</p> <p>Clear/ measurable Vision This should then link to Aim Bullet aims points to achieve Vision This should then lead into KPIs and KPI cycle</p>	<p>1m</p>	<p>JL/LG</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 6</p>	<p>Review Date:</p>
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<p><b>Recommendation b:</b> The service should review and re-set key performance indicators each year to demonstrate continuous improvement (see page 13).</p>	<p>This has been noted and diarised on basecamp for next KPI cycle</p>		<p>JL</p>
<p><b>Recommendation c:</b> The service should amend its recruitment policy to make sure it sets out the recruitment process it will follow to ensure staff are safely recruited, including the types of checks that will be carried out as part of this process (see page 21).</p>	<p>Our recruitment policy has been updated to include further details and all to be held in same location and electronic format- interview notes, keep references on file, job offer, CV</p>		<p>LG/JL</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:3 of 6</p>	<p>Review Date:</p>
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<p><b>Recommendation d:</b> The service should implement a system to periodically update staff Disclosure Scotland checks to make sure staff remain safe to work in the service (see page 21).</p>	<p>Noted and will be done</p>		<p>LG</p>
<p><b>Recommendation e:</b> The service should implement a regular programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 22).</p>	<p>Diarised in basecamp and work has already started</p> <p>Completed-</p> <p>Feb 24 audit of recording batch numbers</p> <p>Feb 24 audit of patient records, patient details, patient signature.</p> <p>Records audit diarised for three-monthly</p>		<p>LG/JL</p>

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<p>Produced by: IHC Team</p>	<p>Page:4 of 6</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation f:</b> The service should ensure that patients' next of kin or emergency contact details and GP details are documented appropriately in patient care records. The patient's consent to share relevant information with their GP and other healthcare professionals in an emergency should be sought. If the patient refuses to provide this information, this should be documented (see page 26).</p>	<p>This has begun and will be audited in due course</p>		<p>JL</p>
<p><b>Recommendation g:</b> The service should ensure that all information relating to a staff members recruitment is held together securely in a staff file (see page 26).</p>	<p>As above, procedure updated and additional records to be held to any new staff</p>		<p>LG</p>

Name	Julia Langford
Designation	Clinical director, aesthetics doctor
Signature	

*Julia Langford*

20 / 3 / 24

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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
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