

Action Plan

Service Name:	The Skin and Face Place
Service number:	00459
Service Provider:	The Skin and Face Place (Scotland) Ltd
Address:	19 The Murray Square, East Kilbride, Glasgow, G75 0BH
Date Inspection Concluded:	23 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must develop and follow a practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 15).</p> <p>Timescale – immediate</p>	Have Practicing privileges (PP) policy in place.	Now - Done	Clinic Owner
	Have PP contract / agreement in place, signed and dated by clinic owner and PP practitioner.	Now – Done	Clinic Owner
	Carry out PVG Checks.	Now – Done	Clinic Owner
	Record proof of identity & eligibility to work in the UK.	Now – Done	Clinic Owner
	Get 2 references.	Now – Done	Clinic Owner
	Record copies of clinician's qualifications.	Now – Done	Clinic Owner
	Record indemnity insurance and detail how this will be checked when renewal due.	Now – Done	Clinic Owner
	Proof of immunisation.	Now – Done	Clinic Owner

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	Undertake annual appraisals for staff.	April / May	Clinic Owner
	Check / record professional registration providing details on when this will be checked for renewal.	Now – Done	Clinic Owner
	Detail of induction training.	Now – Done	Clinic Owner
	Detail CPD requirements of clinicians.	Now - Done	Clinic Owner
<p>Requirement 2: The provider must develop a formal role-specific induction package for all staff to evidence that they have the appropriate support to gain the knowledge and skills required for their role (see page 20).</p> <p>Timescale – by 8 July 2024</p>	Write policy and upload to portal regarding induction to clinic. All staff that were working under PP and not booking through the skin and face place are no longer working at the clinic. The remaining 2 staff members have been working for over a year and were properly inducted to the clinic it just wasn't formally written. This will be the policy for any new staff in the future.	Now - Done	Clinic Owner

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<p>Requirement 3: The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns (see page 20).</p> <p>Timescale – by 8 July 2024</p>	<p>Write template and protocols for annual appraisals and set dates as to when these will be carried out. Both remaining staff members will have been working at the clinic for around 15 months and 12 months so I will carry these out in the next month.</p>	<p>April 2024</p>	<p>Clinic Owner</p>
<p>Requirement 4: 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 20).</p> <p>Timescale – by 8 July 2024</p>	<p>Write policy for the rational and the use of bacteriostatic saline (this will be the only unlicensed drug used in the clinic.) Add details to botulinum toxin consent form that this will be used, so that the patient consents to this. The patient will be given the option to have their botulinum toxin reconstituted with saline if they so wish, and this will also be held in stock.</p>	<p>Now - Done</p>	<p>Clinic Owner</p>

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<p>Requirement 5: The provider must develop a medicines management policy that describes how medicines will be safely managed in the service (see page 20).</p> <p>Timescale – by 8 July 2024</p>	<p>Develop a medicines management policy that described how medicines will be safely managed in the clinic</p>	<p>April / May 2024</p>	<p>Clinic Owner</p>
<p>Requirement 6: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 22).</p> <p>Timescale – by 8 July 2024</p>	<p>Design and carry out risks assessment for patients and staff</p>	<p>May 2024</p>	<p>Clinic Owner</p>

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<p>Requirement 7: The provider must develop a risk assessment for the use of the non-compliant clinical hand wash basins in the treatment rooms and implement the appropriate controls until compliant sinks can be installed, including use of an appropriate cleaning product (see page 25).</p> <p>Timescale – immediate</p>	<p>Risk assess, write and upload policy for non-compliant clinical handwashing sink including the use of appropriate cleaning solution. Make all staff members aware of this.</p>	<p>Now - Done</p>	<p>Clinic Owner</p>
<p>Requirement 8: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 25).</p> <p>Timescale – immediate</p>	<p>See requirement 1, all checks will be carried out, recorded and updated yearly, including all details in requirement 1 box. All staff files have cover document detailing when checks for insurance indemnity, professional registration, PVG check and ongoing CPD requirements.</p>	<p>Now - Done</p>	<p>Clinic Owner</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p>Recommendation a: The service should share its vision and purpose statement with patients and staff (see page 14).</p>	<p>Write and share my vision and purpose with staff and patients. Publish in the clinic and on website</p>	<p>June 2024</p>	<p>Clinic Owner</p>
<p>Recommendation b: The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 14).</p>	<p>In addition to other key performance indicators, include safe monitoring of treatment of patients, to include patient feedback and to analyse any areas of improvement in the way patients have been treated and in the outcome of their treatments.</p>	<p>September 2024</p>	<p>Clinic Owner</p>

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<p>Recommendation c: The service should formalise its staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 15).</p>	<p>Set dates for staff meetings in the diary and record these with notes using staff meeting template.</p>	<p>Starting April 2024 and meetings held 1-2 monthly</p>	<p>Clinic Owner</p>
<p>Recommendation d: The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 17).</p>	<p>Construct and upload a patient feedback form and send to patients following their treatment or visit to the clinic. Audit these and document positive feedback, and areas that need improvement. Implement improvement plan based on feedback.</p>	<p>Try to get form done for sending by June 2024 and allow 3-6 months for feedback and enough data analysis.</p>	<p>Clinic owner</p>

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<p>Recommendation e: The service should develop and implement a process to actively seek the views of staff working in the service (see page 17).</p>	<p>Add to staff meetings time to allow suggestions by the staff where we can improve the service to patients in the clinic. There are only 2 staff members and an informal discussion about this would be adequate and welcomed by both staff members. Staff will be advised of when this is in advance and asked to consider any areas that could be improved to discuss at the meeting.</p>	<p>Start with first staff meeting in April.</p>	<p>Clinic owner / staff</p>
<p>Recommendation f: The service should regularly review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance (see page 20).</p>	<p>Go through all policies on portal and folder and review and update these as the business evolves.</p>	<p>August 2024</p>	<p>Clinic Owner</p>

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<p>Recommendation g: The service should develop and implement a safeguarding (public protection) policy (see page 20).</p>	<p>Develop and implement a safeguarding policy</p>	<p>August 2024</p>	<p>Clinic Owner</p>
<p>Recommendation h: The service should produce and publish an annual duty of candour report (see page 21).</p>	<p>Write and upload to portal duty of candour policy. Carry out duty of candour report and upload to portal and display in clinic.</p>	<p>Now – Done Now - Done</p>	<p>Clinic Owner Clinic Owner</p>

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<p>Recommendation i: The service should develop a list of mandatory training for staff to complete. This should include clinical training to ensure patient safety, as well as governance procedures such as:</p> <ul style="list-style-type: none"> - complaints management - duty of candour - obtaining informed consent, and - safeguarding (see page 21). 	<p>Develop a list of mandatory training required by staff. Record this in their staff file.</p>	<p>November 2024</p>	<p>Clinic Owner</p>
<p>Recommendation j: 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>Develop and implement a quality improvement plan</p>	<p>October 2024</p>	<p>Clinic Owner</p>

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<p>Recommendation k: The service should develop an audit program to include audits of:</p> <p>a) all patient care records b) the clinic environment and equipment c) staff files, and d) medicines management (see page 22).</p>	<p>Develop Audits as required</p>	<p>July 2024 or sooner</p>	<p>Clinic Owner</p>
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Name	Stella MacDonnell
Designation	Clinic Owner
Signature	Stella MacDonnell
Date	20 / 03 /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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