

## Action Plan

Service Name:	The St. Andrews Private GP Clinic
Service number:	02289
Service Provider:	Dr Karen Graham Aesthetics Ltd
Address:	Croftwell, Prior Muir, St Andrews, KY16 8LP
Date Inspection Concluded:	05 March 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 19).</p> <p>Timescale – by 23 May 2024</p>	<p>Since our inspection visit we have obtained medical degree certification and proof of identity to add to our documentation list of Defence union membership, PVG membership Nos, Hep B status, last appraisal documentation.</p> <p>Our future list for recruitment of clinicians with practising privileges will include the above plus written references from 2 referees rather than the verbal references previously taken up.</p> <p>Defence union membership and appraisal checks are made on a rolling basis</p>	Already actioned	Dr K Graham

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p><b>Recommendation a:</b> The service should develop a process to communicate to patients how patient feedback is used to improve the service (see page 13).</p>	<p>We are asking our website designer to add a patient feedback section to our website. On this section we will add feedback comments and, where appropriate , we will demonstrate actions taken in relation to feedback. We hope to have uploaded some information within 1 month and will aim to upload on a quarterly basis.</p>	<p>1 month</p>	<p>Dr K Graham</p>
<p><b>Recommendation b:</b> The service should ensure that patients care records indicate that patients have been asked to share their information with other health care professionals. If the patient refuses to agree, this information should be documented (see page 19).</p>	<p>We have added a section entitled 'Permission to share information' to the booking profile page on Cliniko. Within this section there will be a box to tick if sharing is refused.</p>	<p>Completed</p>	<p>Dr K Graham</p>

Name	Dr K Graham
Designation	Medical Director
Signature	Date

K Graham

06/05/24/ /

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.

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