

Action Plan

Service Name:	Therapie Clinic (Braehead)
Service Number:	02284
Service Provider:	Therapie Medical UK Ltd
Address:	Braehead Shopping Centre, King's Inch Road, Glasgow, G51 4BN
Date Inspection Concluded:	17 April 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance within the specified timescales (see page 22).</p> <p>Timescale – immediate</p> <p>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registrations) Regulations 2011</p>	<p>All Notifications were submitted to the portal for review on the 30th April the service will continue to notify HIS of certain matters per the notification's guidance within the correct timeframes</p>	<p>Completed</p> <p>Ongoing</p>	<p>Compliance Manager/Head of Regional Operations/Registered Manager</p>
<p>Requirement 2: The provider must ensure that appropriate Disclosure Scotland background checks are carried out on:</p> <p>a) all staff before they begin working in the service, and</p> <p>b) all staff currently working in the service.</p>	<p>A) Recruitment and HR will carry out the correct checks at the recruitment stage</p> <p>B) HR will carry out checks on all staff currently working within the service</p>	<p>Completion by 14th August or before</p>	<p>HR/Recruitment</p>

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<p>Checks must be recorded and retained in staff files (see page 29).</p> <p>Timescale – by 14 August 2024</p> <p>Regulation 8(2)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>			
<p>Requirement 3: The provider must ensure that all significant hazards requiring immediate attention detailed in the January 2024 fire risk assessment report are addressed (see page 29).</p> <p>Timescale – immediate</p> <p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>All essential works detailed within the FRA has been scheduled to be completed</p>	<p>Ongoing</p>	<p>Head of Regional Operations/Registered Manager</p>
<p>Requirement 4: The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer’s guidance for botulinum toxin. The medicines management policy and toxin policy must also be updated (see page 29).</p> <p>Timescale – immediate</p>	<p>Medicines Management Policy to be revised to include single vial and single patient.</p> <p>Botulinum Toxin vial is used for a single patient</p>	<p>Policy Review by 31st June</p> <p>In Place</p>	<p>Head of Injectable Growth</p>

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Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011			
<p>Requirement 5: 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 30).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Digital Consent forms have been revised to include the use of off licence medication</p> <p>When the use of medication being used off licence this is documented by the HCP clearly within the patient care file.</p>	Ongoing	Head of Clinic Success/Clinic Management
<p>Requirement 6: The provider must ensure the service is provided with a copy of its clinical waste contract to demonstrate that all clinical and hazardous waste generated by the service is disposed of safely to comply with clinical waste legislation (see page 30).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(iii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>The service has a clinical waste agreement in place through our facilities service group.</p>		Director of Operations/ Head of Regional Operations

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<p>Requirement 7: The provider must ensure the ceiling in the temporary storeroom is repaired to reduce potential safety and infection risks (see page 30).</p> <p>Timescale – immediate</p> <p>Regulation 10(2)(a)(b)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 201</p>	<p>The Service will review works to be carried out within the temporary storeroom</p>	<p>Ongoing</p>	<p>Director of Operations/ Head of Regional Operations</p>
<p>Recommendation a: The service should ensure an effective system is in place to quickly respond to any issues identified in the service that require urgent attention (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Any issues requiring urgent attention within the service are reported to the Head of Regional Operations or the facilities management group</p>	<p>Ongoing</p>	<p>Clinic Management/Head of Regional Operations</p>
<p>Recommendation b: The service should ensure that minutes of staff meetings detail the staff responsible for taking forward any actions (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The service carries out monthly meetings with all staff members. Findings or actions from these meetings will be assigned to</p>	<p>Ongoing</p>	<p>Clinic Management</p>

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<p>Recommendation c: The service should ensure the interim cover arrangements for the regional compliance officer is kept under review to ensure that monthly compliance visits are taking place and reports of findings, and any improvements identified from these visits, are documented and actioned (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Monthly Compliance Visits are in place for the service with a report produced on the findings/improvements to be worked on which are reported to the clinic management team along with the Head of Regional Operations</p>	<p>Ongoing</p>	<p>Compliance Manager</p>
<p>Recommendation d: The service should develop clear and measurable action plans to monitor and evaluate the impact of any service changes from patient feedback, and ensure patients are informed of any changes made to the service as a result of their feedback (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>The service will continue to record improvements made within the service and evaluate improvement to be made from patient feedback. The service has a client guide which is available both within the service waiting area along with online where we will display improvements made for clients to view</p>	<p>Ongoing</p>	<p>Compliance Manager/Head of Regional Operations</p>

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<p>Recommendation e: The service should review and update its corporate policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland and customise and align each policy to Scottish legislation and national guidance (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>The service will review the policies and procedure manual to include the correct regulations</p>	<p>On or before Aug 14th</p>	<p>Compliance Manager/Head of Regional Operations/Head of Injectable Growth/ Head of Clinical Services</p>
<p>Recommendation f: The service should further develop its risk register to ensure effective oversight and management of all risks and the actions taken to reduce each risk (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	<p>The service has a risk register in place and will continue to assess current risks along with any new risks that arise and how we look to reduce these</p>	<p>Ongoing</p>	<p>Clinic Management/Compliance Manager</p>
<p>Recommendation g: The service should further develop its audits of patient care records to include the outcome of each audit and, where non-compliance is identified, an improvement action plan should be developed (see page 24).</p>	<p>The Service reviewed the HCP Notes audit to include additional checks on patient care records. These checks are carried out for each clinic run with the outcomes discussed the with HCP on areas of improvement</p>	<p>April – Ongoing</p>	<p>Clinic Management</p>

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19			
<p>Recommendation h: The service should develop and implement a quality improvement plan to help structure and record improvement processes and outcomes, and demonstrate how it measures the impact of service change (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The service has revised the Quality Improvement Plan. This monitors clinic standards and assess areas for improvement along with measuring the impact of the changes made within the service</p>	April – Ongoing	Clinic Management/Compliance Manager
<p>Recommendation i: The service should ensure the store cupboard in the clinical treatment room is clean, tidy and not overstocked (see page 30).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Stock has been reduced in all clinical treatment rooms.</p>	17 th April	Clinic Management
<p>Recommendation j: The service should review where the emergency medicine box is located, and ensure medicines are in date and only emergency medicines that can be administered without a prescription</p>	<p>Emergency Medicines Box is stored within the Clinical treatment room. Dates of all medication is checked at regular intervals and replaced at least 4 weeks prior to any expiry date.</p>	17 th April	Clinic Management

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<p>are stored in the emergency medicine box (see page 30). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Prescription Medication is stored separately to non-prescription medication</p>		
<p>Recommendation k: The service should ensure that patient care records include a more detailed summary of the consultation and assessment process. Consent forms should be signed by the practitioner (see page 30). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Treatment record forms were revised along with patient notes being more detailed by the HCP to include the use of off licence medications, out of hours policy and medical history being discussed Digital Consent forms are in the process of being updated to include the HCP signature</p>	<p>Ongoing</p>	<p>Clinic Management/Compliance Manager</p>

Name	Charli Dingwall	
Designation	Compliance Manager	
Signature	C.Dingwall	<p>Date <input data-bbox="1406 1161 1767 1235" type="text" value="05/06/24"/></p>

Guidance on completing the action plan.

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- **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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