

Action Plan

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| Service Name: | M1 Med Beauty (Glasgow) |
| Service number: | 01663 |
| Service Provider: | M1 Med Beauty UK Ltd |
| Address: | 16 Gordon Street, Glasgow, G1 3PT |
| Date Inspection Concluded: | 09 July and 06 August 2024 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| <p>Requirement 1: The provider must be able to demonstrate to Healthcare Improvement Scotland that appropriate systems, processes and procedures for all aspects of care and treatment are in place (see page 13).</p> <p>Timescale – immediate</p> | Information has been requested from higher management for access to documentation and certificates which were required during the onboarding process, including PVGs and ongoing training | Immediate | M1 Management |

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| <p>Requirement 2: The provider must ensure that the service manager has access to relevant systems, processes and policies to allow them to ensure the health, welfare and safety of patients and staff (see page 13).</p> <p>Timescale – immediate</p> | <p>Access to continued staff training and all complaints/feedback avenues has been requested such as trust pilot and google. I would respond to all for our Glasgow location and having access to the internal complaints would allow me to identify clinic specific trends and audit/give feedback on these. This has been requested</p> | <p>Unknown, this information has been requested from management</p> | <p>M1 Management</p> |
| <p>Requirement 3: The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 18).</p> <p>Timescale – immediate</p> | <p>Accessing the quality assurance dashboard will allow us to update and submit and changes regarding our practitioner and manager. Any changes would be made within the timescales or as requested from HIS</p> | <p>Immediate</p> | <p>M1 reception</p> |

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| <p>Requirement 4: The provider must ensure that infection prevention and control policies and processes are in line with Scottish national guidance and appropriate standard infection prevention and control measures are in place (see page 18).</p> <p>Timescale – immediate</p> | <p>We have requested from management that the policies are reviewed/updated and advised to clinic regarding all infection control measures and how these can be implemented and documented within the clinic</p> | <p>immediate</p> | <p>M1 reception and practitioner</p> |
| <p>Requirement 5: The provider must publish an annual duty of candour report (see page 19).</p> <p>Timescale – immediate</p> | <p>A duty of candour will be published and displayed in the clinic within the time frame and with immediate effect</p> | <p>This will be displayed with immediate effect</p> | <p>M1 reception</p> |

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| <p>Requirement 6: The provider must ensure that incident, accident and adverse events policies are in place and investigations are completed, including documenting any resulting lessons learned or actions to be taken (see page 19).</p> <p>Timescale – by 30 December 2024</p> | <p>The relevant policies will be in place and we shall liaise with management regarding any internal investigations. These will be documented</p> | <p>Within timescale, this has been requested from management</p> | <p>M1 Management</p> |
| <p>Requirement 7: The provider must ensure any staff working in the service are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 19).</p> <p>Timescale – immediate</p> | <p>This has been requested from the company, both members of staff have active PVGs for adults. We do not allow anyone under 18 yo in the clinic. This would include all legal body affiliation and registration, in house training gmc appraisals and notification of any external training which has been completed. Requested that HR allow access to all onboarding documentation, checked references etc</p> | <p>Unknown, this information has been requested from management</p> | <p>M1 Management</p> |

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| <p>Requirement 8: The provider must ensure that all staff working in the service have personal development plans and receive regular individual performance reviews and appraisals (see page 19).</p> <p>Timescale – by 30 December 2024</p> | <p>This has been requested from the company</p> | <p>Within 3 months as this has been requested</p> | <p>M1 Management</p> |
| <p>Requirement 9: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 20).</p> <p>Timescale – by 30 December 2024</p> | <p>We will document and potential risks in the main clinic and treatment room environment and document any obstacles we feel may be present in the future. We have requested from higher management the risk register plans re financial/clinical and organisational</p> | <p>Within requested timescale</p> | <p>M1 reception and practitioner</p> |

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| <p>Requirement 10: The provider must complete and submit an accurate self-evaluation to Healthcare Improvement Scotland when requested (see page 22).</p> <p>Timescale – by 30 October 2024</p> | <p>This will be sent when requested</p> | <p>As and when requested</p> | <p>M1 reception</p> |
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| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| <p>Recommendation a: The service should share its vision with patients (see page 13).</p> | <p>Our shared vision is available on the website and we demonstrate the highest standards of care and hygiene within the clinic</p> | <p>Immediate</p> | <p>M1 Management</p> |

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| <p>Recommendation b: The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept (see page 14).</p> | <p>We have requested that a monthly meeting be conducted with head office/Dr and myself monthly. All relevant points would be documented</p> | <p>Within 3 months, this has been requested</p> | <p>M1 Management</p> |
| <p>Recommendation c: The service should develop and implement a formal process to actively seek the views of staff working in the service. These discussions should be documented (see page 16).</p> | <p>We operate an open channel with management and any issues can be discussed in real time, however, these are not documented. We aim to document conversations regarding any issues</p> | <p>Within 3 months, this has been requested</p> | <p>M1 Management</p> |

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| <p>Recommendation d: The service should have access to all feedback provided by its patients so that it can respond where appropriate and take action where required (see page 16).</p> | <p>I have requested access to complaints and reviews, this would identify trends etc. This has been requested from the company.</p> <p>However, post treatment we do supply clients with all contact details and channels to provide feedback</p> | <p>Within 3 months as waiting on access</p> | <p>M1 Management</p> |
| <p>Recommendation e: The service should ensure that the process for managing a complaint includes local level resolution by the service. This would require the complaints log to be available in the service (see page 19).</p> | <p>As above, this has been requested from management</p> | <p>Within 3 months as waiting on access</p> | <p>M1 Management</p> |

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| <p>Recommendation f: The service should ensure a record is kept of all relevant clinical and governance related staff training (see page 19).</p> | <p>This has been requested from management</p> | <p>Within 3 months as waiting on access</p> | <p>M1 Management</p> |
| <p>Recommendation g: The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 20).</p> | <p>This has been requested from management</p> | <p>Within 3 months as waiting on access</p> | <p>M1 Management</p> |

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| <p>Recommendation h: The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 20).</p> | <p>This will be implemented on a quarterly basis. Checking that relevant details and checks have been made on each client file. We will also check and review the clinic environment for upkeep/risks etc and review all medications and storage of medications medication held. This will be audited</p> | <p>immediate</p> | <p>M1 reception</p> |
| <p>Recommendation i: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).</p> | <p>This has been requested from management</p> | <p>Within 3 months as waiting on access</p> | <p>M1 Management</p> |

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| Name | John watson |
| Designation | Receptionist with management duties |
| Signature | John Watson |
| | Date 18/09/24 |

John Watson

18 / 09 /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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