

Action Plan

Service Name:	KSkin
Service Number:	00541
Service Provider:	K Sharma Clinics Ltd
Address:	11 Ingram Street, Glasgow, G1 1HA
Date Inspection Concluded:	13 May 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 the notifications guidance (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registration) Regulations</i></p>	This will be implemented immediately.	Immediate	Clinic Manager
<p>Requirement 2: The provider must review its medicine management policy and implement systems, processes and procedures to ensure medicines are safely managed within the service (see page 20).</p> <p>Timescale – immediate</p>	<p>Actions planned are</p> <ol style="list-style-type: none"> 1) Temp log to be maintained for medicine refrigerator and temp log recorded every day. 2) All medicines to be check for expiry dates and discarded in appropriate bins. 		<p>Clinic Manager/ Reception staff</p> <p>Clinic Manager/ Nurse Prescriber</p>

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<p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p>Requirement 3: The provider must ensure a clinical waste contract is in place and ensure national guidance is followed for the management of sharps (see page 21).</p> <p>Timescale – 30 March 2024</p> <p><i>Regulation 3(d)(iii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Clinical waste contract is in place with WasteManaged Limited.</p>	<p>Done</p>	<p>Clinic Manager</p>
<p>Requirement 4: The provider must ensure that the outcome of every consultation and details of the treatment provided, including the prescribing of medication, is recorded in the patient care record (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b)(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>This is a standard practice where patient care records are updated for every single visit. Clients who have been found to be not suitable for a treatment, their records are updated.</p>	<p>Done</p>	<p>Clinic Staff</p>
<p>Recommendation a: The service should develop and implement a process for measuring its aims and objectives for providing the service. These should be</p>	<p>Clinic will regularly audit treatments provided and data collected from client feedback survey to align its aims and objectives.</p>	<p>In progress</p>	<p>Clinic Manager</p>
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<p>regularly evaluated to ensure they align with the service's vision and shared with patients and staff (see page 14).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p>			
<p>Recommendation b: The service should develop a patient participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service (see page 17).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</i></p> <p>This was previously identified as a recommendation in the January 2020 inspection report for Kskin.</p>	<p>Patient feedbacks are collected and actioned as required.</p>	<p>Done</p>	<p>Clinic Manger</p>
<p>Recommendation c: The service should ensure that all lasers have separate treatment registers and a patient register that contains appropriate information (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the</i></p>	<p>Separate log of Laser treatments will be maintained.</p>	<p>June 2024</p>	<p>Clinical Staff</p>

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<p><i>organisation providing my care and support. Statement 4.11</i></p>			
<p>Recommendation d: The service should review and update its infection prevention and control policy to make sure it is in line with Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) and Health Protection Scotland's National Infection Prevention and Control Manual (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</i></p>	<p>Review of infection control policy is in progress.</p>	<p>July 2024</p>	<p>Clinic Manager</p>
<p>Recommendation e: The service should develop a practising privileges policy (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</i></p> <p>This was previously identified as a recommendation in the January 2020 inspection report for KSkin.</p>	<p>Separate Practising privileges policy will be developed in line with the practising privileges contract for external consultants.</p>	<p>July 2024</p>	<p>Clinic Manager</p>

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<p>Recommendation f: The service should develop a system to obtain and record a PVG update for all relevant staff at regular intervals (see page 19).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</i></p>	<p>PVG records are obtained before an employee/consultant starts works. These will be updated yearly or as per the advice of counter signatory company.</p>	<p>In progress</p>	<p>Clinic Manager</p>
<p>Recommendation g: The service should address the outstanding recommendations in its 2018 fire safety report and the fire risk assessment should be reviewed every year (see page 21).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p> <p>This was previously identified as a recommendation in the January 2020 inspection report for Kskin</p>	<p>Fire Risk Assessment was carried out in June 2024 and the recommendations will be addressed.</p>	<p>Immediate</p>	<p>Clinic Manager</p>
<p>Recommendation h: The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement actions plans implemented (see page 21).</p>	<p>This although implemented since last inspection, will be updated as per the recommendations from the lead inspector.</p>	<p>In progress</p>	<p>Clinic Manager</p>

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<p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p>			
<p>Recommendation i: The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement actions plans implemented (see page 21).</p> <p><i>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</i></p>	<p>Current audit will be refined to ensure treatments, client safety, infection control and client data is in line with recommendations from HIS. Regular audits will be in line with our aims and objectives to ensure client satisfaction whilst ensuring we follow guidelines from HIS.</p>	<p>Immediate</p>	<p>Clinic Manager Clinic Staff</p>

Name	Ankit Srivastava	
Designation	Clinic Manager	
Signature	AS	<p>Date</p> <p data-bbox="1406 1070 1765 1193">04/07/2024</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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