

Action Plan

Service Name:	Therapie Clinic (Glasgow)
Service number:	00761
Service Provider:	Therapie Medical (UK) Limited
Address:	85 St Vincent Street, Glasgow, G2 5TF
Date Inspection Concluded:	15 May 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: 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 14).</p> <p>Timescale – by 9 July 2024</p>	Clinical Waste Contract has been requested from facilities management group	On or before the 9 th July	Head of Operations

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<p>Requirement 2: 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 update (see page 16).</p> <p>Timescale – by 9 July 2024</p>	<p>All clinical staff practice 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.</p> <p>Medicines management policy is currently being reviewed/updated to include single use of toxin.</p>	<p>On or before 9th July</p>	<p>Head of Injectables Growth</p>
<p>Requirement 3: 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 16).</p> <p>Timescale – by 9 July 2024</p>	<p>Clinical staff document the use of any unlicensed medication within the patient care records at the time of treatment along with the being placed within client consent forms</p>	<p>On or before 9th July</p>	<p>Systems Solutions Manager/Clinical Staff</p>

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<p>Recommendation a: The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland, customise and align each policy to Scottish legislation and national guidance (see page 10).</p>	<p>The policies and procedures manuals are being reviewed/updated to include the correct regulations</p>	<p>On or before the 9th July</p>	<p>Clinical Services Manager</p>
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Name	Charli Dinshaw
Designation	Compliance Manager
Signature	C. Dinshaw
Date	27 / 06 / 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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