

## Action Plan

Service Name:	The Youth Fairy
Service number:	00735
Service Provider:	Roberta Kent
Address:	17 Haig Avenue, Kirkcaldy, KY1 2JE
Date Inspection Concluded:	18 June 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must publish a duty of candour report every year (see page 18).</p> <p>Timescale – immediate</p>	<p>A duty of candour report has been published and is visibly displayed within the treatment clinic</p> <p>This Requirement has been added to annual year end audit documentation</p>	Completed	Business owner

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<p><b>Requirement 2:</b> The provider must ensure that each patient care record includes documented assessment and consultation each time (see page 22).</p> <p>Timescale – immediate</p>	<p>All patient consultations are currently recorded electronically via Aesthetic Nurse software with a completed individual face map of treatment and dosage carried out. Follow up appointments are added in to the patients note of anything discussed pre and post treatment and treatment results.</p>	<p>Completed</p>	<p>Business Owner</p>
<p><b>Requirement 3:</b> The provider must ensure that each patient consent is obtained to share information with the GP and next of kin in the event of an emergency. If the patient refuses, this should be documented (see page 22).</p> <p>Timescale – immediate</p>	<p>GP and next of kin details are obtained through electronic software completed by patient and always present before any treatment is carried out. Have contacted software provider Aesthetic Nurse and consultation documentation now includes a tick-box for patient consent to be gained to share this information in the event of an emergency on patient details page. If patient does not consent then this shall be documented within their notes.</p>	<p>Completed</p>	<p>Business Owner</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p><b>Recommendation a:</b> The service should develop clear and measurable aims and objectives for patients to access (see page 13).</p>	<p>The service has an Annual Audit which will be completed at the end of each business year in order to measure business performance and identify areas for improvement as per Quality Assurance policy.</p> <p>Monthly meeting with fellow practitioners includes specific agenda points in relation to service and quality of care which allows the business the opportunity to react promptly to support the achievement of this effectively going forward</p>	<p>Work under constant monitoring and review</p>	<p>Business Owner</p>
<p><b>Recommendation b:</b> The service should further develop how patients obtain information on treatments and the cost when considering the service (see page 16).</p>	<p>During initial consultation patients are given verbal information of all treatments requested or discussed. Information leaflets are available in printed format within the business for patients to take home or take a copy of before committing to any planned treatments. Costs of treatments are given verbally at consultation and discussed costs of treatments and payment methods used are documented via Aesthetic Nurse software on each individual patient record.</p>	<p>Completed</p>	<p>Business Owner</p>

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<p><b>Recommendation c:</b> The service should develop a process of informing patients of the outcomes of their feedback (see page 16).</p>	<p>Patient feedback questionnaires are available within the service to take-away and complete with a pre-stamped envelope to return anonymously.</p> <p>Any feedback received is discussed as a point on the agenda for Monthly Practitioner meeting. Any improvements made to the service in respect of this will be documented on to the Annual Business Audit for quality improvement purposes and also displayed on the Information Board visible within the service for patients to see.</p>	<p>Completed</p> <p>Work under constant monitoring ad review</p>	<p>Business Owner</p>
<p><b>Recommendation d:</b> The service should update its complaints process and information available to patients to include updated Healthcare Improvement Scotland contact information (see page 18).</p>	<p>The complaints document on display within the service has been updated to reflect Healthcare Improvement Scotland's contact information, address and email information.</p>	<p>Completed</p>	<p>Business Owner</p>

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<p><b>Recommendation e:</b> The service should register with the Information Commissioner's Office to ensure patient information is managed securely (see page 18).</p>	<p>Patient information is stored on an electronic device within the service which is password protected to gain access to not only the device itself but also the Aesthetic Nurse software to which it is cryptically stored and secured and paid for as part of the service obtained from Aesthetic Nurse software.</p>	<p>Completed</p>	<p>Business Owner</p>
<p><b>Recommendation f:</b> The service should develop a process of identifying risks and ensuring a regular review (see page 19).</p>	<p>Currently working on additional risk assessments for the service to be included within current Risk Assessment folder.</p> <p>Currently working on an Annual Spreadsheet of additional audits with dedicated timescales and signed completion added to the service for Quality Assurance purposes.</p> <p>Upcoming tasks, requirements and completion responsibilities are raised as an individual point within the practitioners Monthly Meeting agenda and also as part of review and progress of tasks at the following months meeting to be reported back upon. This ensures quality control.</p>	<p>Work under constant review and monitoring</p>	<p>Business Owner</p>

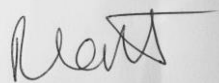
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<p><b>Recommendation g:</b> The service should further develop its audit programme to cover key aspects of care delivery (see page 19).</p>	<p>Currently working on an Annual Spreadsheet of additional audits with dedicated timescales and signed completion added to the service for Quality Assurance purposes</p>	<p>Work under constant review and monitoring</p>	<p>Business Owner</p>
<p><b>Recommendation h:</b> The service should develop a quality improvement plan that will support and manage the delivery of service improvements (see page 20).</p>	<p>The service has an Annual Audit currently in situ which will be completed at the end of each business year in order to measure business performance and identify areas for improvement as per Quality Assurance policy.</p> <p>Monthly Practitioners meeting includes extensive agenda points to support and manage the delivery of the service regularly to act promptly and support constant review of the service.</p> <p>Annual Spreadsheet of additional audits with dedicated timescales and signed completion added to the service for Quality Assurance purposes is currently being developed, will be in place and completed as part of the Annual Report paperwork to support this.</p>	<p>Completed</p> <p>Work under constant monitoring and review</p>	<p>Business Owner</p>

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	<p>Additional patient feedback methods are being developed in order to maximise potential feedback to influence improvements within the service.</p> <p>All points highlighted from Healthcare Improvement Scotland Inspection have been acted upon promptly and positively received in order to uphold improved business and service standards to which the business strives to achieve at all times</p>		
<p><b>Recommendation i:</b> The service should ensure the medicine fridge is used for medicines only (see page 22).</p>	<p>The medicine fridge is only ever used to store medicine and at the time of inspection contained no medication. The business owner put bottled drinks in the fridge for the inspection exclusively to provide the inspector a drink on the day. The business owner stated that this was an exception and confirmed that this fridge is only exclusively dedicated and only ever used for medication.</p>	<p>Completed</p>	<p>Business Owner</p>

Name	<input type="text" value="Roberta Kent"/>
Designation	<input type="text" value="BUSINESS OWNER"/>
Signature	Date



01/08/2024

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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