

## Action Plan

Service Name:	ICONIC Cosmetic Clinic
Service number:	01959
Service Provider:	ICONIC Cosmetic Clinic Ltd
Address:	20 Quality Street Lane, Edinburgh, EH4 5B
Date Inspection Concluded:	28 November 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> 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 20).</p> <p>Timescale – immediate</p>	<p>Updated medicine policy to include rationale for using bacteriostatic saline to reconstitute Botox.</p> <p>Updated consent form to highlight this to patients prior to treatment.</p>	<p>Done</p> <p>30.1.25</p>	<p>Kerri-Lee Clark</p>

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<p><b>Requirement 2:</b> The provider must review its laser safety arrangements to ensure that:</p> <p>(a) <i>the appointed laser protection advisor provides an updated set of local rules</i></p> <p>(b) <i>the local rules are available in the clinic so staff can refer to them</i></p> <p>(c) <i>the laser operator and supervisor has read, understood and signed the local rules</i></p> <p>(d) <i>each laser machine has list of authorised users attached to it (see page 20).</i></p> <p>Timescale – immediate</p>	<p>Appointment booked with LPA Mike Murphy – was scheduled for January but has been rescheduled to Feb due to Mike being unwell.</p>	<p>30/2/25</p>	<p>Kerri-Lee Clark</p>
<p><b>Requirement 3:</b> The provider must publish an annual duty of candour report (see page 20).</p> <p>Timescale – immediate</p>	<p>Annual duty of Candour report uploaded on website and HIS portal</p>	<p>Done 2/2/25</p>	<p>Kerri-Lee Clark</p>

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<p><b>Requirement 4:</b> The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 22).</p> <p>Timescale – by 14 May 2025</p>	<p>Develop and maintain effective systems that demonstrate proactive management of risks to both patients and staff. These systems will focus on identifying potential risks early, implementing preventive measures, and ensuring continuous monitoring and improvement. Through regular training, clear communication, and adherence to industry best practices.</p>	<p>14/5/25</p>	<p>Kerri-Lee Clark</p>
<p><b>Requirement 5:</b> The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and welfare needs (see page 25).</p> <p>Timescale – by 14 May 2025</p>	<p>Ensure access to all patient care records for practicing privileges staff</p>	<p>Done 30/1/25</p>	<p>Kerri-Lee Clark</p>

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<p><b>Requirement 6:</b> The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service, and as required thereafter (see page 25).</p> <p>Timescale – immediate</p>	<p>Create Document to allow annual checks for staff</p> <ul style="list-style-type: none"> <li>- Registration status with registered body</li> <li>- Immunisation status</li> </ul> <p>Ensure all documents are present in staff files including references.</p>	<p>Done 30/1/25</p>	<p>Kerri-Lee Clark</p>
<p><b>Requirement 7:</b> The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded within the staff files (see page 25).</p> <p>Timescale – immediate</p>	<p>Create a staff appraisal document and ensure regular performance reviews</p>	<p>Done 15/12/24</p>	<p>Kerri-Lee Clark</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p><b>Recommendation a:</b> The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting (see page 14).</p>	<p>Create a standardised agenda document for staff meetings to include:</p> <ul style="list-style-type: none"> <li>- Key Performance indicators</li> <li>- Quality improvement suggestions</li> <li>- Staff and patient feedback</li> <li>- Training compliance</li> </ul>	<p>Done 15/12/24</p>	<p>Kerri-Lee Clark</p>
<p><b>Recommendation b:</b> The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 20).</p>	<p>Botulinum toxin will be used in line with the manufacturer's and best practice guidance. The medicines management policy will be updated accordingly</p>	<p>Done 6/2/25</p>	<p>Kerri-Lee Clark</p>

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<p><b>Recommendation c:</b> The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office (see page 20).</p>	<p>Instruct staff working under practice and privileges to obtain an ICO certificate for iconic and add these to the staff files.</p>	<p>30/2/25</p>	<p>Kerri-Lee Clark</p>
<p><b>Recommendation d:</b> The service should:</p> <p><i>(a) further develop the list of mandatory training to include clinical training to ensure patient safety, as well as governance procedures</i></p> <p><i>(b) ensure the training is completed by all staff (see page 20).</i></p>	<p>Set up training for staff:</p> <ul style="list-style-type: none"> <li>- Duty of candour</li> <li>- Complaints management</li> <li>- Obtaining informed consent</li> <li>- Safeguarding</li> </ul>	<p>30/2/25</p>	<p>Kerri-Lee Clark</p>

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<p><b>Recommendation e:</b> The service should continue to develop its clinical audit programme to include other types of audits (see page 22).</p>	<p>Audit of</p> <ul style="list-style-type: none"> <li>- patient care records for practicing privileges staff</li> <li>- infection control</li> <li>- medicines management</li> <li>- staff files</li> </ul>	<p>1/3/25</p>	<p>Kerri-Lee Clark</p>
<p><b>Recommendation f:</b> The service should formalise a way to measure its own performance by benchmarking against similar services and national standards (see page 22).</p>	<p>Create document to compare KPI to competitors and national standards.</p>	<p>1/3/25</p>	<p>Kerri-Lee Clark</p>

Name	Kerri-Lee Clark
Designation	Manager
Signature	<i>Kerri-Lee Clark</i>
Date	2/2/25

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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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