

Action Plan

Service Name:	Crystal Clear Aesthetics
Service Number:	01539
Service Provider:	Crystal Clear Aesthetics Limited
Address:	1279 Dumbarton Road, Clydebank, Glasgow, G14 9UY
Date Inspection Concluded:	07 September 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that a responsible healthcare professional is able to prescribe and administer prescription-only medicines as part of a response to complications and/or an emergency situation, if required (see page 19).</p> <p>Timescale – immediate</p>	Prescribing partner will be present to prescribe and administer prescription only medicines as part of a response to complications and/or an emergency situation	Completed	Director
<p>Requirement 2: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 21).</p> <p>Timescale – by 7 February 2024</p>	<p>Audits:</p> <ul style="list-style-type: none"> Safety and Maintenance of clinic furniture Safety and Maintenance of clinic equipment Patient Records Medicine Management 	Completed - Allocated across all staff members under Practising	Director

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		Privelages including Director over the course of the next 6 months	
<p>Requirement 3: The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 23).</p> <p>Timescale – immediate</p>	Annual checks on regulatory body pin/numbers and insurance will take place on a yearly basis. This will be scheduled in with the appraisal program.	2 weeks	Director
<p>Requirement 4: The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role (see page 23).</p> <p>Timescale – immediate</p>	Enrolment commenced – awaiting completion.	2 weeks	Director
<p>Recommendation a: The service should share its vision statement with patients (see page 15).</p>	Moving forward this will be a part of our discussion during consultations	Completed	Director

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Recommendation b: The service should document how they will assess the service against the key performance indicators (see page 15).	Patient experience and patient safety will be assessed 6 monthly.	Completed	Director
Recommendation c: 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 16).	Scheduled in person meetings have been programmed for the next 6 months	Completed	Director
Recommendation d: The service should develop and implement a process to actively seek the views of staff working within the service (see page 17).	Anonymous staff feedback forms have been created. This will be provided to staff at the end of December as an end of year review.	December 30 th 2023	Director
Recommendation e: The service should update its infection prevention and control policy to include reference to all relevant standard infection control precautions (see page 19).	Time has been scheduled to update relevant policy	4 weeks	Director
Recommendation f: The service should ensure that staff files contain a record of all relevant training including: a) safeguarding (adult protection) b) complaints management c) consent, and d) duty of candour (see page 19).	Requests have been made to staff	4 weeks	Director

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Recommendation g: The service should ensure that a staff appraisal system is put in place to ensure performance is regularly documented and evaluated (see page 20).	Staff appraisals have been scheduled for 2024	Completed	Christhel Sasan
Recommendation h: 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 21).	A verbal agreement was previously in place with partner prescriber. A written plan has now been put into place with both partner prescriber and director in agreement.	Completed	Christhel Sasan
Recommendation i: The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 21).	Programme has been developed and has been distributed across all staff members to complete over over the next 6 months. Rotation to follow.	Completed	Christhel Sasan
Recommendation j: The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins (see page 23).	Staff have been informed that the appropriate product has been procured and is used to clean sanitary fittings in line with the National Infection Prevention and Control Manual	Completed	Christhel Sasan

Name	CSASAN	Date	25/10/23
Designation	director		
Signature			
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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 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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