Healthcare Improvement Scotland

Action Plan

Service Name:	NY Skin Clinic
Service number:	01472
Service Provider:	NY Skin Clinic Ltd
Address:	92 Fonthill Road, Aberdeen AB11 6UL
Date Inspection Concluded:	27 June 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.	Slips, Trips & Falls Risk Assessment in the process of being completed	30/8/22	A. Gaskin
Requirement 2: The provider must ensure that Protecting Vulnerable Groups checks are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit.	Basic PVG for each member of staff is in the process of being applied for.	30/09/22	A. Gaskin

Recommendation a: The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.	We propose to share improvements made as a result of feedback on our Website and Social Media Pages	30/10/22	E. Wood/L.Elsby
Recommendation b: The service should introduce an audit on medication management which should be documented and action plans implemented.	A medication audit will be drafted and added to the annual Audit Schedule	30/10/22	E. Wood
Recommendation c: The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.	Complete – Cleaning Shedule has been made (5/8/22)	30/8/22	R.Lawoski
Recommendation d: 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 hand wash sinks.	Complete – Chlorine bottles available throughout clinic. (5/8/22)	30/8/22	E.Wood
Recommendation e: The service should develop and implement a quality improvement plan.	**QIP will developed and implemented**	30/09/22	E/Wood

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Name	Elaine Wood		
Designation	Clinical Director		
Signature	EWood	Date	5/8/22

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.