

Action Plan

Service Name:	Palm Aesthetics
Service Number:	00631
Service Provider:	Elizabeth Stoddart
Address:	c/o Kenilworth Medical Centre, Cumbernauld, North Lanarkshire, G67 1BP
Date Inspection Concluded:	29 August 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 17).	The complaints policy will be updated to ensure patients know they can contact HIS at any point in the complaints process. Upload to the portal.	Immediate	Elizabeth Stoddart
Timescale – immediate			
Requirement 2: The provider must ensure all gaps in the treatment room flooring are filled with a suitable material to prevent the	Quote received for new floor and will be in place in the coming weeks.	Immediate	Elizabeth Stoddart
entry of pests (see page 20).	Risk assessment in place meantime		
Timescale – by 20 February 2024			

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:1 of 5	Review Date:	
Circulation type (internal/external): Internal/External			



Requirement 3: The provider must develop a risk assessment for the use of the clinical wash hand basin and tap in the treatment room and implement the appropriate controls until a compliant sink can be installed (see page 20). Timescale: immediate	Quote received for new sink and it will be fitted early in the new year. Risk assessment uploaded to the portal meantime.	Immediate	Elizabeth Stoddart
Requirement 4: The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises (see page 21).	Ventilation risk assessment carried out and uploaded to the portal.	Immediate	Elizabeth Stoddart
Timescale: immediate Recommendation a: The service should develop and implement a process for reviewing its vision, purpose, aims and adjectives and assessing their effectiveness (see page 13).	Quality improvement policy uploaded to the portal.		
Recommendation b : The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to improve the service (see page 15).	Participation policy uploaded to the portal.		

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:2 of 5	Review Date:
Circulation type (internal/external): Internal/External		



Recommendation c : The service should develop a process for keeping patients informed of the impact their feedback has on the service (see page 15).	Yearly survey monkey and publish results. Feedback recorded in feedback log, text messages, verbal and email. Considering setting up electronic system that would	Immediate	Elizabeth Stoddart
Recommendation d: The service should	generate feedback following each appointment. Duty of Candour policy already in place, had been	Immediate	Elizabeth Stoddart
develop and implement a duty of candour policy, and ensure an annual report is produced and made available to patients (see page 17).	unable to upload due to portal access. Annual report published.		
Recommendation e: The service should update its infection control policy to reference national guidance (see page 17).	National guidance added to infection control policy.	Immediate	Elizabeth Stoddart
Recommendation f: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and	Continue to audit patient response to treatments and identify and evaluate treatments that are not as effective as expected.	Immediate	Elizabeth Stoddart
improvement action plans implemented (see page 18).	Audit record book more formalised. -cleaning -patient records -medicines audit -feed back		

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:3 of 5	Review Date:
Circulation type (internal/external): Internal/External		



Recommendation g: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).	Quality improvement plan to improve and drive the service uploaded to the portal.	Immediate	Elizabeth Stoddart
--	---	-----------	--------------------

Name	Elizabeth Stoddart			
Designation	Aesthetic Nurse Practitioner			
Signature	Elizabeth Stoddart	Date	14/11/23	

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.

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:4 of 5	Review Date:
Circulation type (internal/external): Internal/External		



• If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

Version: 1.1	Date: 8 March 2023			
Page:5 of 5	Review Date:			
Circulation type (internal/external): Internal/External				