Action Plan

Service Name:	SLS Medical Aesthetics
Service number:	01465
Service Provider:	SLS Medical Aesthetics Limited
Address:	Hartfield House, 1 Racecourse View, Ayr, KA7 2TS
Date Inspection Concluded:	16 February 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1 – The provider must ensure that all medicines and treatments are stored securely in line with its medicines management policy.	medicines will be stored safely and securely. One of the issues highlighted from inspection was that cleaning personnel had access to the clinic with no lock on cupboard for Dermal Filler of Stock Emergency drugs. Pharmacy grade fridge is lockable. This has been addressed by clinic owner taking over cleaning to ensure she is solely the only person able to access these medications	immediate	Sophie Steele
Requirement 2 – The prescriber must ensure that a physical, face-to-face consultation takes place with the patient before injectable cosmetic treatments are prescribed. A record of this consultation must also be documented in the patient care record.	Face to Face consultations will be undertaken and documented on new paper consultation forms to show clearly dates and treatment plans/ suggestions discussed with patients, as well as prescribing information.	Immediate	Sophie Steele

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 4	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation			
Recommendation a - The service should implement an accident and incident log book.	An Accident log book and incident book was implemented within 24hrs of HIS inspection to ensure this is accessible if any incidents were to happen and these can be clearly documented.	Immediate	Sophie Steele
Recommendation b - The practitioner should follow manufacturer's guidance for the reconstitution of Botulinum toxin.	Toxin will be disposed of in line with manufacturers guidance. This includes the safe disposal of remaining toxin from patient vials.	Immediate	Sophie Steele
Recommendation c - The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.	Audit alerts will be used to conduct patient document audits, infection control audits, patient satisfaction audits, clinic safety audits, and medicines managements audits. These will be rotated monthly.	Within 4 weeks from report	Sophie Steele
Recommendation d - A more formal system for regularly reviewing policies and procedures should be implemented.	ensure policies are reviewed annually to update any changes made within clinic. Changes highlighted from visit were changed in a timely manner following recommendations.	Within 4 weeks of report	Sophie Steele
Recommendation e - The service should document patient consent to photography and sharing information with the patient's GP and other healthcare professionals in the patient care record for each episode of care. A record of the patient's next of kin or emergency contact should also be documented.	Documentation was updated within 24hrs of visit to ensure accurate documentation was obtained. New paper documents include highlighted information – registered GP address, consent for photography, consent to share information and NOK details.	Immediate	Sophie Steele

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:2 of 4	Review Date:
Circulation type (internal/external): Internal/External		

		Immediate	Sophie Steele
Recommendation f -The electronic patient record system should be reviewed to ensure that a summary of all discussions between the patient and the practitioner are documented in the patient care record. This includes the outcome of consultations, treatment plan, aftercare advice and planned follow-up appointments.	new documentation was implemented 24hrs from site visit. Clinic documents have returned to paper based documentation as per discussion/ advisory from HIS inspector on day of visit. Patients have individual care records which are kept in a locked filing cabinet within the clinic. Paper consent forms are completed for every client attendance and filed in care record. These document after care advice, treatment areas inc batch numbers, consultation forms show clear patient plans and any follow up appointments	Immediate	Sophie Steele
Recommendation g - The service should develop a more structured approach for gathering, recording and evaluating patient feedback to drive service improvement.	"survey monkey" feedback will be processed and ran quarterly for 7 days at the end of the month. Clients will be asked on how their treatment was, if the treatment was explained and performed effectively as well as any aftercare advice. Patients will also have the opportunity to give suggestions on improvement for the clinic at this time.	Within 4 weeks	Sophie Steele
Recommendation h - The service should develop and implement a quality improvement plan, to inform and direct service improvement.	a quality improvement plan will be produced highlighting recommendations from HIS visit to ensure recommendations do not reoccur. Quality improvement plans ensure clinic and patient safety and highlight areas that need addressed as well as recognising how we address them	Iwithin 4 weeks from report	Sophie Steele

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:3 of 4	Review Date:
Circulation type (internal/external): Internal/External		

Name	Sophie Steele		
Designation	Owner		
Signature	ssteele	Date	29/3/22 / /

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

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:4 of 4	Review Date:
Circulation type (internal/external): Internal/External		