

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	1-9187031316
Our reference	INS2-12522280161
Location name	Diamond Skin Care

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 Good governance
	How the regulation was not being met:
	<ul style="list-style-type: none"> <i>The registered person had systems or processes in place that failed to enable the registered person to fully assess, monitor and mitigate all the risks relating to the health, safety and welfare of service users and others who may be at risk. For example regarding fire safety, IPC, the management of the risk of legionella and the arrangements for managing medical emergencies.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	

1.) A quarterly rota will be put in place for DSC staff to note updated checks on fire equipment used by venue. Recording of annual fire safety checks done by the venue will continue as before but the request for updated documents will now be recorded

2.) 2 infection control audits will be designed and initiated. These will include audit of sterile prep for procedures and a hand hygiene audit. Training and competency frameworks for these are already embedded.

With reference to point 3 below, regulation 17 above has either been misquoted or misunderstood by the report author(s). The detail of the regulation states systems or processes must enable the registered person, in particular, to— b.) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This does not mean all risks as stated above but those that are created or increased by our activities.

3.) Regarding medical emergencies and legionella risk: The medical emergencies protocol is already described in detail and has been sent to CQC staff now on several occasions. Comments in the final report suggested it has not been read. It covers actions to be taken regarding cardiopulmonary arrest and actions for non-arrest circumstances. This document will be extended to clarify 'risks which arise from the carrying on of the regulated activity'.

Who is responsible for the action?

Dr D Rallan

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Carolynne Ward manages facilities and regular contact with the venue manager. The venue audit sheets will be edited to accommodate the above

Audits protocols are already in place as other audits are regularly and routinely conducted. Lead Nurse Anelia Mihaylova leads audits and add the above to the catalogue

Who is responsible?

As Above and Dr D Rallan

What resources (if any) are needed to implement the change(s) and are these resources available?

As above

Date actions will be completed:

31/03/23

How will people who use the service(s) be affected by you not meeting this regulation until this date?

No effect. No incidents related to these points have been recorded over more than 10 years of operating. Rolling surgical wound infection audit gives early warning of any undetected practice issues

Completed by:
(please print name(s) in full)

Dr D Rallan

Position(s):

Director and Chief Consultant, CQC manager

Date:

24/02/23