

Action Plan

Service Name:	Wilson Aesthetics
Service Number:	02130
Service Provider:	Deborah Wilson
Address:	Unit 10 & 11, Levenmouth Community Enterprise Centre, Harbour View, Methil, Leven, KY83RW
Date Inspection Concluded:	18 January 2024

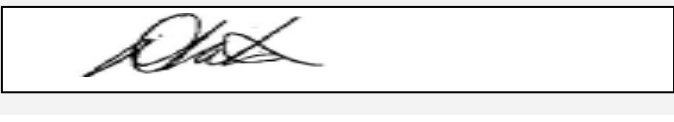
Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure patients' GP contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 18). Timescale – 13 March 2024	This was already in place prior to the inspection and observed by the Inspector in client records. This is a work in progress to ensure all clients have either recorded their GP details or where they have declined this is also recorded.	Already in place prior to inspection.	Owner/Manager of Wilson Aesthetics
Recommendation a: The service should implement a process for reviewing and measuring its aims and objectives (see page 11).	A formal review of the aims and objectives of the service will be implemented. This will include a review of audits and client feedback in line with Wilson Aesthetics policies and procedures and Quality Improvement Plan. This will be available for clients in the clinic.	6 months	Owner/Manager of Wilson Aesthetics

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<p>Recommendation b: The service should develop a formal process for reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (see page 13)</p>	<p>Informal gathering of client feedback already in place prior to inspection as documented in Wilson Aesthetics Quality Improvement Plan.</p> <p>Feedback will be now formally reviewed and documented on a 6 monthly basis. Clients will be informed of any improvements to the service following their feedback. The Quality Improvement Plan will be available to clients within the clinic.</p>	6 months	Owner/Manager of Wilson Aesthetics
<p>Recommendation c: The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 16).</p>	<p>A risk register will be developed to ensure any risks are documented and actioned appropriately. Identified risks are currently included in the Wilson Aesthetics Quality Improvement Plan. Wilson Aesthetics already has an accident and incident report book, information within the report book will also be included in the risk register. No incidents to date.</p>	3 months	Owner/Manager of Wilson Aesthetics
<p>Recommendation d: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 16).</p>	<p>Audits already in place include health and safety, infection control and medicine management. An audit plan will be developed to include these audits and extended to also include client feedback and audit of client records. This will be interlinked with the Wilson Aesthetics Quality Improvement Plan.</p>	6 months	Owner/Manager of Wilson Aesthetics
<p>Recommendation e: The service should ensure that all patient care records contain consent to share information with other healthcare professionals (see page 19).</p>	<p>This has always been contained in the service's own consent form that is completed prior to any treatment. Additionally, clients who have consented by completed product specific forms also complete a Wilson aesthetics consent form to ensure this is</p>	Already in place prior to inspection.	Owner/Manager of Wilson Aesthetics

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	documented. This was also in place prior to the inspection.		
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Name	Deborah Wilson	
Designation	Service Owner/Manager	
Signature		Date <input data-bbox="1406 735 1767 810" type="text" value="19/03/2024"/>

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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