

Action Plan

Service Name:	Ashburn Aesthetics, Redding
Service number:	01554
Service Provider:	Emma Inch
Address:	32 Redding Road, Falkirk, FK2 9XJ
Date Inspection Concluded:	23 June 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Recommendation a - The service should develop a structured process of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.	Develop a structured reporting system of collecting and reviewing patient feedback by actively seeking regular patient reviews of the service through comment cards / social media reviews and email feedback links. Will develop a feedback report every 6 months to show service improvement through patient feedback – updating clients through email and social media streams as well as in clinic updates.	Ongoing	Emma Inch
Recommendation b -The service should develop and implement a duty of candour policy.	Duty of Candour policy to be written and implemented	Completed already	Emma Inch
Recommendation c - The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and	Develop a timeline for the year so a programme of audits can completed throughout the year and action plans can be implemented and reviewed	Within 4 weeks and then ongoing	Emma Inch

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action plans implemented.		review	
Recommendation d - The service should ensure patients' next of kin or emergency contact details are documented appropriately.	Include next of kin/emergency contact details on patient records. – update format of files to be used in future consultations.	Completed already.	Emma Inch
Recommendation e - The service should include review dates in its quality improvement plan to make sure outcomes are reviewed and appropriate actions have been taken to improve the service.	Update quality improvement documentation to include date of documentation and planned review dates	Completed already	Emma Inch

Name	<input type="text" value="Emma Inch"/>		
Designation	<input type="text" value="Manager"/>		
Signature	<input type="text" value="Emma Inch"/>	Date	<input type="text" value="01/08/2022"/>

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