

## Action Plan

Service Name:	Aspyre Aesthetics
Service number:	00926
Service Provider:	Aspyre Aesthetics
Address:	25 Auchinairn Road, Bishopbriggs, G64 1RX
Date Inspection Concluded:	03 May 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should provide information for patients on how to make a complaint (see page 8).	We will develop a website with a complaints section. In addition we will print off and have available in the clinic a copy of the complaints procedure and Details and address of HIS TO DIRECT ANY COMPLAINT	3 months	CD

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<b>Recommendation b:</b> The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed (see page 10).	Rolling policy and procedure review with further review dates included.	6 months	CD
<b>Recommendation c:</b> 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 10).	Audit program will be developed	6 months	CD
<b>Recommendation d:</b> The service should ensure that patient care records are fully completed (see page 12).	FACES APP will be fully updated to ensure patient records are fully complete	6 months	CD
<b>Recommendation e:</b> The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).	Consent form will be amended	6 months	CD
<b>Recommendation f :</b> The service should document what aftercare has been provided in the patient care record (see page 12).	Written copy of aftercare instructions will be recorded in patient records	6 months	CD

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<b>Recommendation g:</b> The service should develop and implement a quality improvement plan (see page 14).	QI and audit overlap. One area highlighted for audit will instead be reviewed as a QIP	1 year	CD
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Name	<input type="text" value="Marianne Whitelaw"/>	
Designation	<input type="text" value="Clinical Director"/>	
Signature	<input type="text" value="Pn Marianne Whitelaw"/>	Date <input type="text" value="20 / 06 /2023"/>

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

### Guidance on completing the action plan.

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- **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 can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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