

Action Plan

Service Name:	Bespoke Beauty Aesthetics
Service number:	01353
Service Provider:	Bespoke Beauty Aesthetics Limited
Address:	111 High Street, Dalkeith, Midlothian EH22 1AX
Date Inspection Concluded:	21 March 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.	A risk register to be established, which outlines a register of risks and a standard operating procedure for managing risk to be established.	Immediate	Rachael Douglas
Requirement 2: The provider must develop a recruitment policy and practicing privileges policy to ensure any new staff working in the service, including staff working under practicing privileges, are safely recruited.	Recruitment policy to be created and fully adopted.	16 June 2022	Rachael Douglas
Recommendation a: The service should further develop its programme of regular clinical audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.	Check-lists for each clinical area to be created to be used as part of regular clinical audit.	End of July 2022	Rachael Douglas

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 3	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation b: The service should develop a duty of candour policy.	Duty of candour policy to be written.	End of July 2022	Rachael Douglas
Recommendation c: The service should ensure that patient care records are audited regularly.	Audit standard operating procedure to be followed through as per policy.	As required and per policy	Rachael Douglas
Recommendation d: The service should register with the Information Commissioner's Office.	To register with ICO's office	End of July 2022	Rachael Douglas
Recommendation e: The service should ensure that annual checks are carried out on staff, including those working under practicing privileges.	Checks to be done on all staff who are working under practicing privileges and full records to be kept.	End of July 2022	Rachael Douglas
Recommendation f: The service should ensure that staff have a file containing all relevant documentation including appropriate background safety checks, qualifications and insurances, where appropriate.	Staff documentation to be established	End of July 2022	Rachael Douglas
Recommendation g: The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement.	Quality improvement plan to be created	End of July 2022	Rachael Douglas

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:2 of 3	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation h: The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.	Patient feedback process to be established	End of July 2022	Rachael Douglas
--	--	------------------	-----------------

Name	<input type="text" value="Rachael Douglas"/>		
Designation	<input type="text"/>		
Signature	<input type="text" value="R. Douglas"/>	Date	<input type="text" value="13/05/2022"/>
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.			