

## Action Plan

|                            |   |
|----------------------------|---|
| Service Name:              | Bella Derma                                     |
| Service number:            | 00771   |
| Service Provider:          | Bella Derma                                     |
| Address:                   | 264 Kilmarnock Road, Shawlands, Glasgow G43 2XS |
| Date Inspection Concluded: | 16 November 2020                                |

| Requirements and Recommendations  | Action Planned  | Timescale  | Responsible Person      |
|---|---|--|-------------------------|
| <b>Recommendation a:</b> The service should ensure all patient records record the name of the place where treatment was received. | Action was taken and submitted to inspector within 24hrs of inspection and before draft report was created. | Action has already taken place and was completed by 18 Nov 2020. | Dr Alison Winter Wright |

|             |  |
|-------------|--|
| Name        | <input type="text" value="Annabelle Lande"/> |
| Designation | <input type="text" value="Manager"/>         |
| Signature   | <input type="text" value="AR Lande"/>        |
| Date        | <input type="text" value="09/01/2020"/>      |

Circulation type (internal/external): Internal/External

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

|   |              |                       |
|---|--------------|-----------------------|
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| Produced by: IHC Team                                   | Page:2 of 2  | Review Date:          |
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