

Action Plan

Service Name:	Beauty Health Aesthetics
Service number:	00592
Service Provider:	Beauty Health Aesthetics Ltd
Address:	3 Whitehouse Road, Stirling FK7 7SP
Inspector:	Tracy Birch
Date Inspection Concluded:	01 October 2019

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that all relevant pre-employment checks are undertaken and recorded at the time of appointment.	Ensure all documents in personal employee folder are signed and dated	Immediately	Lesley Allan
	Ensure 2 references are obtained pre-employment; one professional and one personal	Immediately	Lesley Allan

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 4	Review Date:
Circulation type (internal/external): Internal/External		

Requirement 2: The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' and children's list in the Protection of Vulnerable Groups (Scotland) Act 2007.	All employees will have an up to date PVG check (renew every 3 years) Julia Ogilvie-2018: Due 2021 Lesley Allan-2015 Applied for renewal Karen Park- 2016 Applied for renewal RaymondChan-Rennie- 2018: Due 2021	Application to be completed by 22/11/19	Lesley Allan
Recommendation a: The service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.	Encourage clients to provide feedback Client feedback is received from a variety of sources including verbal, patient satisfaction questionnaires and social media platforms. They are reviewed in real time and are reviewed at monthly meeting to encourage a learning culture, and drive improvement. All feedback is valued and used to drive positive customer journey and staff development. Complaints are processed in line with company complaints policy. Formal audit of all above types of communication every 6 months will also be implemented and used to drive improvement.	Immediately	Lesley Allan

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:2 of 4	Review Date:
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<p>Recommendation b: The service should ensure that the service history for all equipment is retained and accessible.</p>	<p>A list of all equipment to be collated including purchase date, contact details of service provider, date of last service and when the next service is due. Any faults and actions taken.</p> <p>Replacement plan in a timely manner.</p> <p>This will be accessible by all employees and checked monthly to ensure all are up to date.</p>	<p>Immediately</p>	<p>Lesley Allan</p>
<p>Recommendation c: 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.</p>	<p>Using Improvement methodology a programme of ongoing audits will be implemented. First stage- DNA and cancellation audit This will be reviewed using a series of documented PDSA cycles, ensuring clear improvement plans are implemented.</p> <p>Next stage of audits planned-</p> <ul style="list-style-type: none"> • Patient satisfaction with injectable toxins • post procedure complications 	<p>Immediately</p>	<p>Lesley Allan</p>

Recommendation d: The service should provide written aftercare information. This would enable patients to be better informed about their care.	Written after care information is available for all procedures. After care for BHRT clients- every client is supplied written aftercare direct from the pharmacy their medication and information on their medication including possible side effects and a contact number for any enquiries. Clients also have the clinic contact number.	Immediately	Julia Ogilvie
Recommendation e: The service should ensure that a system is in place to record all ongoing professional registration checks of practitioners working in the service.	Introduction of annual NMC and GDC checks A register will be kept and updated annually.	Immediately	Julia Ogilvie

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File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:4 of 4	Review Date:
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