

Action Plan

| Service Name: | Etre Beau Facial Aesthetics |
|----------------------------|--|
| Service Number: | 00390 |
| Service Provider: | ETRE BEAU LTD |
| Address: | 17 Melville Terrace, Stirling, FK8 2NQ |
| Date Inspection Concluded: | 23 March 2023 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|--|-----------|--------------------|
| Recommendation a: The service should develop and implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 9). | Patient Experience Survey forms are to be created on the booking software, Cliniko, and will be sent to patients on periodic basis. Sessions are booked with IT Consultant to go through the mechanics of creating, sending, tracking and storing feedback forms sent and received. This work is part of some overall improvements planned with IT and will form part of the Quality Management structure going forward. | 3 months | Brian Henderson |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|---|-----------|--------------------|
| Recommendation b: The service should produce and publish an annual duty of candour report (see page 9). | We have designed page for website to show policy and annual report. It will be implemented as part of upcoming work with IT Consultant. | 3 months | Brian Henderson |

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | |
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| template AP | | | |
| Produced by: IHC Team | Page:1 of 2 | Review Date: | |
| Circulation type (internal/external): Internal/External | | | |



| Name | Brian Henderson | | | - |
|-------------|-----------------|------|--------------|---|
| Designation | Clinic Manager |] | | |
| Signature | | Date | 9 / 5 / 2023 | |
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Guidance on completing the action plan.

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

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