

Action Plan

Service Name:	KJ Aesthetics
Service number:	01208
Service Provider:	Kristine Jones
Address:	c/o The Studio, Unit 8b Almondside, Livingston EH54 6QU
Date Inspection Concluded:	09 February 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must use medicines in line with manufacturer instructions.	All medicines will be used in line with manufacturer's guidelines.	Immediate	Kristine Jones
Requirement 2: The provider must arrange for its own check to ensure that a practitioner is a registered Protecting Vulnerable Groups (PVG) scheme member, before granting them practicing privileges.	Umbrella scheme in place. PVG's for KJ Aesthetics have been obtained. Annual checks will be continued.	Immediate	Kristine Jones
Recommendation a: 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.	A quality improvement indicator will take place monthly. This will demonstrate that an audit has taken place and identify any action/improvement as a result.	Immediate	Kristine Jones

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 2	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation b: The service should introduce a system of routinely rechecking the Protecting Vulnerable Groups (PVG) status of staff appointed to work from the service.	Annual checks will be continued.	Immediate	Kristine Jones
Recommendation c: The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement.	Quality improvement will be included as part of the service. Patient feedback will be collected along with results to continually improve the service.	Immediate	Kristine Jones

Name	<input type="text" value="Kristine Jones"/>		
Designation	<input type="text" value="Aesthetics Nurse"/>		
Signature	<input type="text" value="K. Jones"/>	Date	<input type="text" value="17/04/2022"/>
<p>In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.</p>			