

Action Plan

Service Name:	LF Aesthetics
Organisation Number:	00865
Service Provider:	Lyndsey Fearn
Address:	37 Clydesdale Street, Hamilton, ML3 0DD
Date Inspection Concluded:	19 February 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition (see page 18). Timescale – immediate Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	I will ensure that I have regular testing on all devices	ongoing	Lyndsey Fearn
Requirement 2: The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent (see page 22).	This is currently in place following guidance provided by senior inspector	In place	Lyndsey Fearn

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 5	Review Date:
Circulation type (internal/external): Internal/External		

<p>Timescale – immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>			
<p>Recommendation a: The service should develop a set of defined and measurable key performance indicators to monitor and evaluate the quality and effectiveness of the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.1. Statement 4.19</p>	<p>This will be implemented yearly</p>	<p>ongoing</p>	<p>Lyndsey fearns</p>
<p>Recommendation b: The service should continue to develop, implement and follow its participation policy to direct the way it engages with patients and uses their feedback to improve the service (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p> <p>This was previously identified as a recommendation in the August 2019 inspection report for LF Aesthetics.</p>	<p>I will be sending regular questionnaires to a selection of clients bi- monthly</p>	<p>ongoing</p>	<p>Lyndsey Fearn</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 5	Review Date:
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<p>Recommendation c: The service should develop a risk register highlighting all risks in the service to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	I will develop a register ensuring all risk is documented.	Within next 4 weeks	Lyndsey Fearn
<p>Recommendation d: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the August 2019 inspection report for LF Aesthetics</p>	This is in progress	Next 4 weeks	Lyndsey Fearn
<p>Recommendation e: The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 19).</p>	This has still to be developed	4 weeks	Lyndsey Fearn
File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1		Date: 8 March 2023
Produced by: IHC Team	Page:3 of 5		Review Date:
Circulation type (internal/external): Internal/External			

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14			
Recommendation f: The service should ensure that a summary of patients' treatment plans and the aftercare advice given is recorded in patient care records (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Continuation sheets are now included in all notes	ongoing	Lyndsey Fearn
Recommendation g: The service should record consent for taking and sharing photographs in patient care records (see page 22). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 This was previously identified as a recommendation in the August 2019 inspection report for LF Aesthetics.	Now in place	ongoing	Lyndsey fearns

Name	Lyndsey Fearn		
Designation	Nurse practitioner		
Signature	<i>l.fearn</i>		
		Date	23/4/25

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

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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:5 of 5	Review Date:
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