

Action Plan

Service Name:	Laura Lamont Aesthetics
Service number:	00935
Service Provider:	Laura Lamont Aesthetics Limited
Address:	91 Union Street, Larkhall ML9 1EB
Date Inspection Concluded:	17 August 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure all patient care records are signed by the treating practitioner to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.	All consent forms are always signed with my full name printed on each, however as discussed the notes section on reverse will now be initialled and signed as well.	immediately	Laura Lamont
Recommendation a: The service should continue to develop its programme of audits to include infection prevention and control and medicine management to ensure safe delivery of care. Audits should be documented and improvement action plans implemented.	Monthly audits will now include infection prevention and control and medicine management to ensure safe delivery of care.	One month	Laura Lamont

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Recommendation b: The service should complete an environmental risk assessment to ensure the safety of patients and those working in the service.	An environmental risk assessment will be developed to ensure patient and staff safety.	One month	Laura Lamont
Recommendation c: The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.	Feedback from patients will be actively encouraged to improve the service. Aftercare cards will now politely ask for reviews after any treatments. Any changes or improvements implemented will be discussed with the patient who suggested them.	One month	Laura Lamont
Recommendation d: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.	A quality improvement plan will be implemented to further develop the service with continuous improvement.	One month	Laura Lamont

Name	<input type="text" value="Laura Lamont"/>		
Designation	<input type="text" value="Nurse aesthetician"/>		
Signature	<input type="text" value="Laura Lamont"/>	Date	<input type="text" value="28 / 09 /21"/>
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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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