

## Action Plan

Service Name:	Miss Aesthetics
Service number:	00975
Service Provider:	Kylie Madden
Address:	1 Rawson Crescent, Mauchline KA5 5AT
Date Inspection Concluded:	29 September 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible person
<b>Requirement 1:</b> The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place. This information should be documented.	PVG checks and references to be carried out on Louise Goodwin, Staff file to be created.	3 months	Kylie madden
<b>Requirement 2:</b> The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.	Yearly appraisals and updates on all policies.	3 months	Kylie madden
<b>Recommendation a:</b> The service should ensure botulinum toxin is used in line with the manufacturers and best practice guidance and update its medicines management policy to accurately reflect the processes in place.	50 units on botox to be ordered instead of 100 units 1 vial per person.	Immediate	Kylie madden

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<b>Recommendation b:</b> The service should ensure information about patient's next of kin and consent for taking and sharing patient's photographs is recorded in the patient care record.	New consent forms with the patients next of kin and consent for photographs added.	Immediate	Kylie madden
<b>Recommendation c:</b> The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.	Regular checks on louise Goodwin	Immediate	Kylie madden
<b>Recommendation d:</b> The service should develop and implement a quality improvement plan.	Develop and implement a quality improvement plan for Miss Aesthetics.	6 months	Kylie madden

Name	<input type="text" value="Kylie madden"/>		
Designation	<input type="text" value="Owner"/>		
Signature	<input type="text" value="Kylie madden"/>	Date	<input type="text" value="09/ 11/2021"/>

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