

Action Plan

Service Name:	Sarah Eve Aesthetics
Service Number:	02190
Service Provider:	Sarah Eve Aesthetics Ltd
Address:	96 Comiston Road, Edinburgh, EH10 5QL
Date Inspection Concluded:	20 October 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service (see page 18). Timescale – immediate	Application to register to become an	Now – pending application approval	Sarah Clyde
Requirement 2: The provider must ensure that all patient information including initial face-to-face consultations is documented in patient care records (see page 18). Timescale – immediate	System updated to reflect the action	Actioned now	Sarah Clyde
Recommendation a: The service should develop measurable objectives and a process to measure these (see page 9).	Patient feedback, staff feedback through questionnaires, reviews both verbal and written have been implemented. A record is being kept in order to record and measure the objectives raised.	Actioned now	Sarah Clyde

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 3	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation b: The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 10)	<p>Six monthly staff meetings with all staff members to take place over TEAMS,</p> <p>Three monthly 1 to 1 meetings to take place between staff member and the manager.</p> <p>The manager will be responsible for recording action points and what is being done to address any raised and by whom.</p>	Actioned now	Sarah Clyde
Recommendation c: The service should implement a structured approach to gathering and analysing all patient feedback to help continually improve the service (see page 12)	Record system in place to record, gather and analyse all patient feedback.	Actioned now	Sarah Clyde
Recommendation d: The service should ensure that risk assessments are fully completed and reviewed regularly (see page 15).	Recorded risks already assessed have been adjusted to reflect the date of assessment and given a review date.	Actioned now	Sarah Clyde
Recommendation e: The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service (see page 18).	Formal induction record now in place in individual staff records, Record shows the date of the induction and is signed by staff as having been given.	Actioned now	Sarah Clyde

Name	Sarah Clyde		
Designation	Manager		
Signature	Sarah Clyde		Date 07.12.23
Circulation type (internal/external): Internal/External			

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:3 of 3	Review Date:
Circulation type (internal/external): Internal/External		