

Action Plan

Service Name:	Soul Love Aesthetics
Service number:	01367
Service Provider:	Delia Parrish
Address:	c/o Northern Soul, 413 High Street, Cowdenbeath KY4 9QW
Date Inspection Concluded:	19 November 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Recommendation a: The service should put appropriate measures in place to identify and manage risk in the service.	Complete risk assessment identifying potential risks with regards to Slips, trips and falls and measures to reduce risk,	4 weeks	Delia Parrish
Recommendation b: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.	Develop a structured programme of regular audits to include medication and patient care records	Twice yearly each audit covering a 4 moth period	Delia Parrish

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Recommendation c: The service should implement a medication checklist.		Checklist to be implemented to include medication, expiry date, quantity and date checked.		4 weeks	Delia Parrish
record consent	tion d: The service should to share information with the GP in the patient care record.		ation documentation to include s and next of kin contact and nation.	In place	Delia Parrish
Name	Delia Parrish				
Name Designation	Delia Parrish Salon Owner				

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