

Action Plan

Service Name:	Sharon Muir Aesthetics	
Service number:	01419	
Service Provider:	Sharon Muir	
Address:	28 Church Street, Troon KA10 6AU	
Date Inspection Concluded:	02 February 2022	

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.	Risk assessment with HSE template done and submitted	Done	Sharon Muir
Requirement 2: The provider must ensure that Disclosure Scotland Protecting Vulnerable Groups (PVG) checks are carried out on anyone working in the service, including those with practicing privileges.	PVG checks now updated	Done	Sharon Muir

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019	
Produced by: IHC Team	Page:1 of 3	Review Date:	
Circulation type (internal/external): Internal/External			



Recommendation a: The service should ensure that monthly stock checks of medicines and single use patient equipment are documented.	Checklist made up and in use now	Done	Sharon Muir
Recommendation b: The service should ensure that audits of patient care records regularly take place.	This is planned for next month using March records and will be done again in December, then annually following this.	April 22	Sharon Muir
Recommendation c: The service should register with the Information Commissioner's Office.	Done. Proof submitted to portal.	Done	Sharon Muir
Recommendation d: The service should ensure a process is in place for reviewing annual checks on staff with practicing privileges.	Have added them to a checklist of when the other checks/renewals are due	Done	Sharon Muir
Recommendation e: The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges.	Have created a template for agenda and meeting minutes and will meet every 3 months or sooner if any issues.	Done	Sharon Muir

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019	
Produced by: IHC Team	Page:2 of 3	Review Date:	
Circulation type (internal/external): Internal/External			



Name	Sharon Muir			
Designation	Clinic Owner/Aesthetic Nurse Practitioner			
Signature		Date	11 / 03 /2022	
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.				

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019	
Produced by: IHC Team	Page:3 of 3	Review Date:	
Circulation type (internal/external): Internal/External			