

Action Plan

Service Name:	SW Aesthetics	
Service Number:	00875	
Service Provider:	Stephanie Worsley	
Address:	Unit 4 44-46 Bank Street, Irvine, North Ayrshire, KA12 0LP	
Date Inspection Concluded:	21 August 2023	

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role (see page 16). Timescale – Immediate	All PVG's have been completed on the staff members now.	immediate	Stephanie worsley
Requirement 2: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include: - a comprehensive risk register, and - appropriate risk assessments to protect patients and staff (see page 17). Timescale – 6 February 2024	Risk register is in progress and will be completed asap.	February 2024.	Stephanie worsley

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



Recommendation a: The service should further develop the key performance indicators to include monitoring of the safe care and treatment of patients (see page 12).	We will develop a key performance indicator on safe care and treatment of patients.	Ongoing	Stephanie worsley
Recommendation b: The service should record staff meeting minutes and include any actions taken and those responsible for the actions. Minutes should be shared with all staff (see page 12).	All meetings will now be minuted and notes kept on the discussions and outcomes.	Ongoing	Stephanie worsley
Recommendation c : The service should develop and implement a staff survey to actively seek the views of staff working within the service (see page 14).	We will implement a staff survey formally rather than asking for staff views.	Ongoing,	Stephanie worsley
Recommendation d: The service should ensure that staff files contain a record of all relevant training (see page 16).	Training register will be updated with the training recommended along with all our other training registers.	Ongoing	Stephanie worsley
Recommendation e: The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 20).	This has been updated on our consent forms on our online system.	Completed.	Stephanie worsley

Name	Stephanie worsley	
Designation	Owner / manager	
Signature	du	Date 23.10.23
)	



	1	

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	Version: 1.1	Date: 8 March 2023	
template AP			
Produced by: IHC Team	Page:3 of 3	Review Date:	
Circulation type (internal/external): Internal/External			