

Action Plan

Service Name:	Kiss Aesthetics Ltd
Service Number:	01705
Service Provider:	Kiss Aesthetics Ltd
Address:	c/o Lash Lounge, 15-17 South Street, Elgin, Morayshire, IV30 1JZ
Date Inspection Concluded:	27 February 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that it follows recruitment guidelines on safe recruitment this should ensure carrying out PVG checks and obtaining references (see page 13). Timescale – by 27 August 2023	Get a PVG using one of the umbrella companies for my prescriber	27/08/23	Elizabeth Cameron
Recommendation a: The service should develop the way it engages with its patients and uses this information to implement improvements in the service (see page 8).	Create feedback leaflets with an area for improvement for patients to complete	27/08/23	Elizabeth Cameron

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation b: The service should record medication checks on a monthly basis and record temperature checks of the medicines fridge and any corrective action taken if the temperature falls outside of safe operating parameters when the service is open (see page 11).	To record all medication checks and temperature checks regularly and identifying anything to be actioned on	10/04/23	Elizabeth Cameron
Recommendation c: The service should update its infection prevention and control policy to reference current legislation and best practice guidance (see page 11).	To update infection control policy to include blood and bodily spillages and then ten SCIPS	01/05/23	Elizabeth Cameron
Recommendation d: The service should record patient consent for sharing photographs and relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).	Add to the social media photograph consent if the patient is happy to have photographs taken altogether. GP information is on consent forms, however to record these details more regularly and in detail	01/05/23	Elizabeth Cameron

Name	<input type="text" value="Elizabeth Cameron"/>
Designation	<input type="text" value="Staff Nurse"/>
Signature	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Circulation type (internal/external): Internal/External	



10 / 04 /23

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

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.

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