

## Action Plan

Service Name:	Emma J Aesthetics
Service number:	02266
Service Provider:	Highland Medical Aesthetics Limited
Address:	6 Ardross Terrace, Inverness, IV3 5NQ
Date Inspection Concluded:	12 March 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should collate all patient feedback obtained from the various methods to provide a more structured approach. This would further help when analysing feedback and being able to demonstrate the impact of change from the improvements made (see page 11).	<ul style="list-style-type: none"> <li>We will review our current procedures for collating patient feedback adding in on-line reviews &amp; other social media feedback.</li> <li>We will endeavour to more closely identify suggested changes that are implementable &amp; to monitor the impact of their implementation</li> </ul>	6-12 months	Directors – all
<b>Recommendation b:</b> The service should further develop its clinical audit programme to include audits of patient care records (see page 16).	<ul style="list-style-type: none"> <li>This was an oversight. Thankyou for the suggested records audit format – we will implement this during the next year on a rolling basis as part of our audit programme</li> </ul>	6-12 months	Clinical director

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Name

Designation

Signature

Date

**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 can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.

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- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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