

Action Plan

Service Name:	Westpark Aesthetics
Service number:	01725
Service Provider:	Julia Hastings
Address:	8 Westpark Avenue, West Inshes, Inverness, IV2 5JP
Date Inspection Concluded:	13 June 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must amend its complaints procedure to include the full contact details of HIS and make clear that patients can contact HIS at any stage of the complaints process (see page 8).</p> <p>Timescale – by 8 November 2023</p>			

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<p>Requirement 2: The must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition (see page 10).</p> <p>Timescale – immediate</p>			
<p>Requirement 3: The provider must retain full up-to-date records of all staff recruited and employed in the service, including those with practicing privileges. These must contain relevant contracts, up-to-date qualifications, professional registration and training certificates (see page 13).</p> <p>Timescale – by 8 November 2023</p>			

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<p>Requirement 4: The provider arrange for its own check to ensure that a practitioner is a registered PVG scheme member, before granting them practicing privileges (see page 13).</p> <p>Timescale – by 8 November 2023</p>			
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).</p>			

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<p>Recommendation b: The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 8).</p>			
<p>Recommendation c: The service should ensure that fire extinguishers are subject to a suitable system of maintenance (see page 10).</p>			

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<p>Recommendation d: The service should introduce a system to record and monitor any accidents or incidents in the service (see page 10).</p>			
<p>Recommendation e: The service should amend its health and safety policy to meet its needs (see page 10).</p>			

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<p>Recommendation f: The service should record in the patient care record that patients are aware of the arrangements for information sharing with GPs and other medical practitioners if required (see page 12).</p>			
<p>Recommendation g: The service should record obtain and record consent to photography in the patient's health care record (see page 12).</p>			

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<p>Recommendation h: The service should ensure that each patient care record documents when aftercare information is given to the patient (see page 12).</p>			
<p>Recommendation i: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</p>			

Name	<input type="text"/>	
Designation	<input type="text"/>	
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.
- 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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