

Action Plan

Service Name:	Nouvelle Aesthetics	
Service Number:	02144	
Service Provider:	Carrie-Ann Smith	
Address:	13 Barn Place, Eliburn, Livingston, EH54 7EN	
Date Inspection Concluded:	09 August 2023	

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risk (see page 14).			
Timescale – by 26 January 2024			
Requirement 2: The provider must develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning (see page 17).			
Timescale – by 17 November 2023			
Requirement 3: The provider must ensure patients' GP and next of kin contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 17).			

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Timescale – by 26 January 2024			
Recommendation a: The service should record the outcomes of all discussions when reviewing the service's vision, aims and objectives (see page 10).			
Recommendation b: The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients (see page 12).			
Recommendation c: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 14).			
Recommendation d: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).			
Recommendation e: The service should record patients' consent to share information with GPs and other relevant healthcare professionals in patient care records (see page 17).			
Recommendation f: The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance (see page 17).			
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Recommendation g: The service should ensure it has fully documented all discussions with the patient in the patient care record when using a medicine outside of the manufacturer's guidelines (off licence) (see page 17).		

Name	
Designation	
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Signature	Date
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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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