

Action Plan

| | |
|----------------------------|---|
| Service Name: | Joelle Aesthetics and Beauty |
| Service number: | 02641 |
| Service Provider: | Joelle Aesthetics and Beauty Ltd |
| Address: | Kensington House, 227 Sauchiehall Street, Glasgow, G2 3EX |
| Date Inspection Concluded: | 13 May 2025 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|---|------------------------------|-------------------------|
| <p>Requirement 1: The provider must ensure that its quality assurance system is implemented to provide monitoring and oversight of safe patient care and the management of risks to staff and patients (see page 15).</p> <p>Timescale – by 13 August 2025</p> <p>Regulation 13(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p> | <p>Develop and implement a written Quality Assurance Policy outlining how patient safety, infection prevention, record keeping, and consent will be monitored.</p> <p>Establish and maintain a risk register identifying key operational and clinical risks, with control measures.</p> <p>quarterly governance meetings to review audit findings, patient feedback, and risk register. Document minutes and actions.</p> | August 13 th 2025 | Director + practitioner |

| | | |
|---|--------------|--------------------|
| File Name: IHC Inspection Post Inspection - Action Plan template AP | Version: 1.1 | Date: 8 March 2023 |
| Produced by: IHC Team | Page:1 of 5 | Review Date: |
| Circulation type (internal/external): Internal/External | | |

| | | | |
|--|---|------------------|--------------------------------|
| <p>Requirement 2: The provider must ensure that every consultation with both the practitioner and the prescriber is documented in the patient care record (see page 18).</p> <p>Timescale – immediate</p> <p>Regulation 4(2)(a)(b)(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p> | <p>Train staff on the importance of dual consultation recording and introduce a checklist to confirm both parties have made entries. If unavailable on digital system used, always keep a paper copy.</p> <p>Conduct a monthly audit of patient care records to ensure dual documentation compliance is met and maintained.</p> | <p>Immediate</p> | <p>Director + practitioner</p> |
| <p>Requirement 3: The provider must implement a system to ensure staff background checks are carried out at regular intervals to confirm staff remain safe to work in the service (see page 18).</p> <p>Timescale – immediate</p> <p>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p> | <p>Create a compliance tracker to record and monitor practitioner and prescriber registration, insurance, and PVG renewal dates.</p> <p>Implement a re-check policy requiring verification of professional registration and insurance every 12 months.</p> <p>Schedule PVG scheme update checks for all staff every 3 years, or sooner if required due to changes in role/responsibilities.</p> | <p>Immediate</p> | <p>Director + practitioner</p> |

| | | |
|---|--------------|--------------------|
| File Name: IHC Inspection Post Inspection - Action Plan template AP | Version: 1.1 | Date: 8 March 2023 |
| Produced by: IHC Team | Page:2 of 5 | Review Date: |
| Circulation type (internal/external): Internal/External | | |

| | | | |
|--|--|------------------------------------|--|
| <p>Recommendation a: The service should ensure a system is in place to review how well its identified aims and objectives are being achieved (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> | <p>Schedule bi-annual assessments of the service's performance using KPIs covering care quality, compliance, patient satisfaction, and development.</p> <p>Document the methodology used to measure performance against each objective (e.g., surveys, audits, feedback forms).</p> | <p>Immediate</p> | <p>Director + practitioner</p> |
| <p>Recommendation b: The service should formalise its team meetings, with an agenda and record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> | <p>Schedule and hold regular formal team meetings (quarterly) with a clear agenda.</p> <p>Keep detailed minutes of each meeting, including discussions, decisions, and assigned actions with responsible staff named.</p> <p>Ensure all practitioners, including those with practicing privileges, are invited and encouraged to attend.</p> <p>Review and update the Practicing Privileges Policy to include expectations about participation in team meetings.</p> | <p>August 13th 2025</p> | <p>All staff at Joelle including those under practice and privileges</p> |

| | | |
|--|---------------------|---------------------------|
| <p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p> | <p>Version: 1.1</p> | <p>Date: 8 March 2023</p> |
| <p>Produced by: IHC Team</p> | <p>Page:3 of 5</p> | <p>Review Date:</p> |
| <p>Circulation type (internal/external): Internal/External</p> | | |

| | | | |
|--|--|------------------|--------------------------------|
| <p>Recommendation c: The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p> | <p>Draft a comprehensive business contingency plan covering scenarios such as clinic closure, emergencies, or staffing issues.</p> <p>Include clear processes for patient notification, referral pathways, and transfer of patient records</p> | <p>Immediate</p> | <p>Director + practitioner</p> |
|--|--|------------------|--------------------------------|

| | | |
|-------------|---|---|
| Name | <input type="text" value="Lisa McClement"/> | |
| Designation | <input type="text" value="Director"/> | |
| Signature | <input type="text" value="L. McClement"/> | Date <input type="text" value="04 / 07 /2025"/> |

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

| | | |
|---|--------------|--------------------|
| File Name: IHC Inspection Post Inspection - Action Plan template AP | Version: 1.1 | Date: 8 March 2023 |
| Produced by: IHC Team | Page:4 of 5 | Review Date: |
| Circulation type (internal/external): Internal/External | | |

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.

| | | |
|---|--------------|--------------------|
| File Name: IHC Inspection Post Inspection - Action Plan template AP | Version: 1.1 | Date: 8 March 2023 |
| Produced by: IHC Team | Page:5 of 5 | Review Date: |
| Circulation type (internal/external): Internal/External | | |