

Action Plan

Service Name:	Valley Aesthetics
Service number:	01817
Service Provider:	Sharon Lundie
Address:	1 Standalane Street, Galston, Ayrshire, KA4 8AY
Date Inspection Concluded:	26 May 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key recruitment checks are carried out (see page 17). Timescale – immediate</p> <p>Regulation 8 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>The service has applied to register with Disclosure Scotland to ensure all staff have full up to date PVG's. A copy of their identification is now in place in practitioner's folder. Practitioners have been asked to obtain 2 references. Any further practitioners working under practice and privileges will have all these in place before carrying out treatments in the clinic.</p>	<p>Immediate</p>	<p>Clinic manager/aesthetic nurse prescriber</p>

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<p>Recommendation a: The service should develop measurable key performance indicators to help monitor how well it is achieving its aim and vision (see page 9). 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>The service is in the process of identifying measurable KPI's aligned with its aim/ vision and setting up a system to collect and monitor KPI data. This will aim to be review annually.</p>	<p>On-going</p>	<p>Clinic manager/aesthetic nurse prescriber</p>
<p>Recommendation b: The service should develop a formal process of informing patients of the outcome of their feedback (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>The service is in the process of getting a website set up which will include informing patients of any outcomes of their feedback. Following inspection a written outcomes were displayed in waiting areas for patients to see based on recent feedback.</p>	<p>4-6 weeks</p>	<p>Clinic manager/aesthetic nurse prescriber</p>

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<p>Recommendation c: The service should develop a process of ensuring staff working under practicing privileges are appropriately appraised every year (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	<p>This will be discussed at next team meeting and dates arranged for appraisals. This will be included in the yearly audit programme.</p>	<p>4 – 8 weeks</p>	<p>All practitioners</p>
<p>Recommendation d: The service should further develop its risk assessments to include an appropriate risk scoring system (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>Risks assessments are being adapted to include a scoring system.</p>	<p>4-8 weeks</p>	<p>Clinic manager/aesthetic nurse prescriber</p>

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<p>Recommendation e: The service should further develop its quality improvement plan to include timescales and named staff responsible for taking forward identified actions (see page 15). 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>This will be discussed at team meeting and practitioners identified. One of the practitioners is undertaking The Scottish Improvement Leadership Course and will assist in further development of the plan with timescales.</p>	<p>On-going</p>	<p>All practitioners</p>
<p>Recommendation f: The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 15). 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>Agreement now in place with a local clinic in Kilmarnock.</p>	<p>Immediate</p>	<p>Clinic manager/aesthetic nurse prescriber</p>

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Recommendation g: The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record (see page 18). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	As part of the audit programme, 5 consents per month are audited. A small number of consents were found to have consent to contact GP and NOK missing. This information is already in the consent forms. Audit of forms is ongoing to ensure this information is included. All practitioners have been advised to include this.	On-going	Clinic manager/aesthetic nurse prescriber & practitioners
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Name	<input type="text" value="Sharon Lundie"/>		
Designation	<input type="text" value="Aesthetic Nurse Prescriber"/>		
Signature	<input type="text" value="S.Lundie"/>	Date	<input type="text" value="06/ / 07 /2025"/>

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

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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 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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