

Action Plan

Service Name:	Advanced Nurse Aesthetics
Organisation Number:	02260
Service Provider:	Advanced Nurse Aesthetics Limited
Address:	20 Nethermain Avenue, Brookfield, Renfrewshire, PA5 8WP
Date Inspection Concluded:	17 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	To comply with manufacturers guidance for botulinum toxin in ensuring once reconstituted the vial is used in one treatment session for a single patient.	Immediate	Service Manager

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<p>Requirement 2: The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>I will ensure going forward, if utilising an unlicensed medication that this is clearly documented in the patient's notes with the rationale for use, with clear documentation of informed patient consent.</p>	<p>Immediate</p>	<p>Service Manager</p>
<p>Recommendation a: The service should develop measurable key performance indicators to help monitor how well the service is being delivered (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>To develop measurable key performance indicators that will help to monitor how well the service is being delivered.</p>	<p>6 weeks</p>	<p>Service Manager</p>
<p>Recommendation b: The service should implement a system to record any accidents, incidents and adverse events that occur (see page 12).</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>To develop a system to record any accidents, incidents or adverse events that occur within the service.</p>	<p>Immediate</p>	<p>Service Manager</p>

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<p>Recommendation c: The service should expand the range of risk assessments carried out to ensure all risks to patients and the owner/practitioner have been identified and are being managed, and that care and treatment is carried out in a safe environment (see page 13).</p> <p>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>To expand on the range of risk assessments carried out within the service to ensure all risks have been identified, and that the environment is safe.</p>	<p>6 weeks</p>	<p>Service Manager</p>
<p>Recommendation d: The service should develop 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 13).</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>To Develop a contingency plan in the event of service closure to ensure continuity of care for patients.</p>	<p>6 weeks</p>	<p>Service Manager</p>
<p>Recommendation e: The service should ensure that consent from patients for taking photographs and for the sharing of information with their GP and next of kin in an emergency is consistently documented (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all</p>	<p>To ensure consistent consent for patient photographs.</p> <p>To add a consent for the sharing of information in the event of an emergency with GP and NoK and ensure this is consistently documented.</p>	<p>Immediate</p>	<p>Service Manager</p>

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decisions about my care and support.
Statement 2.14

Name

Nicola Day

Designation

Service Manager/owner

Signature

N.Day

Date

28/07/25

- **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.