

## Action Plan

Service Name:	KAM Aesthetics and Beauty clinic
Organisation Number:	01072
Service Provider:	KAM Aesthetics and Beauty clinic Ltd
Address:	Tinto Cottage, 1 Hunter Street, Kirkcaldy, Fife, KY1 1ED
Date Inspection Concluded:	17 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should use single-use hydrafacial tips to minimise the risk of cross-infection (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24</p>	We do use single-use HydraFacial tips during patient treatments and from now on we will only use single-use HydraFacial tips during our regular in house training sessions.	Immediate	Kathryn MacRae
<p><b>Recommendation b:</b> The service should wall-mount the hand soap and hand cream bottles above the clinical hand wash basins in the clinical rooms, to facilitate effective cleaning of the basins (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality</p>	<p>We currently have wall mounted soap dispensers in all clinic and treatment rooms which are used on a daily basis. Additionally we have disposable (Nursem) hand pump soap for staff members with sensitive skin.</p> <p>Moving forward we will only use the wall mounted soap dispenser with the Nursem hand soap.</p>	Immediate	Kathryn Macrae

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environment if the organisation provides the premises. Statement 5.24

Name

Kathryn Macrae

Designation

Service Manager

Signature

Kathryn Macrae

Date

29/7/25

- **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.