Action Plan

Service Name:	Laurabelle Aesthetics
Organisation Number:	02444
Service Provider:	Laurabelle Aesthetics Ltd
Address:	166 Clepington Road, Dundee, DD3 7UD
Date Inspection Concluded:	10 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service and on an ongoing basis (see page 18). Timescale – immediate *Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	A written request has been sent to all PPs staff requesting a record of immunisation status and all outstanding reference requests have been submitted again for prompt approval.	2 weeks	Laura Thomson
Requirement 2: The provider must demonstrate good medicines governance for the prescribing and administration of medicines and implement a more effective	Updated medicines audit tool has been implemented to include the documentation of expiry dates of consumables (needles/cannulae/syringes/etc) plus the expiry date of individual patient prescriptions.	Immediately	Laura Thomson

stock control and monitoring system to ensure that expiry dates for prescriptions remain in-date or are removed from stock (see page 23). Timescale – immediate *Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*			
Recommendation a: The service should ensure a system is in place to make sure the aims and objectives identified in its strategy plan are being met (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	-Designate a strategic lead or team member to oversee implementation and progress tracking. -Develop a KPI dashboard aligned with strategic objectives (e.g., patient satisfaction, treatment outcomes, service growth) -Schedule quarterly progress reviews to evaluate achievements, barriers and refine actions - Actively encourage staff engagement within staff meetings and appraisals -Use structured feedback to evaluate patient-centred objectives - Annual strategic review to assess overall progress, update strategy plan and realign objectives if required.	System designed and implemented by 30th September 2025, with ongoing quarterly and annual reviews thereafter.	Laura Thomson
Recommendation b: The service should develop a more regular programme of formal staff meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff to ensure issues	- Create and circulate a schedule for formal staff meetings (e.g bi-monthly), ensuring they are planned in advance and accessible to all team members. - Develop a standard agenda template to guide each meeting covering key	System to be in place and first formal meeting held by 30th September 2025.	Laura Thomson

discussed and decisions made are communicated to anyone unable to attend a meeting (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	updates, service delivery, patient feedback, quality improvement, training needs and strategic objectives. - Assign a designated person to take formal minutes during each meeting, capturing key discussion points, decisions made, action points and those responsible - Maintain an ongoing action log to track progress on tasks assigned in meetings, with deadlines and follow-up recorded in subsequent meetings - Encourage all staff to contribute to agenda items and discussions to promote a shared sense of ownership and responsibility - Store meeting agendas, minutes and action logs in secure location accessible to all relevant staff.		
Recommendation c: The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	- Ensure all team members are familiar with the Participation Policy and understand its purpose in guiding patient engagement and feedback processes - Maintain and promote multiple channels for collecting patient feedback (e.g. post treatment emails, online reviews, verbal feedback) - Establish a bi-monthly review process to analyse patient feedback and identify	System to be in place by 30th September 2025.	Laura Thomson

	trends, concerns or suggestions for improvement - Implement a clear system for turning feedback into action – record proposed changes, decisions made, responsible persons and timeframes - Communicate improvements or changes made as a result of patient input (e.g via email updates, social media, in clinic displays) - Audit adherence to the Participation Policy annually to ensure it is consistently applied and achieving its intended impact		
Recommendation d: The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	- Develop a register listing all current documents, their creation dates, next scheduled review dates and responsible persons - Implement a standard review cycle (e.g annually or bi-annually) for all policies, unless earlier review is triggered by regulatory changes or service developments - Apply version control to all documents, including a version number, review date, reviewer name and summary of amendments - Ensure all updated policies are shared with the team and made accessible to all members of the team	Developed and implemented by 30th September 2025	Laura Thomson

	- Retain archives versions of previous policies to maintain a full audit trail of revisions and improvements over time		
Recommendation e: The service should develop and implement a practicing privileges policy which demonstrates the safe delivery of care with individual responsibility and accountability clearly identified (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	- Provide evidence of a completed practicing privileges policy outlining individual responsibilities, eligibility criteria, required qualifications, scope of practice and supervision arrangements (if applicable) - Ensure a formal application process for granting practicing privileges, including submission of evidence such as professional registration, insurance, training and ongoing competence - Maintain a register of all practitioners with practicing privileges including documentation of approval, renewal dates and any restrictions or conditions - Implement a review process to reassess practicing privileges annually or sooner if concerns arise, with documented evidence of review and outcomes. - Ensure all team members understand the policy, its implications and the expectations for safe accountable practice under the framework of practicing privileges.	Policy to be drafted, approved and implemented by 30th September 2025.	Laura Thomson

Recommendation f: The service should have an induction programme for all new staff, including those working under practicing privileges (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	- Create a comprehensive induction programme tailored to clinical and non-clinical roles. - Include key topics such as: • Laurabelle Aesthetics' mission, values and patient centred approach • Health and safety protocols • Infection prevention and control • Safeguarding procedures • Policies and procedures • Record keeping and confidentiality • Complaints handling and incident reporting • Quality improvement and patient feedback systems - Develop an induction checklist and sign-off form to document completion of each element with copies retained in the staff file - Introduce a short feedback and evaluation process post induction to assess it's effectiveness and identify areas for improvement	To be developed, finalised and implemented by 30th September 2025	Laura Thomson
Recommendation g: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 20).	- Design an annual audit schedule covering core clinical and operational areas such as patient record keeping, consent and documentation, infection prevention and control, medicines management, treatment outcomes and	Audit programme to be developed and initial audits commenced by	Laura Thomson

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	patient satisfaction, complication management and incident reporting - Develop audit templates and criteria aligned with the service policies - Ensure each audit has a designated staff member responsible for it's completion and action plan - Record each audit comprehensively, including date, scope, findings, area of compliance/non-compliance and recommendations - Where gaps are identified, develop a specific, time allocated action plan with responsible person names. Progress should be reviewed and outcomes evaluated - Maintain an audit log and use findings to inform quality improvement initiatives - Share key findings and learning points with the wider team to promote transparency, accountability and collective responsibility for improvement.	30th September 2025 with quarterly reviews thereafter	
Recommendation h: The service should make sure audits accurately assess areas of concern and action plans are put in place with the nominated person responsible for dealing with issues identified through the audit process (see page 20).	- Review and revise current audit templates to ensure they include targeted questions that assess both compliance and areas of known or potential risk - Prioritise audits in higher risk or historically problematic areas (e.g consent, documentation, follow-up care,	Enhanced audit process and action plan template to be in place by 30th September 2025	Laura Thomson

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	complication management) to ensure issues are captured early - Introduce a standardised post-audit action plan template that clearly outlines: • Issues identified • Required actions • Responsible person • Target completion dates • Status updates and outcomes - For every audit, formally assign a named person to lead on implementing the action plan and reporting on progress - Schedule follow-up checks or repeat audits to confirm actions have been completed and improvements sustained - Present audit outcomes and action plan progress at team meetings to maintain oversight and drive accountability		
Recommendation i: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	- Create a formal QI plan that outlines the service's approach to identifying, implementing and evaluating improvement initiatives. Ensuring this aligns with the clinics' strategic objectives and regulatory requirements - Use data from audits, patient feedback, incident reports and service reviews to identify key areas for improvement (e.g patient experience, safety, clinical effectiveness)	QI plan to be developed and implemented by 30th September 2025	Laura Thomson

	- Define clear, measurable goals for each improvement area with specific actions, timelines and success criteria - For each QI objective, assign a named lead responsible for implementation, monitoring and reporting progress - Establish a regular review cycle (e.g quarterly) to assess progress against QI objectives using defined KPIs and outcome measures. - Involve the wider team in QI projects, fostering a culture of shared responsibility, learning and continuous improvement - Report on QI progress through team meetings and ensure updates are documented and where appropriate, shared with patients.		
Recommendation j: The service should ensure that practitioners record information in one patient care record system, so that the service manager and owner has access to all patient care records (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	- Confirm the designated patient care record system to be used across the service (Aesthetic Nurse Software). Ensure it meets data protection, confidentiality and clinical governance standards. - Set up appropriate access permissions for the service manager and owner to enable oversight of all records while maintaining confidentiality protocols	System standardisation and full practitioner compliance to be achieved by 30th September 2025	Laura Thomson

	- Develop or revise the record keeping policy to mandate use of the approved system by all practitioners, imcluding those working under practicing privileges - Provide training to all staff and practitioners on using the system correctly and consistently, including secure login, documentation standards and audit trails - Introduce routine checks (monthly audits or spot checks) to ensure all patient notes are being entered into the system appropriately and in a timely manner. - Support users, address technical issues and ensure continuity or appropriate record keeping.		

Name Laura Thomson

Designation Clinical Director

Signature  Date 20/07/2025

To support effective implementation of these recommendations, it is important that all actions are clearly documented using the provided templates and that responsibilities are allocated according to role rather than individual, ensuring consistency even through staff changes. Progress should be monitored closely against agreed milestones, with team engagement encouraged to sustain momentum and share learning. Where challenges or delays arise, these should be communicated promptly, with justification for any necessary adjustments to timescales or approaches. Good record keeping and transparency will not only drive compliance, but also promote a culture of continuous quality improvement within the service.

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

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.