

Action Plan

Service Name:	Bo-Fox
Service number:	01128
Service Provider:	Laura Reekie
Address:	2 Junction Road, Kirkcaldy, KY1 2BH
Date Inspection Concluded:	18 July 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 and that key ongoing checks then continue to be carried out regularly (see page 23).</p> <p>Timescale – by 18 October 2025</p> <p>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to</p>	<p>All checks for prescriber were carried out. NMC, Insurance, PVG and qualifications. Information was sent regarding this before and after inspection. There is a folder created for Staff information and training etc. There is only the prescriber and I working in the service.</p>	<p>complete</p>	<p>Laura Reekie</p>

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Independent Health Care Services) Regulations 2011			
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<p>Requirement 2: The provider must ensure that when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 23).</p> <p>Timescale – by 18 September 2025</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>I have contacted Aesthetic nurse software to ask for a consent form and explanation of unlicensed products such as bacteriostatic saline to be added to my software. Currently using normal saline until this is actioned.</p>	<p>18/9/25</p>	<p>Laura Reekie</p>
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<p>Recommendation a: The service should introduce formal staff meetings. These should be documented and include staff feedback, any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff (see page 14).</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>There is a staff folder which will now record meetings between myself and prescriber.</p>	<p>completed</p>	<p>Laura Reekie</p>
<p>Recommendation b: The service should develop a process to communicate to patients how patient feedback is used to improve the service (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 4.19</p>	<p>Aesthetic Nurse Software are helping develop a form to be sent to all patients with medical, consent and aftercare. This will include patient participation and how the information is used to improve service and training</p>	<p>18/9/25</p>	

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<p>Recommendation c: The service should have an induction programme for all new staff, including those working under practicing privileges (see page 18).</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>There is only myself and prescriber who has worked with me for over 13 years. I will develop an induction programme</p>	<p>18/9/25</p>	<p>Laura Reekie</p>
<p>Recommendation d: The service should introduce a formal audit programme to make clear when audits will be carried out (see page 20).</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>This has already been actioned I have a spreadsheet in place for all audits etc.</p>	<p>completed</p>	<p>Laura reekie</p>

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<p>Recommendation e: The service should ensure patients' GP, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I am fully informed about what information is shared with others about me. Statement 2.14</p>	<p>I have moved over to digital software which includes all of this information.</p>	<p>completed</p>	<p>Laura Reekie</p>
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Name

Designation

Laura Reekie

Aesthetic Nurse

Signature

Laura Reekie

Date

28 / 08 /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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