

Action Plan

Service Name:	Best Face Forward Aesthetics
Service number:	02545
Service Provider:	Gemma Henderson
Address:	140 Maryhill Road, Glasgow, G20 7QS
Date Inspection Concluded:	14 August 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that a responsible healthcare professional able to prescribe and administer prescription-only medicines is onsite when dermal filler treatments are being undertaken as part of a response to complications and/or an emergency (see page 12).</p> <p>Timescale – immediate</p> <p>Regulation 12(a) The Healthcare Improvement Scotland (Requirements as to</p>	<p>Dermal filler clinics will be carried out the same day as consultation clinics.</p> <p>Manager is currently undertaking prescriber course.</p>	Now	Gemma Henderson

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Independent Health Care Services) Regulations 2011			
<p>Recommendation a: The service should introduce formal team meetings. These should include any actions taken and those responsible for the actions (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>	Manager will hold 1 meeting monthly to discuss each month and any actions taken or needed	Now	

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<p>Recommendation b: 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>Manager will develop a business plan</p>	<p>1-3 months</p>	
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Name	<input type="text" value="Gemma henderson"/>
Designation	<input type="text" value="Manager"/>
Signature	<input type="text" value="Gemma Henderson"/>
Date	<input type="text" value="1/10/25"/>

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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