

## Action Plan

Service Name:	CC Estetica
Service number:	01971
Service Provider:	Cat Costa Aesthetics Ltd
Address:	61 Balfron Drive, Coatbridge, ML5 4FF
Date Inspection Concluded:	23 February 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must have appropriate systems, processes and procedures in place in relation to the use of laser equipment (see page 21).</p> <p>Timescale – by 23 May 2026</p> <p>Regulation 3(d)(v) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>This has been completed and dated and was sent in to the inspection team. This will be updated for the new clinic accordingly.</p>	<p>Complete already and new clinic one will be done for inspection on 12<sup>th</sup> May</p>	<p>C Costa</p>

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<p>This was previously identified as a requirement in the October 2024 inspection report for CC Estetica.</p>			
<p><b>Requirement 2:</b> The provider must ensure that:  a) training undertaken meets the competencies for a laser protection advisor set out in guidance from the Medicines and Healthcare products Regulatory Authority (MHRA), or  b) the practitioner obtains a qualification from a recognised laser safety organisation (see page 21).</p> <p>Timescale – by 14 July 2026</p> <p>Regulation 3(d)(v) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>This has already been completed following contact with the training provider it meets the guidance and has been provided from an LPA themselves.</p> <p>Will map this for HIS proof</p>	<p>Already Complete</p> <p>12<sup>th</sup> May</p>	<p>C Costa</p> <p>C Costa</p>

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<p><b>Requirement 3:</b> The provider must ensure that the full consultation and assessment discussion between the practitioner and the patient is documented in the patient care record (see page 24).</p> <p>Timescale – immediate</p> <p>Regulation 4(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>This is documented in new booking system although most clients are regulars.</p>	<p>Immediate</p>	<p>C Costa</p>
<p><b>Recommendation a:</b> The service should formalise a process for evaluating the service against its key performance indicators (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>This was previously identified as a recommendation in the October 2024 inspection report for CC Estetica.</p>	<p>We can do this from the patient surveys, reviews of the service and from our booking systems.</p>	<p>Immediate</p>	<p>C Costa</p>

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<p><b>Recommendation b:</b> The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p> <p>This was previously identified as a recommendation in the April 2022 and October 2024 inspection reports for CC Estetica.</p>	<p>Clients will be sent surveys at the end of every year requesting feedback across the service. As well as this clients are able to leave reviews after every appointment on the new booking system and across google reviews.</p>	<p>Immediate and December 2026</p>	<p>C Costa</p>
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Name	C Costa	
Designation	Owner	
Signature	C Costa	Date 08 / 04 / 2026

**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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