# Action Plan

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| Service Name: | Dr Julie Facial Aesthetics |
| Service number: | 02805 |
| Service Provider: | JUSI Ltd |
| Address: | 25-27 Bruntsfield Place, Edinburgh, EH10 4HN |
| Date Inspection Concluded: | 21 September 2026 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| **Requirement 1**. The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, including carrying out risk assessments (see page 14).<br><br>Timescale – immediate<br><br>*Regulation 13(2)(a)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | 1. Complete written environmental risk assessments for the building and treatment room<br><br>2. Record each risk in the Risk Register with an owner, review date and status.<br><br>3. Request a copy of the building's fire risk assessment and evacuation procedure from the premises owner and file it.<br><br>4. Review all risk assessments after any incident or change to the service, and at the quarterly Risk Register review in the Audit Schedule.<br><br>*Evidence: completed risk assessments and Risk Register held in the policy folder.* | Immediate.<br><br>Risk<br><br>11/11/26 | Julie Nowak<br>Owner<br>Dr Julie Aesthetics |

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| **Requirement 2**. The provider must ensure that when unlicensed medicines are used, that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 17).<br><br>Timescale – immediate<br><br>*Regulation 3(d)(iv)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | 1. Add an unlicensed-use statement to the consent form explaining that botulinum toxin reconstituted with bacteriostatic saline is used outside its licence, and that bacteriostatic saline is itself an unlicensed product. The patient signs to confirm they understand and agree<br><br>2. Record in each patient care record that the unlicensed use was discussed and consent given.<br><br>3. Review the rationale annually and whenever the product's Summary of Product Characteristics changes. Check consent is documented 6 monthly.<br><br>*Evidence: updated consent form, updated policy and audit record.* | Immediate.<br><br>Consent form in use from the next treatment session 11/11/2026<br><br>Completed<br><br>Attached to action plan. | Julie Nowak |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| **Recommendation a.** The service should develop clear and measurable aims and objectives for patients to access (see page 9).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | 1. Write a short statement of the service's vision, aims and 3-5 measurable objectives<br><br>2. Display the statement in the treatment room and to discuss with Zen owner to put this on website page for Dr Julie Aesthetics.<br><br>*Evidence: written statement filed in the policy folder and displayed.* | To discuss with Owner of Zen Lifestyle regarding the website 3 months to input- 30/01/2027 | Julie Nowak |

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| | | Statement displayed in room by 30/11/2026 | |
| **Recommendation b**. The service should develop key performance indicators to help achieve its aims and objectives, and a process for monitoring and measuring these (see page 9).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | 1. Agree a small set of key performance indicators linked to the objectives, for example: 100% of consent forms signed by patient and practitioner; 100% of scheduled audits completed on time; 90% or more of patient feedback responses positive; all complaints acknowledged and responded to within policy timescales; all notifiable events reported within HIS timescales.<br><br>2. Record results in the Audit Log each quarter, compare them with the targets, and agree actions for anything missed. Review the indicators themselves at the annual quality review.<br><br>*Evidence: KPI sheet and quarterly results in the Audit Log.* | KPIs agreed by 31 December 2026.<br><br>First quarterly review by 31 March 2027. | Julie Nowak |

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| **Recommendation c**. The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement (see page 10).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 | 1. Update the participation policy to set out a structured process: how feedback is gathered how it is reviewed each quarter, and how themes and actions are recorded.<br>2. Add a 'You said, we did' step: a short written notice displayed in the treatment room and included in aftercare information, updated each time a change is made because of feedback. A copy of each notice is kept in the policy folder.<br>3. Record each improvement and the date it was shared in the Audit Log.<br>*Evidence: updated policy and dated 'You said, we did' notices.* | Policy updated by 30/11/2026<br>First 'You said, we did' notice by 31 January 2027, after the first quarterly feedback review. | Julie Nowak |
| **Recommendation d**. The service should ensure that consent is confirmed by the practitioner at the point of consultation. The consent form should be signed by both the patient and the practitioner to ensure the proper consent process has been carried out (see page 13).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 | 1. Add a practitioner signature and date section to the consent form, confirming the consent discussion took place at consultation.<br>2. The practitioner will confirm consent with the patient at the consultation, and both patient and practitioner will sign and date the form before treatment starts.<br>3. Check at the quarterly patient care record audit that every consent form has both signatures.<br>*Evidence: updated consent form and audit record showing all forms countersigned.* | Form already updated and implemented. | Owner / Manager |

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| **Recommendation e**. The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 14).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 | 1. Write a short business continuity plan covering: sickness or absence of the practitioner, premises unavailable,loss of IT or patient records, medicines supply or storage failure, and permanent closure of the service.<br>2. For each, set out what happens for patients: how booked patients are contacted and rebooked, how patients with ongoing concerns are referred to another suitable practitioner or service, how patient records stay secure and accessible, and when HIS is notified.<br>3. Keep a copy in the policy folder and review it annually and after any event.<br>*Evidence: written plan held in the policy folder.* | 31 December 2026.<br>Reviewed annually. | Julie Nowak |
| **Recommendation f.** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 14).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | 1. Adopt a written audit schedule covering, as a minimum: infection prevention and, medicines and patient care records including consent. Quarterly reviews of the Risk Register and patient feedback are also included.<br>2. Record every audit and its findings in the Audit Log, with an improvement action, owner and completion date for each issue, and close actions when done.<br>3. Report audit results at the annual quality review.<br>*Evidence: Audit Schedule, completed audits and Audit Log.* | Audit schedule to be in place by 31/12/2026 with first round of audits completed by 31 March 2027, then as scheduled. | Julie Nowak |

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| **Recommendation g**. The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | 1. Create a one-page quality improvement plan listing improvement priorities taken from this inspection report, audit findings, patient feedback and the Risk Register. For each: the action, owner, deadline and how success will be measured.<br><br>2. Review the plan every quarter alongside the audit schedule, record what changed and its impact, and carry forward or close each item.<br><br>3. Share improvements with patients through the 'You said, we did' notice.<br><br>*Evidence: quality improvement plan with dated quarterly reviews.* | Plan in place by 31 December 2026.<br><br>Reviewed quarterly. | Julie Nowak |

Name JULIE NOWAK

Designation DR JULIE AESTHETICS

Signature Julie Nowak

Date 04/11/2026

**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 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.