Action Plan

Service Name:	Little Jules Aesthetics
Service number:	02855
Service Provider:	Little Jules Ltd
Address:	5-7 Moss Street, Elgin, IV30 1LU
Date Inspection Concluded:	22 September 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1. The provider must ensure that patients' GPs, next of kin or emergency contact details, as well as consent to share information with other healthcare professionals in the event of an emergency, are documented appropriately in the patient care records. If the patient refused to provide the information, this should be documented (see page 16). Timescale – immediate *Regulation 4(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	To ensure that patients GP details, NOK and emergency contact details are obtained and held securely within the patient record. Consent to share information will also be added to patient records. Look into a new app for consultation, assessment, treatment and follow up which ensures all details are held on one platform.	Immediate 6 months	Manager Manager

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Little Jules will further develop its KPIs to ensure the ongoing monitoring of safe patient care and treatment. The following measures will be introduced or further developed: Patient satisfaction – Little Jules will monitor patient feedback and satisfaction through questionnaires and reviews, identifying areas for improvement. Clinical complications – Maintain and regularly review and audit any complications, adverse reactions and incidents to identify trends and implement improvements. Emergency preparedness – Little Jules will regularly check emergency equipment, medication expiry dates and staff training requirements. These measures will be implemented and added to the audit checklist under KPI monitoring, findings will be documented and reviewed 6 monthly. Any identified concerns will be addressed through an improvement action plan.	6 Months	Manager

Name Julie Flanighan

Designation RMN/NMP Owner and sole employee

Signature

Date

Julie Flanighan	29 / 10 /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.