

## Action Plan

Service Name:	Belle Viso Medical Aesthetics
Service number:	01014
Service Provider:	Belle Viso Medical Aesthetics Ltd
Address:	8 Picton Grove, Airdrie, ML6 7LH
Date Inspection Concluded:	04 March 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 8).	As a clinic owner I have always implemented additional measures to improve patient outcomes. I deliver this through safe ethical nursing practice. Additional health records are now utilised within BVMA by adding a Patient Continuation Record Form where applicable.	May 2024	Lisa McLennan

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<p><b>Recommendation b:</b> The service should publish an annual duty of candour report (see page 12).</p>	<p>Duty of Candour Report was completed and Published on my Social Media that the report was completed and available on request.</p>	<p>March 24</p>	<p>Lisa McLennan</p>
<p><b>Recommendation c:</b> The service should develop and implement a quality improvement plan to formalise and collate improvement activities, and direct the way it drives and measures improvement (see page 14).</p>	<p>Offering a one to one medical service, I will further implement and encourage my patients to provide ongoing feedback within a variety of formats. Regular Self-evaluation of my service will only drive improvements by the use of audits this will inform my clinic practice and service improvement. The use of the audits will also indicate if/what requires to be improved in either clinical or non-clinical practice.</p>	<p>May 2024</p>	<p>Lisa McLennan</p>

Name	Lisa McLennan
Designation	Director
Signature.	<i>Lisa McLennan</i>
	18/05/2024 /

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.

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