

### Action Plan

Service Name:	KirstyJAesthetics
Service number:	02217
Service Provider:	KirstyJAesthetics Ltd
Address:	c/o GLAM, 7 Cluny Lane, Buckie, AB56 1PS
Date Inspection Concluded:	08 April 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator (see page 19).</p> <p>Timescale – by 8 September 2024</p>	<p>Will order refrigerator.</p> <p>See notes in error report.</p>	3 months	Kirsty Jappy


<p><b>Requirement 2:</b> 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 19).</p> <p>Timescale – by 31 May 2024</p>	<p>Consent forms already amended to include this.</p>		<p>Kirsty Jappy</p>
--	---	--	---------------------

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 4</p>	<p>Review Date:</p>

Circulation type (internal/external): Internal/External

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should develop a formal process for recording and reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (see page 12).</p>	<p>Will put together a 'you said, we did' presentation document for public to view</p>	<p>4 Months</p>	<p>Kirsty Jappy</p>
<p><b>Recommendation b:</b> 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 16).</p>	<p>Have already put together a monthly audit chart to keep track of what audits are due.</p>		<p>Kirsty Jappy</p>

<p><b>Recommendation c:</b> The service should develop and implement a formal quality improvement plan to direct the way it drives and measures improvement (see page 16).</p>	<p>Will formalise current quality improvement plan and make it accessible to the public.</p>	<p>2 months</p>	<p>Kirsty Jappy</p>
--	--	-----------------	---------------------

Name	<input type="text" value="Kirsty Jappy"/>
Designation	<input type="text" value="Nurse Practitioner"/>
Signature	
Date	16-05-24



**In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.**

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:4 of 4	Review Date:

Circulation type (internal/external): Internal/External

### Guidance on completing the action plan.

- **Action Planned:** This must be 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.