

## Action Plan

Service Name:	Riverside Aesthetics Glasgow
Service Number:	02246
Service Provider:	Wendy Morcos
Address:	10 Riverview Place, Glasgow, G5 8EH
Date Inspection Concluded:	28 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should ensure that information about the service's vision is available to patients (see page 9).	The vision for the service will be displayed on the clinic notice board and on social media pages as discussed at inspection	4 weeks	Service owner
<b>Recommendation b:</b> The service should develop and implement a process for measuring, recording and reviewing key performance indicators (see page 9).	Currently seeking advice and guidance regarding the process as uncertain how to implement; will discuss with colleagues at peer to peer review	3 months	Service owner
<b>Recommendation c:</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 15).	The service plans to implement a programme of audit to include Record keeping Patient feedback Emergency drugs	Present and 6 monthly ongoing	Service owner

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<b>Recommendation d:</b> The service should ensure cleaning products are used in line with manufacturers guidance (see page 18).	This issue has been addressed following further information received from inspector and products are now used in line with manufacturer's guidelines	Completed and ongoing	Service owner
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Name	Wendy Morcos	Date	07/05/2024
Designation	Nurse and Service owner		
Signature	Wendy Morcos		

**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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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