

Action Plan

Service Name:	Victoria's Aesthetics
Service number:	00467
Service Provider:	Victoria's Aesthetics Ltd
Address:	37 Cecil Street, Stirling, FK7 7PJ
Date Inspection Concluded:	07 March 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The service must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded within the staff files (see page 16).</p> <p>Timescale – by 30 May 2024</p>	this is being done yearly.	this will be done yearly	Victoria mcdonald

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<p>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 20).</p> <p>Timescale – by 30 May 2024</p>	<p>this info has now been added onto consent forms, that patients sign as well as being discussed verbally.</p>	<p>this action has already been completed</p>	<p>Victoria mcdonald</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should update its safeguarding policy to ensure that local authority and police contact details are available in the event of a safeguarding concern (see page 16).</p>	<p>this policy has been updated to reflect suggested updated information.</p>	<p>this has been actioned and completed</p>	<p>Victoria mcdonald</p>

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Victoria mcdonald / clinic owner / manager / registered nurse 16/05/24

Victoria mcdonald 17/05/24

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.

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- 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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