

## **Action Plan**

Service Name:	Donna's Aesthetics
Service Number:	01889
Service Provider:	Donna Wilson
Address:	Cumbernauld Business Centre, Room F230, Dunnswood Road, Cumbernauld, G67 3EN
Date Inspection Concluded:	23 April 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should develop a mission statement and share this with patients and staff (see page 10).  Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19	MISSION STATEMENT NOW DONE AND DISPLAYED IN CLINIC ON WALL FOR ALL TO SEE. STAFF ALSO HAVE BEEN INFORMED AND SHOWN THIS TOO.	DONE	DONNA WILSON
Recommendation b: The service should develop an annual report to capture the improvements and developments of the past year, and to identify indicators of success and development in the coming year (see page 10).  Health and Social Care Standards: My support, my life. I have confidence in the	THIS HAS NOW BEEN STARTED SINCE MY INSPECTION. THIS WILL GO FROM JANUARY 24 AND WILL END AND BE REVIEWED EACH DECEMBER YEAR END.	DONE AND NOW IN PLACE AND ONGOING	DONNA WILSON
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organisation providing my care and support. Statement 4.19			
Recommendation c: The service should ensure patients are kept informed of any changes made to the service as a result of their feedback (see page 12).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	THIS IS NOW IN PLACE AND A (YOU SAID, WE DID) FORM IS NOW IN SITU. THIS WILL BE GIVEN TO EACH CLIENT WHERE WE HAVE RECEIVED FEEDBACK FROM AND ACTION HAS BEEN TAKEN. THIS WILL UPDATE THEM OF CHANGES WE MADE THANKS TO THEIR SUGGESTIONS/ FEEDBACK.	FEEDBACK FORM NOW DEVISED AND IN PLACE TO SEND/GIVE TO CLIENTS ON ANY ACTION TAKEN	DONNA WILSON
Recommendation d: The service should ensure that a written record of training is held for staff granted practicing privileges to work in the service (see page 14).  Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14	STAFF HAVE NOW PRINTED ME OFF THEIR TRAINING RECORDS AND ARE NOW ALL IN THEIR FILES IN LOCKED CABINET.	NOW DONE AND WILL BE ONGOING ON ANY MORE TRAINING UPDATES.	DONNA WILSON
Recommendation e: The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 15).	RISK REGISTER HAS NOW BEEN STARTED WHICH I AM WORKING ON JUST NOW TO START FROM JUNE 24 ONWARDS, I HAVE ADDED MY RISK ASSESSMENTS TO THIS FOLDER ALSO.	STARTED AND STILL BEING WORKED ON AND	DONNA WILSON

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11		WILL BE ONGOING	DONNA WILSON
Recommendation f: The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	THE IMPROVEMENT PLAN I HAVE IN PLACE IS NOW BEING UPDATED AND MADE MORE FORMALISED WITH MORE SPECIFIC DETAILING IN IT OF ALL IMPROVEMENTS MADE AND PLANNED FOR.	DONE AND WILL BE ONGOING	DONNA WILSON
Recommendation g: The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with the current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 17).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24	ALL PVG`S HAVE NOW BEEN DESTROYED AND I HAVE ONLY NOW THE PVG NUMBERS ON FILE AND DATE OF WHEN UPDATED.	DONE	DONNA WILSON

Name DONNA WILSON	Name	DONNA WILSON
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Designation OWNER OF DONNA'S AESTHETICS

Signature Donna Wilson Date 31/05/2024



31/05/2024

## 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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