

Action Plan

Service Name:	LA Facial Aesthetics
Service number:	02325
Service Provider:	Leslie-Ann Halliday
Address:	Room 2, Galloway House, Crichton Business Park, Bank end Road, Dumfries, DG1 4ZZ
Date Inspection Concluded:	06 August 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must follow manufacturers guidance at all times (see page 14).</p> <p>Timescale – immediate</p>	Reconstituted Botox will be stored as per manufacturers intructions	ASAP	Leslie- Anne Halliday

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<p>Requirement 2: The provider must publish a duty of candour report every year (see page 14).</p> <p>Timescale – immediate</p>	<p>Report completed and visible in clinic</p>	<p>Achieved</p>	<p>Leslie-Anne Halliday</p>
<p>Requirement 3: The provider must develop effective systems that demonstrate the proactive management of risk (see page 15).</p> <p>Timescale – immediate</p>	<p>Risk assessments to be completed</p> <ul style="list-style-type: none"> -falls -sharps - needlestick injury 	<p>3 months</p>	<p>Leslie-Anne Halliday</p>

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<p>Recommendation a: The service should identify key performance indicators to measure the service against (see page 10).</p>	<p>KPIs to be developed and bench-mark the service against For example -returning patients, retention rate - complaints/ negative feedback</p>	<p>3 months</p>	<p>Leslie-Anne Halliday</p>
<p>Recommendation b: The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 12).</p>	<p>Develop feedback route for patients to give timely feedback Feedback should inform improvement plan then the impact can be fed back to clients</p> <p>Development of website will aid this process for displaying information and improvements</p>	<p>3 months</p>	<p>Leslie-Anne Halliday</p>

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<p>Recommendation c: The service should ensure that patients know how to make a complaint and the correct HIS contact details are included (see page 14).</p>	<p>HIS details have been updated Complaints procedure is available in the clinic for viewing. It will also be accessible on website when developed</p>	<p>Achieved</p>	<p>Leslie-Anne Halliday</p>
<p>Recommendation d: The service should ensure it documents consent to share information with the GP and next of kin in the event of an emergency. If the patient refuses this should be documented (see page 17).</p>	<p>Consent form has been updated to include this</p>	<p>Achieved</p>	<p>Leslie-Anne Halliday</p>

Name	<input type="text" value="I.Halliday"/>
Designation	<input type="text" value="Owner and Practitioner"/>
Signature	<p style="text-align: right;">Date 16/9/2024</p>

I. Halliday

16/9/2024 / /

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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