

Action Plan

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| Service Name: | MGQ Aesthetics and Beauty Clinic |
| Service Number: | 02262 |
| Service Provider: | MGQ Aesthetics and Beauty Clinic Limited |
| Address: | 15 Mincher Crescent, Motherwell, ML1 2RZ |
| Date Inspection Concluded: | 25 September 2024 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|--|---|--------------------|
| <p>Recommendation a: The service should ensure that information about the service's vision is available to patients (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> | I will produce a statement with the vision for my service, this will be displayed on my social media and in the clinic on the wall | Compiling statement, deciding on my vision Up-to 2 weeks | Michelle Queen |
| <p>Recommendation 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 14).</p> | I will commence with audits for the service covering the key aspects of my treatments and care provided within the clinic | Started audits and will do monthly | Michelle Queen |

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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 4.19 | | | |
| <p>Recommendation c: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> | I will develop a quality improvement plan and implement this plan to ensure improvements can be measured and are driven for improvement of the service | Developing at the moment be done within 3 months | Michelle Queen |
| <p>Recommendation d: The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> | I will complete the service self-evaluation requested and submit | Writing statement and will submit within 1 week | Michelle Queen |
| <p>Recommendation e: The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance (see page 16).</p> | I have purchase the products required for cleaning skinks and clinic as discussed at inspection, products are in line with the national guidance | Available in clinic | Michelle Queen |

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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 | | | |
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| Name | Michelle Queen | | |
| Designation | Nurse | | |
| Signature | Michelle queen | Date | 06/11/24 |

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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