

### Action Plan

Service Name:	Aura Facial Aesthetics
Service number:	00791
Service Provider:	Aura Facial Aesthetics Limited
Address:	17 Mayfield Grove, Dundee, DD4 7GZ
Date Inspection Concluded:	23 May 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that all hazardous waste including botulinum-contaminated sharps and vials are disposed of safely in line with national waste legislation, and that a formal agreement is in place with the NHS service used for the disposal (see page 14).</p> <p>Timescale – immediate</p>	CO-AN UK LTD, are the providers for the disposal of hazardous waste and botulinum contaminated sharps (see appendix 1, signed service rental agreement).	immediate	Karen Mitchell

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 6	Review Date:
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<p><b>Requirement 2:</b> The provider must ensure prescription-only medicines are only administered to the patient that they have been prescribed for (see page 14).</p> <p>Timescale – immediate</p>	<p>Prescription only medication is given solely to the patient it is prescribed to. I now have hyaluronidase in stock supplied from Wallacetown Health Centre Pharmacy, to have this medication in connection with the running of the service.</p>	<p>immediate</p>	<p>Karen Mitchell</p>
<p><b>Requirement 3:</b> The provider must further expand the risk assessments completed and these must be stored as a risk register to ensure there is effective oversight and management of risk in the service (see page 15).</p> <p>Timescale – by 17 October 2024</p>	<p>I will formulate a tailored risk assessment to identify and eliminate health and safety hazards to be completed by 10/24.</p> <p>Potential risks indentified;</p> <p><b><u>Hazard:</u></b></p> <p>1 - Risk of infection 2 – Reaction to the procedure</p> <p><b><u>Person at risk: Patient</u></b></p> <p><b>Risks to be assessed:</b></p> <p>1 -Control safe disposal of needles 2 - Hand hygiene 3 - Instruction on aftercare.</p>	<p>Complete by 10/24</p>	<p>Karen Mitchell</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 6</p>	<p>Review Date:</p>
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<p><b>Requirement 4:</b> The provider must ensure that all patient information and records of treatments for one patient are kept together in one single patient care record (see page 17).</p> <p>Timescale – immediate</p>	<p>I will keep all patient treatment records together in one folder for each patient. I have completed this task for my current patient's and will continue to do this.</p>	<p>immediate</p>	<p>Karen Mitchell</p>
<p><b>Requirement 5:</b> The provider must ensure that all discussions are appropriately documented in the patient care record (see page 17).</p> <p>Timescale – immediate</p>	<p>I have expanded my patient care treatment record form (Appendix 2) to include documentation of all discussions.</p>	<p>immediate</p>	<p>Karen Mitchell</p>


Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 6	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Recommendation a:</b> The service should ensure that all types of patient feedback received is documented to enable full review and analysis to help continually improve the service (see page 12).</p>	<p>I will continue to implement audits over the year. A 3<sup>rd</sup> cycle patient feedback audit, peer review feedback of patient treatment forms and hand hygiene audit (2<sup>nd</sup> Audit) will be carried out in next few months.</p> <p>I will ensure that patients will be informed of any audits that have been carried to improve my service. The audit results will be displayed in the clinic.</p>	<p>continuous</p>	<p>Karen Mitchell</p>
<p><b>Recommendation b:</b> The service should develop and implement an information management policy that describes the storage, retention and disposal of patient information and ensure the confidentiality of patient information (see page 14).</p>	<p>I have added to the management policy, how the storage, retention and disposal of patient information is carried out.</p> <p>I contacted my aesthetic insurance company regarding the above, they stated as follows:</p> <p>Storage – records to be kept in a locked cabinet (at AFA all patient records are kept in a locked cabinet)</p> <p>Retention – Patient treatment records should be kept for 10 years.</p> <p>Disposal – when records are due for disposal, they should be destroyed via a paper shredding machine. I have this machine to do this.</p>	<p>continuous</p>	<p>Karen Mitchell</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:4 of 6</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation c:</b> The service should further develop its audit programme to include patient care records, equipment and environmental audits (see page 15).</p>	<p>I will continue to monitor my patient feedback, I will ask a peer aesthetic to review my patient's treatment record plan.</p>	<p>ngoing</p>	<p>Karen Mitchell</p>
<p><b>Recommendation d:</b> The service should implement a stock checking and rotation system and ensure any expired products are disposed of (see page 17).</p>	<p>I have expanded my stock expiry checklist to include expiry dates of needles/syringes/dressings. Expiry dates will continue to be checked monthly (appendix 3)</p>	<p>ongoing</p>	<p>Karen Mitchell</p>

Name	<input type="text" value="Karen Mitchell"/>
Designation	<input type="text" value="AURA FACIAL AESTHETICS"/>
Signature	
Date	<p>2/7/24</p>

*W. Wilson*

21/7/24

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.
- 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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
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