

Action Plan

Service Name:	Sally Gray Aesthetics
Service number:	00623
Service Provider:	Sally Gray Aesthetics Ltd
Address:	The Carnock Clinic, 15 Newbigging Road, Carnock, Fife, KY12 9GD
Date Inspection Concluded:	19 June 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should implement a structured approach to gathering and analysing all patient feedback and use this to inform service development (see page 10).	I will add a section to my action plan as to how I will act upon patient feedback with the timescale notable. I will also include positive feedback as well moving forward as of date, I have not included this.	31/08/24	Sally Gray

<p>Recommendation b: The service should further develop the risk management system to include clinical and business risks (see page 13).</p>	<p>I have a risk assessment in place so I will improve on that and add a section in to include clinical risks. I will also reflect on business risks to analyse what the potentials might be so I might put safeguarding measures in place.</p>	<p>31/08/24</p>	<p>Sally Gray</p>
<p>Recommendation c: The service should document discussions with patients about the off-label use of medications whilst awaiting an update to the digital consent form (see page 15).</p>	<p>I am going to ask Aesthetic Nurse Software to include this within their forms. For the time being, I will document it myself in the notes section myself on patient care records.</p>	<p>31/08/24</p>	<p>Sally Gray</p>

<p>Name</p>	<p>19/08/24</p>
<p>Designation</p>	
<p>Signature: Sally Gray</p>	<p>Date: 19/08/24</p>

Director

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 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.