

Action Plan

Service Name:	Beauty Health Aesthetics
Service Number:	00592
Service Provider:	Beauty Health Aesthetics Ltd
Address:	149 Bannockburn Road, Stirling, FK7 0EP
Date Inspection Concluded:	9 July 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that appropriate Disclosure Scotland background checks are carried out on:</p> <p><i>(a) all staff before they begin working in the service, and</i></p> <p><i>(b) all staff currently working in the service.</i></p> <p>Checks must be recorded and retained in staff files and the service's recruitment policy updated (see page 17).</p> <p>Timescale – immediate</p>	<p>BHA have now applied to become a signatory for all new staff and existing staff PVG checks.</p> <p>Recruitment and induction Policy updated and PVGs reordered and retained in staff files</p>	<p>Awaiting Reply from Disclosure Scotland</p> <p>NOW</p>	<p>Clinical Director</p> <p>Clinical Director</p>

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<p><i>Regulation 8(2)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p>Recommendation a: The service should further develop its quality improvement plan to measure the impact of service changes and demonstrate a culture of continuous improvement (see page 18).</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>	<p>We will look at our quality and improvement plan to accommodate this recommendation and make changes where applicable.</p>	<p>Over the next year</p>	<p>Clinical Director</p>

Name	Julia Ogilvie	
Designation	Clinical Director	
Signature	Julia Ogilvie	<p>Date</p> <p>26.08.24</p>

Guidance on completing the action plan.

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- **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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