

## Action Plan

Service Name:	The Face Studio
Service number:	02334
Service Provider:	THEFACESTUDIO LTD
Address:	c/o Jade Andrew Studios, 34 South Street, Elgin IV30 1JX
Date Inspection Concluded:	30 October 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 3:</b> The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin. The medicines management policy and toxin policy must also be update (see page 20).</p> <p>Timescale – immediate</p>	<p>Botulinum toxin is diluted for patient use during single session, remaining botulinum toxin is discarded and new bottles ordered for review appointments.</p>	<p>Immediate – already done.</p>	<p>Director</p>

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<p><b>Recommendation a:</b> The service should develop a strategic plan that sets out its strategic objectives, operational priorities and vision (see page 11).</p>	<p>I already have plans, objectives, priorities and visions in place however these could be developed further and will have a more detailed plan.</p>	<p>3 months</p>	<p>Director</p>
<p><b>Recommendation b:</b> The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (see page 15).</p>	<p>Website will be adapted to include complaints procedure and section for patients to contact practitioner for complaints and not just general enquires</p>	<p>1 month</p>	<p>Director</p>
<p><b>Recommendation c:</b> The service should update its service improvement plan to include all improvements that the service has implemented (see page 16).</p>	<p>I will expand my improvement plan as during inspection the inspector noted I had completed things which I haven't noted down, so this will be developed further to include everything I have achieved.</p>	<p>3 months</p>	<p>Director</p>

<p>Name</p>	<p>Shannan McWilliam</p>
<p>Designation</p>	<p>Director, aesthetic practitioner.</p>
<p>Signature</p>	<p>Date</p>

S. MAMON

10 /11 /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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