

## **Action Plan**

Service Name:	Enhanced Facial Aesthetics Ltd
Service number:	00827
Service Provider:	Enhanced Facial Aesthetics Ltd
Address:	The Lodge, 33 Bellsdyke Road, Larbert, FK5 4WT
Date Inspection Concluded:	05 November and 11 December 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must complete annual appraisals with all members of staff who work in the service (see page 21). Timescale – immediate	Annual appraisal and mid year reviews are now in place and occur in July and Decemebr.	immediate	James Hardy

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Requirement 2: The provider must produce an annual duty of candour report (see page 21).   Timescale – immediate	This has been implemented and is currently displayed in a prominent position within the clinic	Immediate	Director
Requirement 3: The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional (see page 25). Timescale – immediate	Immediately updated the patient consent form to include the sharing of patient information with GPs if and when required. Additionally, GP and NOK information has been marked as a mandatory requirement for staff to capture during treatment.	Immediate	Director

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Requirement 4: The provider must carry out appropriate background checks as necessary to ensure that any provider, manager or employee is not listed on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 25). Timescale – immediate	Background checks will now be carried out for any person offered a position in the clinic. This will include an oral or written reference. Disclosure Scotland (DS & PVG) will be obtained prior to any person offered a position. Current members of staff have now obtained a Disclosure Scotland	Immediate	Director
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a</b> : The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 16)	This process is currently underway and is being administered internally, where necessary external formal guidance and expertise will be obtained.	3-6months	Director

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<b>Recommendation b:</b> The service should review its participation policy to ensure it reflects the process being followed in the service (see page 18).	This process is underway to review the documentation for this and will produced within the timescales	3-6 months	Director
<b>Recommendation c</b> : The service should ensure that all relevant staff undertake duty of candour training (see page 21).	Staff training will be provided and staff will sign to have completed and understood this.	3-6 months	Director

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<b>Recommendation d</b> : The service should ensure that all policies and procedures are thoroughly reviewed to ensure that they are accurate, clear for staff and reflect practice in the service (see page 21).	A full review of policies is underway with every policy being evaluated and amended if required.	3-6 months	Director
<b>Recommendation e:</b> The service should ensure that its complaints policy is made publicly available for patients (see page 21).	We have instructed our web developers to undertake a full rebuild of our website and this will be included in the update	1-3 months	Director

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Recommendation f: The service should ensure that develops an accident and incident policy (see page 21).	This policy will be produced	1-3 months	Director
<b>Recommendation g</b> : The service should ensure that the self-employed agreement with the beauty therapist is reviewed to take into account Scottish legislation and systems (see page 22).	The agreement shall be evaluated against the relevant legislation and amended accordingly	1-3 months	Director

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<b>Recommendation h</b> : The service should develop an induction and ongoing training programme for staff (see page 22).	This is currently underway including training and development aspects of the annual and mid year review process.	1-3 months	Director
<b>Recommendation i</b> : The service should produce a business continuity plan that covers all aspects of business continuity (see page 22).	This will be undertaken as a formal process in the course of the next 3-6 months after an initial discovery phase to identify risks to the business that warrant the inclusion to the BCP register that assess risk and likelihood	Ongoing	Director

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<b>Recommendation j</b> : The service should develop and implement an audit programme as part of a planned programme of quality improvement. Audits should be documented and improvement action plans implemented (see page 23).	A full audit programme will be implemented part of service improvement and will be an ongoing process	Ongoing	Director
<b>Recommendation k</b> : The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 23).	A formal quality improvement plan will be introduced	3-6months	Director

Name	James Hardv		
Designation	Director		
Signature	James Hardy	Date 08/02/2025	





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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