

Action Plan

Service Name:	AMG Aesthetics Ltd	
Service number:	1046	
Service Provider:	AMG Aesthetics Ltd	
Address:	26 West George Street, Kilmarnock KA1 1DG	
Date Inspection Concluded:	07 September 2021	

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.	Plan for 6 monthly appraisals with all staff members in order to evaluate performance and continue to support staff in training or reaching goals set. We will continue to gain feedback from clients however now ensure all staff are included and also ensure reviews are all staff are included in audits (e.g consents for PP staff). We will continue staff meeting which we plan to increase to now hold every 6-8 weeks.	12/12/21	Ashley McGurnaghan
Recommendation a: The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records.	COMPLETED-We have now added gp/ medical staff info haring consent within our current general medical questionnaire which is in tick box form. All other staff have been advised this must be present within consents and have taken action on this.	01/10/21	Ashley McGurnaghan

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Recommendation b: The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.	Current pvg numbers have now been documented and pvg's that were present within the clinic have been appropriated destroed with the practitioners consent.	01/10/22	Ashley McGurnaghan
Recommendation c: The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.	Information has now been provided by HIS on how to register for this pvg service and we are now in the process of updating PP staff disclosures. These will be updated on a 3 yearly basis or more regularly if required.	01/01/22	Ashley McGurnaghan
Recommendation d: The service should develop and implement a quality improvement plan.	We have began to work on a quality improvement plan which will allow us to consider and document service plans and goals to continually improve and expand the service and measure affects change my have on the service.	01/01/22	Ashley McGurnaghan

Name	Ashlev mcgurnaghan			
Designation	Clinic Director			
Signature	Ashlev mcgurnaghan	Date	28 / 10 /2021	

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In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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