

Action Plan

Service Name:	Beautiform Aesthetics
Service number:	01144
Service Provider:	Beautiform Aesthetics Ltd
Address:	10 Barr Avenue, Neilston, Glasgow, G78 3EY
Date Inspection Concluded:	14 October 2020

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><u>Recommendation a)</u></p> <p>The service should ensure that all control measures that are in place for the management of COVID 19 are reflected in the services risk assessment documentation (see page 8).</p>	<p>We are screening people when they make their appointment for Covid-19 symptoms via a questionnaire and also on the day of treatment and will continue to do this.</p> <p>However, we will now also screen the patients via messaging or telephoning them the day before their appointment as recommended and write this into our revised risk assessment as well as changing our screening questionnaire process to simplify it in line with national guidance.</p>	<p>Risk assessment updated and completed</p>	<p>Jacqueline Cooney</p>

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<p><u>Recommendation b)</u></p> <p>The service should ensure that the patient screening questionnaire and Covid-19 consent to treatment form is revised in line with current guidance (see page 8).</p>	<p>We have a robust questionnaire in place and had been recording patients' temperatures along with the practitioners own temperature on the questionnaire. We felt that this instilled confidence in the service.</p> <p>However, during our inspection it was pointed out that the current national guidance does not ask for temperature recordings to be conducted.</p> <p>Our list of symptoms on our existing patient screening form was taken directly from the British Association of Aesthetics Nurses guidance, however as advised we will now revise our questionnaire.</p> <p>We will stop recording temperatures and only ask the 3 questions detailed in line with the current national guidance around:</p> <ol style="list-style-type: none"> 1. Loss of sense of taste or smell 2. Fever 3. Persistent cough. 	<p>Questionnaire updated and completed.</p>	<p>Jacqueline Cooney</p>
<p><u>Recommendation c)</u></p> <p>The service should ensure that patients are provided with written information about Covid-19 risks and precautions prior to their appointment (see page 8).</p>	<p>We will now either email or text message any potential patients with our electronic written information of Covid-19 risks and precautions and steer them to current national guidance as it is constantly changing advice.</p>	<p>Written information updated and completed</p>	<p>Jacqueline Cooney</p>

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<p>Recommendation d)</p> <p>The service should ensure that patients are screened for Covid-19 the day before and on the day of their appointment. This will minimise the risk of cross-infection (see page 8).</p>	<p>We are screening people when they make their appointment for Covid-19 symptoms via a questionnaire and also on the day of treatment and will continue to do this.</p> <p>We are also sending a text message screening link to patients the day before their appointments.</p>	<p>Text screening message already developed will also be sent the day prior to any appointment.</p>	<p>Jacqueline Cooney</p>
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Name	Jacqueline Cooney	
Designation	Company Director	
Signature	<i>Jacqueline Cooney</i>	Date 18 / 11 / 2020

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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