

Action Plan

Service Name:	Aspen Medi-Spa
Organisation Number:	00958
Service Provider:	Aspen Medi-Spa Ltd
Address:	The Old Post Office, Castle Street, Dornoch, Sutherland, IV25 3SD
Date Inspection Concluded:	24 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must follow its practicing privileges policy and have practice privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	Practicing Privileges contract shared. We also have a terms of employment contract which outlines Dr Qureshi's responsibilities.		Gwen Cameron

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<p>Requirement 2: The provider must complete annual appraisals with all members of staff who work in the service (see page 18).</p> <p>Timescale – by 24 September 2025</p> <p><i>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Dr Qureshi is leaving the service so we will be looking for another doctor. When they are contracted we will conduct an annual appraisal.</p>	TBC	Gwen Cameron
<p>Requirement 3: The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>We conducted the last safety risk assessment in November 2024. We will continue to manage patient and staff risks by:</p> <ul style="list-style-type: none"> - Conducting regular risk assessments and document - Meet with practitioner to discuss risk to patient and implement any improvements quickly - Including risk assessments for: <ul style="list-style-type: none"> o control of substances hazardous to health o electrical hazards, and o trips and falls - 	Ongoing	Gwen Cameron
<p>Requirement 4: The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing information with the patient's GP and other healthcare professionals in an emergency</p>	<p>Done. However Dr Qureshi is leaving the service but we will make sure this is done in the future.</p>	Done	Gwen Cameron

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are documented in the patient care record (see page 23). Timescale – Immediate <i>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>			
Requirement 5: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 23). Timescale – by 24 October 2025 <i>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a requirement in the in the 4 November 2020 inspection report for Aspen Spa.	This is in place for Dr Qureshi. Gwen has been enrolled in the past but will check this and obtain documentation.	Done	Gwen Cameron
Requirement 6: The provider must ensure that all infrequently used water outlets are flushed, and appropriate records kept in line	This has been implemented	Done	Gwen Cameron
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<p>with current national guidance (see page 24).</p> <p>Timescale – Immediate</p> <p><i>Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p>Recommendation a: The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>	<p>We have a statement of purpose in place. Please provide guidance on what we need to add to this in terms of relevant KPIs.</p> <p>This will be added to the website and displayed in the clinic.</p>		Gwen Cameron
<p>Recommendation b: The service should introduce formal staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 14).</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>Arrangements have been made for this.</p> <p>A meeting will happen at the end of each clinic and documented appropriately.</p>	Done	Gwen Cameron

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<p>Recommendation c: The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service and follow its own participation policy (see page 16).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>Feedback is invited by the doctor after the treatment and via our website. However we will put in place a mechanism to survey patients periodically so we can measure and improve.</p> <p>A survey will be sent once per year to all current clinic patients and an improvement plan put in place to address any feedback.</p>	Ongoing	Gwen Cameron
<p>Recommendation d: The service should ensure that all policies reflect Scottish legislation and best practice guidance (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 4.18</p>	Review Scottish Legislation and update policies	November 2025	Gwen Cameron
<p>Recommendation e: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 20).</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>		Ongoing	Gwen Cameron
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This was previously identified as a recommendation in the 4 November 2020 inspection report for Aspen Spa.			
<p>Recommendation f: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).</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>		Ongoing	Gwen Cameron
<p>Recommendation g: The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	This will be implemented when we next recruit someone.	Ongoing	Gwen Cameron
Recommendation h: The service should ensure that a system is in place to make sure that staff are subject to ongoing	Staff will be checked annually in January of each year.	Ongoing	Gwen Cameron

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<p>professional registration and indemnity insurance checks (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>			
<p>Recommendation i: The service should ensure that practitioners record information in one patient care record system, so that the service manager and owner has access to all patient care records (see page 24).</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 into a suitable system for this with the next doctor we recruit.</p>	<p>TBC</p>	<p>Gwen Cameron</p>
<p>Recommendation j: The service should ensure that the cleaning checklist is fully and accurately completed (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.1</p>	<p>Implemented</p>	<p>Done</p>	<p>Gwen Cameron</p>

Name	Gwen Cameron	
Designation	Clinic Owner / Manager	
Signature	<i>Gwen Cameron</i>	
		<p>Date</p> <p>27/08/25</p>

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 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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