

## Action Plan

Service Name:	Bespoke Skinology Aesthetics Ltd
Organisation Number:	02447
Service Provider:	Bespoke Skinology Aesthetics Ltd
Address:	91 Murray Street, Montrose, DD10 8JZ
Date Inspection Concluded:	19 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 19).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>We have already implemented a medicines governance protocol addressing the use of unlicensed medicines. We have updated the consent form to reflect informed consent specific to the use of bacteriostatic saline in the preparation of anti-wrinkle treatments.</p> <p>We have also created a clinician checklist to ensure compliance - this compliance will be monitored through scheduled audits.</p>	Complete	Clinic Director
<p><b>Recommendation a:</b> The service should share its objective and key performance indicators with patients (see page 11).</p>	<p>We have uploaded the services Aims and Objectives to the website.</p>	Complete	Clinic Director

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 4	Review Date:
Circulation type (internal/external): Internal/External		

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	<p>We have a clearly presented document outlining the key performance indicators (KPIs) which will be:</p> <ul style="list-style-type: none"> <li>• Displayed in the clinic reception area.</li> <li>• Uploaded to the service's website.</li> </ul>	1 month	Clinic Director
<p><b>Recommendation b:</b> The service should follow its own participation policy for obtaining patient feedback and use this to inform service development (see page 13).</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:</p> <ul style="list-style-type: none"> <li>• Schedule patient surveys using digital and paper formats.</li> <li>• Implement a feedback summary for review and document actions taken based on feedback and include this in our Quality Improvement Plan.</li> </ul>	6 months	Clinic Director
<p><b>Recommendation c:</b> The service should record minutes of any meetings with other services (see page 15).</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 have implemented a standard meeting minutes template to ensure that any formal meetings with external services (e.g., clinical partners, suppliers) are:</p> <ul style="list-style-type: none"> <li>• Documented with date, attendees, and actions.</li> <li>• Stored in a dedicated shared drive for future reference and audit.</li> </ul>	Complete	Clinic Director

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 4	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Recommendation d:</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 16).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>	<p>We will :</p> <ul style="list-style-type: none"> <li>• Publish on the website under the "Contact Us" and "About Us" sections.</li> <li>• Display in the clinic Reception.</li> </ul>	1 month	Clinic Director
<p><b>Recommendation e:</b> The service should make sure that patient consent forms are fully completed including the practitioners signature (see page 19).</p> <p>Health and Social Care Standards: My Support, my life. I experience high quality care and support that is right form me. Statement 1.24</p>	<p>We will make a conscious effort to ensure forms are fully completed and look into the possibility of introducing a <b>mandatory</b> field for practitioner signature on all electronic forms.</p>	1 month	Clinic Director
<p><b>Recommendation f:</b> The service should obtain contain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented (see page 19).</p> <p>Health and Social Care Standards: My Support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>	<p>We have updated consent forms to include a dedicated section on sharing information in emergencies. We will:</p> <ul style="list-style-type: none"> <li>• Record patient preference clearly in the medical record.</li> <li>• Ensure refusals are documented, dated, and signed by the patient.</li> </ul>	Complete	Clinic Director

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 4	Review Date:
Circulation type (internal/external): Internal/External		

Name	Lynsey Sherriff		
Designation	Clinic Director		
Signature	Lynsey Sherriff	Date	24/7/25

- **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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:4 of 4	Review Date:
Circulation type (internal/external): Internal/External		