

Action Plan

Service Name:	Aspyre Aesthetics
Organisation Number:	00926
Service Provider:	Aspyre Aesthetics
Address:	25 Auchinairn Road, Bishopbriggs, G64 1RX
Date Inspection Concluded:	18 July 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must develop effective systems that demonstrate the proactive management of risks in the service, including carrying out risk assessments (see page 19).</p> <p>Timescale – by 10 November 2025</p> <p><i>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Risk lead appointed (myself) responsible for risk management performing regular risk assessments and for all new and existing treatments by routine assessments, clinical practice, infection control and reporting/reducing risks in clinic environment.</p> <p>Record finding in risk assessments and gather information in audits for these too.</p> <p>Update any risk assessments after any potential incidents</p>	<p>Review 3monthly and when any new service or treatment added to clinic</p>	<p>Ms</p>
<p>Requirement 2: The provider must ensure that patient care records are fully completed so that safe care of patients can be demonstrated (see page 21).</p>	<p>Patient care records are fully completed the few I could get access to on the system showed this . the old system I had was unavailable for full view which is why I've taken gthe action to change</p>	<p>Ongoing/immediately after</p>	<p>ms</p>

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<p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)(c)(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>	<p>patient record system and upgrade to aesthetic nurse software to exclude this incident happening again.</p>		
<p>Requirement 3: The provider must ensure that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)(a) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>	<p>As above as the previous system would not allow access as it was having a malfunction and was inaccessible on inspection day this will hopefully be fully rectified with new system at any further inspections</p>	<p>immediate</p>	<p>ms</p>
<p>Requirement 4: The provider must ensure an effective system is in place for monitoring all medicines in stock to ensure they remain in date (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as</i></p>	<p>Medicine stock management policy and stock keeping now updated and stock lists date/expiry now checked and documented at end of each clinical shift. This will be audited monthly</p>	<p>immediate</p>	<p>ms</p>

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<i>to Independent Health Care Services) Regulations 2011</i>			
<p>Recommendation a: The service should ensure that information about the service's aims and objectives is available to patients (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>Aims and objectives will be added to personalised profile of business page by end of October</p> <p>This will be updated on the "about us" page and highlights on social media page as well</p> <p>Already have a full slide explaining why as a regulated clinic is a safe choice and explains why with relevant work and qualifications.</p> <p>Display this in a frame in the wait area and inside the clinics consultation station for full transparency.</p>	End of November	Ms
<p>Recommendation b: The service should implement a process for monitoring and measuring the service against the key performance indicators and record the outcomes (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>This will be done by kpi's that reflect quality, safety efficiency and by doing patient satisfaction surveys post treatment</p> <p>Record a % of how patients rate the service and work on areas of suggested improvement</p> <p>How many %of patients choose not to keep their follow up appt as they are happy with the outcome</p> <p>Quarterly audits on these factors to aid improvement to the service</p> <p>Data collection by patient feedback, surveys post treatment record any incidents or complications</p> <p>Audit infection control documentation and consent forms</p> <p>Record waiting times and any cancellations and see any trends over time. Action plan by corrective measures where required such as</p>	Ongoing	ms

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	more training or improved stock management etc.		
<p>Recommendation c: The service should review and update the service user participation policy to outline how feedback received from patients will be reviewed and evaluated, and how patients will be informed of any improvements made (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>	Share outcomes with service users of any upgrades to services, treatments, clinic upgrades to give the very best service possible feedback currently and reviews used from google and Instagram and if anything negative (which there hasn't been as yet) would be worked on accordingly and shared with service users via email /social media outlets	As required	ms
<p>Recommendation d: The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	Have a table generated of all policies and procedures in a table checklist when they are due to be reviewed and any changed required are made in an action plan	Ongoing Quarterly	Ms

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<p>organisation providing my care and support. Statement 4.11</p> <p>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>			
<p>Recommendation e: The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 19).</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>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>	<p>As above generate much more audit trail and more audits within clinic environment much area for improvement here and action plans will be implemented as necessary from findings using the plan, do check, act model .</p>	<p>Review policies annually and audit these as well</p>	<p>Ms</p>
<p>Recommendation f: The service should further develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).</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>Quality improvement plan was done at the start of the year and many changes have been implemented with an upgrade of clinic and invested more in training and treatment menu available in clinic with current regulations including completing the independent prescriber course to ensure patient safety in a safe clinic environment and to improve patient journey and overall experience</p>	<p>Annually</p>	<p>ms</p>

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This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.			
<p>Recommendation g: The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	Have a great relationship with experts in the industry I can call on who would help me should the hopefully unlikely event the service has to close. There would be a firm plan in place for another practitioner to take over my patient base to ensure no one was left without care or access to this.	Review month to month this is still active and in place	Ms
<p>Recommendation h: The service should monitor fridge temperatures daily to comply with national guidance for temperature-sensitive medicines (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	Have a daily specific fridge temp and log book filled in every clinic shift to comply with national guidance for storage of these medicines and sundries.	Daily	Ms

Recommendations carried forward from our May 2023 inspection

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<p>The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.</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>Obtained at consultation and if consent record details in patient consent form at initial consultation pre treatment and review this at further consultations</p>	<p>Every visit with patient</p>	<p>ms</p>
<p>The service should document what aftercare has been provided in the patient care record.</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>	<p>Aftercare documented and what aftercare forms are recorded and sent to patient post treatment with emergency 24 hour contact number should any emergency arise.</p>	<p>After every treatment</p>	<p>ms</p>

Name	Marianne sheridan		
Designation	Director / nurse prescriber		
Signature	Msheridan	Date	18/09/25

Guidance on completing the action plan.

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- **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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