

Action Plan

Service Name:	HLH Aesthetics
Service number:	01101
Service Provider:	Heather Hynd
Address:	Alness Pharmacy, 12-14 High Street, Alness, Ross-Shire, IV17 0PS
Date Inspection Concluded:	16 July 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must regularly review and update all risk assessments to demonstrate a proactive approach in identifying and managing risk (see page 19).</p> <p>Timescale – by 15 October 2025</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland</i> <i>(Requirements as to Independent Health Care Services) Regulations 2011</i></p>	As recommended by the inspection, I will review all of my current risk assessments in place and develop the further risk assessments recommended by the inspectors. These will then be posted on the portal.	By 15 th October, 2025	Heather Hynd

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<p>Requirement 2: The provider must produce a copy of an updated electrical installation condition report that demonstrates the electrical system is in satisfactory condition (see page 19).</p> <p>Timescale – by 15 November 2025</p> <p><i>Regulation 10(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>I will speak with the Pharmacy owner of the pharmacy in which I work to obtain this information and then submit once obtained.</p>	<p>15th November, 2025</p>	<p>John Mitchell/Heather Hynd</p>
<p>Requirement 3: The provider must publish an annual duty of candour report (see page 19).</p> <p>Timescale – by 15 October 2025</p> <p><i>Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>	<p>I have completed my annual duty of candour report and I will publish this on my page for my clients to see.</p>	<p>15th October, 2025</p>	<p>Heather Hynd</p>

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<p>Requirement 4: The provider must ensure patients' next of kin or emergency contact details and consent for sharing information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record (see page 23).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>I will obtain NOK details by contacted my client list and updating this in their personal data that I keep. I have already started to contact my clients and should therefore have this information very soon. I already have their GP details.</p>	<p>immediate</p>	<p>Heather Hynd</p>
<p>Requirement 5: The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:</p> <p><i>a. the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional</i></p> <p><i>b. the outcome of that consultation or examination (see page 23).</i></p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)</i></p>	<p>I will include this in each and every consultation and treatment date going forward ensuring that my notes are more precise and informative.</p>	<p>immediate</p>	<p>Heather Hynd</p>
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<i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>			
<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 13).</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>	I will develop a more informative way to show that I am achieving the objectives I set for my service. I will do this by carrying out patient surveys and publishing these for service users to read.	Ongoing	Heather Hynd
<p>Recommendation b: The service should review, develop and implement its participation policy to include:</p> <ul style="list-style-type: none"> <i>a. a structured process for gathering and recording regular patient feedback</i> <i>b. how feedback will be used to improve the service, and</i> <i>c. how patients will be informed of how their feedback has been used to improve the service (see page 15).</i> 	As mentioned above to implement my participation policy I will gain patient feedback and then go onto to use this information to improve the service that I provide. This will help to discover what my clients want to gain from my services, what they feel needs to be improved and if there are any further services that would benefit my service. This will also help with my future business continuity plan.	Ongoing	Heather Hynd

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8			
<p>Recommendation c: The service should ensure that all policies are regularly reviewed and reflect Scottish legislation and best practice guidance (see page 17).</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>	I will review and update my policy's to ensure they reflect current legislation in line with both government and HIS guidelines. I will also develop further policies that have been recommended during my recent inspection.	15 th November, 2025	Heather Hynd
<p>Recommendation d: The service should develop and implement a safeguarding (public protection) policy (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>	As this was recommended during my inspection I will write and implement a safeguarding policy and will upload this to the HIS portal.	15 th November, 2025	Heather Hynd

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<p>Recommendation e: The service should update its complaints policy to include information on the complaint process, including that patients can complain to Healthcare Improvement Scotland at any time (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 4.20</p>	<p>I will update my complaints policy and upload this to the HIS portal as by the recommendations of my recent inspection.</p>	<p>15th November, 2025</p>	<p>Heather Hynd</p>
<p>Recommendation f: The service should record minutes of any meetings with other services (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 4.19</p>	<p>I will look into reaching out to other clinics within my area and arrange f2f or online meetings where we can discuss the current demand on services, any complaints or complications and other demands on independent clinics.</p> <p>I will record the minutes of these meetings and actions, if there are any and cascade amongst the attendees.</p>	<p>4-6 months</p>	<p>Heather Hynd</p>

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<p>Recommendation g: 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 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18</p>	<p>I will carry out audits on a yearly basis on various factors that may affect my service. These may vary on a yearly basis. They will range on client retention, satisfaction and service delivery. These audits will be published and have a QI approach to them.</p>	<p>Ongoing</p>	<p>Heather Hynd</p>
<p>Recommendation h: The service should 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>I will develop further my quality improvement policy and by doing so formalise the way in which I will use quality improvement to develop my service.</p>	<p>15th November, 2025</p>	<p>Heather Hynd</p>

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<p>Recommendation i: 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 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	<p>I will develop a business continuity plan that will show and explain the arrangements I will have in place if in the unfortunate event my business closes. The plan will also show the direction in which my business may be heading in the future.</p>	<p>15th November, 2025</p>	<p>Heather Hynd</p>
<p>Recommendation j: The service should develop checklists capturing the regular cleaning of the clinic and the regular checking of medication (see page 23).</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>	<p>I will develop further checklists that will show the regular checks of sundries and medications that are used in my clinic and further develop my cleaning schedules to show how the clinic adheres to these regulations.</p>	<p>15th November, 2025</p>	<p>Heather Hynd</p>

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Name

Heather Hvnd

Designation

Aesthetics Practitioner

Signature

H I. Hvnd

Date

04 / 09 /2025

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

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 can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.

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- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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