

Action Plan

| Service Name: | Ash Aesthetics | |
|----------------------------|---|--|
| Organisation Number: | 02186 | |
| Service Provider: | Ashley Ritchie | |
| Address: | Broombank, Ecclesgreig Road, St Cyrus, Montrose, DD10 0BH | |
| Date Inspection Concluded: | 16 September 2025 | |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|---|---|------------------|--------------------|
| Recommendation a: The service should develop a formal process for reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | The service will implement a structured feedback review system, where all patients' comments- both positive and constructive – are recorded and reviewed quarterly, and acted upon. Any areas for improvement will be identified, with clear actions and timescales for change. | Within one month | Ashley Ritchie |
| Recommendation b: The service should ensure that complaints information displayed in the clinic is correct and up to date (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the | The service has added the contact details of the service provider to the complaints policy already displayed in clinic. | Completed | Ashley Ritchie |

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:1 of 3 | Review Date: | | |
| Circulation type (internal/external): Internal/External | | | | |



| organisation providing my care and support. Statement 4.20 | | | |
|---|---|---------------------|----------------|
| Recommendation c: The service should ensure that COSHH assessments are completed and in place (see page 16). | The service will ensure that comprehensive COSHH risk assessments are consistently conducted as part of all scheduled audits. | Within one month | Ashley Ritchie |
| Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27 | | | |
| Recommendation d: The service should develop a checklist to capturing the regular checks on expiry dates of single-use equipment (see page 19). | The service will establish a checklist to routinely monitor the expiry dates of single-use equipment provided to patients. | Within one month | Ashley Ritchie |
| Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | | | |

| Name | A Ritchie | | | |
|-------------|----------------|------|----------|--|
| Designation | Clinic Manager | | | |
| Signature | A Ritchie | Date | 28/10/25 | |

Guidance on completing the action plan.

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
| template AP | | | | |
| Produced by: IHC Team | Page:2 of 3 | Review Date: | | |
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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.

| File Name: IHC Inspection Post Inspection - Action Plan | Version: 1.1 | Date: 8 March 2023 | | |
|---|--------------|--------------------|--|--|
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| Produced by: IHC Team | Page:3 of 3 | Review Date: | | |
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