Action Plan

Service Name:	Atelier Clinic
Service number:	02079
Service Provider:	Willow Tree Aesthetics Limited
Address:	10-16 Grange Street, Kilmarnock, KA1 2AR
Date Inspection Concluded:	23 September 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 17). Timescale – immediate Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	Scheduled time to meet each individual practitioner with practicing privileges. Undertake performance review and set personal development plans.	Immediate	Allan Sharpe

Requirement 2: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include: (a) a comprehensive risk register, and (b) appropriate risk assessments to protect patients and staff (see page 18). Timescale – by 23 January 2026 Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	Implement risk register along with appropriate risk assessment including by not limited to lone worker policy	28/01/26	Allan Sharpe
Recommendation a: The service should ensure that information about the service's vision is available to patients (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Incorporate service vision into website and within the clinic environment ensure that it is available to patients	28/02/26	Allan Sharpe

Recommendation b: The service should develop and implement a process for measuring, recording and reviewing key performance indicators (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Identify key performance indicators such as complications, returning patients and benchmark against similar services.	28/02/2025	Allan Sharpe
Recommendation c: The service should formalise staff meetings, record a summary of discussions in meetings and any actions arising from staff meetings including those responsible for the actions. Minutes should be shared with all staff (see page 12) Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Schedule staff meeting for first week in February and document and for action plan based on discussion.	28/02/2025	Allan Sharpe

Recommendation d: The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	Undertaken: staff reminded to review the EMC of product used and ensure they are used in line with manufacturers instructions.	01/11/2025	Allan Sharpe
Recommendation e: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Following discussions with stake holder develop and quality improvement plan	28/03/2025	Allan Sharpe

Name: Allan Sharpe

Designation: Service Manager

Signature: 

Date 09/11/2025

Healthcare Improvement Scotland

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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.
- 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.