

Action Plan

Service Name:	Eaton Health Services
Service number:	01548
Service Provider:	Eaton Health Services Limited
Address:	Floor 3, Crombie House, 72-90 Crombie Road, Aberdeen, AB11 9QP
Date Inspection Concluded:	19 September 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must publish an annual duty of candour report (see page 17). Timescale – Immediate Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011	Completed See websites	Complete	Jen Eaton

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Requirement 2: The provider must ensure that staff receive regular individual performance reviews and appraisals (see page 17). Timescale – by 19 November 2025 Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	Have arranged reviews for everyone, some are on holiday, and one is off dealing with a family members illness so hers will be postponed for a while until she is back	End of 2025	Jen Eaton
Recommendation a: The service should ensure that information about the service's aims and objectives is available to patients (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	Completed See websites	Completed	Jen Eaton

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Recommendation b: The service should formally record the minutes of team meetings. These should include any actions taken and those responsible for the actions (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Meetings have been arranged in November and December 2025 1 for the Aesthetics team 1 for the Occy Health team	End of 2025	Jen Eaton
Recommendation c: The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	Risk Register • List all service risks and rate likelihood/impact. • Record controls and required actions. • Assign responsibility and review dates. • Review quarterly. 2. Audit Programme • Create an annual audit schedule. • Include: medicines, patient records, environment checks. • Record findings, actions, and evidence of improvement. • Report outcomes in governance meetings. 3. Quality Improvement Plan • Add improvements as they are completed. • Review and update monthly. • Use SMART goals and link each action to evidence.	End of 2025 and ongoing	Jen Eaton

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Recommendation d: 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). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the June 2022 inspection report for Eaton Health Services.	Reached out to another provider in Aberdeen to look at peer to peer audits. Looking to implement audits into CRM system	End of 2025 and ongoing	Jen Eaton
Recommendation e: The service should further develop its quality improvement plan that demonstrates and directs the way it measures improvement (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Look at the below and document/measure: 1. Identify priority areas for improvement. 2. Set clear, measurable goals (SMART). 3. Choose indicators to track progress (e.g., audits, KPIs). 4. Create an action plan with responsibilities and timelines. 5. Review progress regularly and record evidence of improvement. 6. Update the plan based on results.	End of 2025 and ongoing	Jen Eaton

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Recommendation f: The service should ensure that patients are asked to consent to share information with the GP and next of kin in the event of an emergency (see page 23). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support.. Statement 2.14	Completed	Completed	Jen Eaton
Recommendation g: The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24	Completed Colleagues offered to have them destroyed or returned.	Completed	Jen Eaton

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Recommendation h: The service should ensure that checklists to for the regular cleaning of the clinic and checking expiry dates or consumables are completed (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Looking to implement audits into CRM system, whilst this is done as per usual course of action it is not documented.	End of 2025 and ongoing	Jen Eaton
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Name	Jen Eaton		
Designation	Nurse		
Signature		Date	05/ 11 /2025

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

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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.

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