


## Action Plan

Service Name:	J. Rodger Aesthetics
Service number:	01518
Service Provider:	J. Rodger Aesthetics Limited
Address:	2c Orbital Court, East Kilbride, G74 5PH
Date Inspection Concluded:	13 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: 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 15).</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>The plan will include clear steps for patient communication, cancellation and rebooking of appointments, access to aftercare advice, and escalation of urgent clinical concerns. It will identify alternative arrangements for patient support, including the use of an alternative independent nurse prescriber for clinical advice if required.</p> <p>The contingency plan will be aligned with existing emergency procedures, consent and aftercare processes, and will be reviewed annually or following any incident that requires activation of the plan. Staff awareness is not applicable as the service is operated by a sole practitioner. The plan will be made available to Healthcare Improvement Scotland on request</p>	Within 4 weeks of inspection report	Clinic Director

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

Name	Jennifer Rodger	
Designation	Clinic Director	
Signature		Date 05 /01 / 26

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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 3	Review Date:
Circulation type (internal/external): Internal/External		

- **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.

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