

## Action Plan

Service Name:	Sage Aesthetics
Service number:	00342
Service Provider:	Sage Aesthetics Ltd
Address:	The Farmhouse, Upper Terryvale, Dunecht, Aberdeenshire, AB32 7BS
Date Inspection Concluded:	18 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that staff granted practising privileges receive regular individual performance reviews and appraisal (see page 16).</p> <p>Timescale – by 18 February 2025</p> <p>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Noted, and in progress.</p> <p>Formal in-house annual appraisals organised.</p>	<p>Appraisal by 18<sup>th</sup> Feb 2026.</p>	Clinic Director

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<p><b>Recommendation a:</b> The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients (see page 13).</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>Survey improvements after they are made. Information to be made available to patients either on the News page of our website, or notices placed in a prominent area of the clinic as appropriate.</p> <p>Eg. Website metrics will assist in measuring change.</p>	<p>Immediate (eg. website currently being improved, planned timescale end January 2026)</p>	<p>Clinic Director</p>
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Name

Designation

Signature

Date

**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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