

## Action Plan

Service Name:	Ultrasound-Direct
Organisation Number:	02631
Service Provider:	Ultrasound Scotland Ltd
Address:	486 George Street, Aberdeen, AB25 3XH
Date Inspection Concluded:	19 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should share the changes made as a result of patient feedback (see page 14).</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>We are consulting with UK Ultrasound direct franchises to look at a best practice living feedback document which we will update monthly based on the collated monthly feedback from patients. This feedback can come from various sources:</p> <ul style="list-style-type: none"> <li>• Client face to face feedback</li> <li>• Clinic feedback forms</li> <li>• Google reviews</li> <li>• Complaints</li> <li>• Compliments</li> </ul>	Jan 2026	Named manager Director
<p><b>Recommendation b:</b> The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 17).</p>	<p>We are contacting out protocol management team and IT team to update all protocols to include all appropriate equivalent Scottish legislation. This email will be sent by the 20 Jan 2026 outlining the changes we require</p>	May 2026	Named manager Director

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11			
<b>Recommendation c:</b> The service should further develop the emergency management policy to include how an obstetric emergency or adverse event would be dealt with (see page 17).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	We are looking at this with head office to understand how this policy can be developed.	May 2026	Named manager Director
<b>Recommendation d:</b> The service should obtain documented consent from the patient for the sharing of information with other healthcare professionals, if required (see page 17).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	We have now received an additional document that we will require all clients to sign to consent to their information being shared with other HCP. This document has been shared with all the team. We will update and training records to reflect existing staff understand its use and all new staff are trained on it.	Jan 2026	Named manager
<b>Recommendation e:</b> The service should ensure that all complaints-related documentation consistently provides patients with the current regulator information (see page 17).  Health and Social Care Standards: My support, my life. I have confidence in the	Monthly documented check on complaints procedure and documentation to confirm its reflecting current regulatory information.	Jan 2026	Named Manager
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organisation providing my care and support.  
Statement 4.20

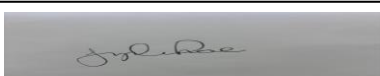
Name

Sophie Fenton

Designation

Registered Manager

Signature



Date

15-01-26

- **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.