

Action Plan

Service Name:	Aesthetic Attraction Ltd
Service number:	02684
Service Provider:	Aesthetic Attraction Ltd
Address:	Younger Day Spa Ltd, 44 Queen Street, Lossiemouth, Moray, IV31 6PN
Date Inspection Concluded:	19 December 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must make sure that all staff receive regular individual performance reviews and appraisals (see page 16).</p> <p>Timescale – by 19 March 2026</p> <p>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Our service will implement a formal staff appraisal and performance review system to ensure all staff receive regular supervision and appraisal.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Development and implementation of a formal appraisal policy and procedure. • Creation of a standardised appraisal template covering: <ul style="list-style-type: none"> ○ Clinical competence ○ Training and development needs ○ Professional registration requirements (where applicable) ○ Review of incidents, complaints, and feedback 	<p>By 19/03/2026</p>	<p>Kerri Morrison Manager/Clinical Lead</p>

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	<ul style="list-style-type: none"> ○ Compliance with policies and procedures ○ Turas record of mandatory training • All existing staff will receive a documented appraisal. • A schedule will be implemented to ensure appraisals are completed annually. • Records will be securely stored and reviewed as part of governance and quality assurance processes. <p>Outcome Measure:</p> <ul style="list-style-type: none"> • 100% of staff will have a completed and documented appraisal. <p>Evidence:</p> <ul style="list-style-type: none"> • Completed appraisal records • Appraisal policy and template • Appraisal tracker log 		
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<p>Requirement 2: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include appropriate risk assessments to protect patients and staff (see page 17).</p> <p>Timescale – by 19 March 2026</p> <p>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Service will strengthen its risk management framework to ensure risks to patients and staff are proactively identified, assessed, and mitigated.</p> <p>This will include:</p> <p>Completion of service-specific risk assessments, including:</p> <ul style="list-style-type: none"> ○ Clinical treatment risks (including aesthetic and laser procedures) ○ Infection prevention and control risks ○ Environmental risks ○ Staff safety risks ○ ● Creation and implementation of a risk register to record, monitor, and review identified risks. ● Risk assessments will include risk ratings, control measures, and review dates. ● Risk assessments will be reviewed annually or sooner if incidents occur. ● Risk management will be incorporated into governance and audit meetings. <p>Outcome Measure:</p> <ul style="list-style-type: none"> ● Risk register implemented and maintained. 	<p>By 19/03/2026</p>	<p>Kim Wills Company Director and Aesthetic Nurse</p>
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	<ul style="list-style-type: none"> • Risk assessments completed and regularly reviewed. • Evidence of ongoing monitoring. <p>Evidence:</p> <ul style="list-style-type: none"> • Risk register • Completed risk assessments • Risk management policy 		
<p>Recommendation a: 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 people who support and care for me.</p> <p>Statement 3.14</p>	<p>Continue to updated already established quality improvement log to record improvements.</p> <p>Continue monitoring outcomes of changes through audits, patient feedback, and incident review.</p> <p>Continue collection of patient feedback via consultation reviews and satisfaction questionnaires.</p> <p>Review of feedback and audit findings to identify improvement actions.</p> <p>Implement methods of sharing improvements with patients through:</p> <ul style="list-style-type: none"> ○ Patient information materials ○ Service updates within the clinic 	Ongoing	<p>Kerri Morrison Kim Wills Diane Morrison (Company directors and practitioners)</p>

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	<ul style="list-style-type: none"> ○ Consultation discussions where appropriate <p>Outcome Measure:</p> <ul style="list-style-type: none"> • Quality improvement log in place and regularly updated • Evidence of patient feedback being reviewed and acted upon. <p>Evidence:</p> <ul style="list-style-type: none"> • Audit records • Patient feedback forms • Quality improvement log 		
<p>Recommendation b: The service should further develop its audit programme to include infection control and laser treatments (see page 17).</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>Our service further develop its audit program.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Development of an annual audit schedule. • Implementation of infection prevention and control audits. • Implementation of laser treatment safety and compliance audits. • Audits will review: <ul style="list-style-type: none"> ○ Cleaning standards ○ Equipment safety checks 	<p>By 19/03/2026 and ongoing</p>	<p>Kerri Morrison Clinical Lead/ Manager</p>
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	<ul style="list-style-type: none"> ○ Treatment documentation ○ Infection control compliance • Audit findings will be reviewed and used to improve practice. • Audit outcomes will be documented and reviewed regularly. <p>Outcome Measure:</p> <ul style="list-style-type: none"> • Audit programme implemented. • Regular audits completed and reviewed. <p>Evidence:</p> <ul style="list-style-type: none"> • Audit schedule • Completed audit tools • Audit reports 		
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<p>Recommendation c: The service should update its cleaning checklist to reflect that sanitary fittings including clinical handwash sinks are being cleaned with a chlorine solution (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>Our service will update its cleaning schedule to reflect sanitary fittings are cleaned appropriately using chlorine solution.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Updating the cleaning checklist to clearly specify chlorine-based cleaning for sanitary fittings and clinical handwash sinks. • Ensuring cleaning procedures align with infection prevention guidance. • Cleaning checklists will be completed daily and monitored. • Compliance will be monitored through infection control audits. 	<p>By 19/03/2026</p>	<p>Kerri Morrison Clinical lead/manager</p>
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Name	Kerri Morrison
Designation	Manager
Signature	
Date	16/ 02 / 2026

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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.

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