

Action Plan

Service Name:	Allyson Ross Health & Aesthetics
Service number:	02498
Service Provider:	Allyson Ross
Address:	Allyson Ross Health & Aesthetics, Holmlea, Faith Ave, Bridge of Weir, PA11 3TF
Date Inspection Concluded:	20 January 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure staff are fully aware of the procedure for the management and reporting of all incidents and accidents (see page 16).</p> <p>Timescale – immediate</p> <p>Regulation 13(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Meeting 27/02/26 with staff (see agenda) highlighting the requirement for a risk assessment tool (this was in place on the inspection day, but I could not find it in the documents so have attached, I have also added to it since then.</p> <p>There is now a google drive created that staff can access and report any incidents and accidents. They have been made aware that these will be reviewed daily and actioned. They have also been made aware to contact myself immediately if incident nis critical.</p> <p>Incident involving medicines or medical devices are reported to HMRA.</p>	<p>Actioned 27/2/26</p> <p>Actioned 27/2/26</p>	<p>Owner & dental hygienist</p> <p>Owner &Dental hygienist</p>

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<p>Requirement 2: The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 17).</p> <p>Timescale – immediate</p> <p>Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>The risk assessment form we use was not available on the inspection day as I could not locate it in my documents. I have attached and added to it from that day. Staff have been made aware and agreed to undertake risk management reviews with the owner and raise any potential issue that could be a risk for assessment. These will be reviewed at the monthly staff meetings</p>	<p>Actioned 20/1/26</p>	<p>Owner & Dental hygienist</p>
<p>Recommendation a: The service should ensure a system is in place to make sure the aims and objectives identified are being met (see page 11).</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>The service will continue to seek feedback for patients who use the service and publish these on the company website for transparency. It will also be entered into a document that identifies the aims and objectives and if they have been met or not. If not met why not will be noted and what action need s to be taken to meet them. It will also be added to the staff meeting agenda for discussion. This will be evidenced via audits, training, review of any accidents/ incidents and patient and staff feedback.</p>	<p>A system being put in place is Actioned. 01/03/26 The process will be ongoing.</p>	<p>Owner</p>

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<p>Recommendation b: The service should develop a programme of formal staff meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff to ensure issues discussed and decisions made are communicated (see page 12).</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>There is a formal staff meeting format in place, the meetings are now in the diary with email reminders being sent 1 week in advance. There is an agenda in place for the second one (first one carried out already). There is scope in advance for staff to add to the agenda to encourage inclusivity and enable staff raise issues or raise any perceived service needs in a formal mad safe environment. Attached is the document outlining the dates of meetings and agenda. If there are too many items on the agenda and some cannot be met at the meeting they will be automatically discussed at the next one. Any item that is urgent will take priority. Urgent will be, for example, an issue that could affect patient or staff safety.</p>	<p>Actioned 27/2/26</p>	<p>Owner</p>
<p>Recommendation c: The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 14).</p>	<p>The service will continue to seek patient feedback, action it and document outcomes. Once actioned feedback can be sought again to measure the success of any action taken. This will be shared with services users on the company website. The service has already changed some practices based on patients feedback for example, patients recently enquired about treatments at home and I am currently looking at the feasibility of this. HIS and I will explore further as agreed when the inspection</p>	<p>Actioned & ongoing</p>	<p>Owner</p>
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<p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>has concluded. Patients have been emailed to ensure they are kept up to date with their suggestion and that we take their comments seriously.</p>		
<p>Recommendation d: The service should develop and implement a system with documented evidence when policies and procedures are reviewed and what changes or updates were subsequently made (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>There is a SOP and policy list now available for staff to review in the google shared drive. The updated policies and changes were reviewed on inspection day.</p>	<p>Actioned</p>	<p>Owner</p>

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<p>Recommendation e: The service should develop a programme of regular audits to make clear when audits will be carried out covering key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 18).</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>I have attached our planned Audits document for the year. These are carried out previously but not documented. They will be readily available and published on the company website for patients to reassure themselves that the service takes their commitment patient safety seriously.</p> <p>I have engaged an external healthcare professional to attend clinic and monitor some audits for example hand hygiene, environment cleaning, sharps disposal</p>	<p>Owner</p>	<p>Allyson Ross</p>
<p>Recommendation f: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>I am in the process of developing a quality improvement plan and this will be implemented within the next 2 months. I have given extra time to this as I will be seeking assistance on how best to develop and implement it.</p>	<p>Ongoing over 2 months.</p>	<p>Owner</p>

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<p>organisation providing my care and support. Statement 4.19</p>			
<p>Recommendation g: The service should ensure patient care records contain consent to share information with other healthcare professionals (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>	<p>This is already actioned and can be seen on the patients care records now.</p>	<p>Actioned</p>	<p>Dental hygienist</p>

Name	Allvson ross
Designation	Owner
Signature	Allvson Ross
Date	03/02/2026

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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