

Action Plan

Service Name:	Clinic 45
Organisation Number:	01329
Service Provider:	Diane Sim
Address:	45 Glasgow Road, Hardgate, Clydebank, Glasgow, G81 5PJ
Date Inspection Concluded:	19 January 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that a manager is in full-time day-to-day charge of the service (see page 16).</p> <p>Timescale – by 28 April 2026</p> <p><i>Regulation 14(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Rachael Cairney takes over as full time manager at the service with Diane Sim as the registered healthcare professional responsible for clinical oversight.</p>	<p>Immediately</p>	<p>Diane Sim</p>

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<p>Requirement 2: The provider must ensure that patients have access to information on how to make a complaint, including up-to-date contact details for Healthcare Improvement Scotland (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 15(6)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Signage now displayed in the front reception area regarding information on how to make a complaint with contact details for HIS.</p>	<p>Immediate response</p>	<p>Diane Sim</p>
<p>Requirement 3: The provider must improve the standard of record keeping in patient care records to ensure all records:</p> <ul style="list-style-type: none"> - contain a record of the patient assessment, an agreed plan of care or a proposed treatment plan - are organised in a way that ensures the contents are secured in the file and in chronological order, and - contain details of the patient's next of kin or emergency contact (see page 25). <p>Timescale – immediate</p> <p><i>Regulation 4(1)(2)(b)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>We have recently set up of Aesthetic Nurse Software which is a specialised type of clinic management software designed specifically for professionals working in medical aesthetics. This software stores medical history, consent forms, and treatment notes. It also keeps everything secure and compliant and obtains patient information including next of kin and GP details. Consent forms are sent out digitally prior to the clients appointment before each visit.</p> <p>Recommendations have been considered and acted upon.</p>	<p>Immediate response and ongoing.</p>	<p>Diane Sim</p>

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<p>Requirement 4: The provider must ensure that there is regular review of patients' medical history and consent to treatment at each new treatment appointment (see page 26).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the June 2021 inspection report for Clinic 45.</p>	<p>The provider has taken note and will send out a regular review to clients of their medical history and consent prior to each appointment</p>	<p>Immediately</p>	<p>Diane Sim</p>
<p>Requirement 5: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 26).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i></p>	<p>Staff contracts in place PVG obtained Annual appraisals to be established All staff files up to date with all requirements from HIS</p>	<p>Immediately</p>	<p>Diane Sim</p>

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<p><i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p>Requirement 6: The provider must have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 26).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>New practicing privileges contracts have been utilised and signed by all relevant staff. These include compliance with all organisational clinical governance policies and procedures.</p>	<p>Immediately</p>	<p>Diane Sim</p>
<p>Requirement 7: The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns (see page 26).</p> <p>Timescale – by 28 April 2026</p> <p><i>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>We will now carry out regular one-to-one annual appraisals at Clinic 45. This will commence from 1st April 2026.</p>	<p>Immediately</p>	<p>Diane Sim</p>

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<p>Requirement 8: The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer’s guidance for botulinum toxin (see page 26).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>These recommendations have been acknowledged and complied with. Botulinum Toxin vials will only be used for a single patient and single treatment.</p>	<p>Immediately</p>	<p>Diane Sim</p>
<p>Requirement 9: The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 26).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>The use of bacteriostatic saline with botulinum toxin will now be documented in the patients consent form with information regarding its unlicensed use and the reason it is used for reconstitution.</p>	<p>Immediately</p>	<p>Diane Sim</p>

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<p>Recommendation a: The service should ensure that information about the service's vision and values is available to patients and staff (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 4.19</p>	<p>The service intends to display the clinics vision statement in the waiting room and include patient centred care in our consent forms. We are considering options at present to encourage and obtain patient feedback.</p>	<p>On Going</p>	<p>Diane Sim</p>
<p>Recommendation b: The service should develop measurable key performance indicators to help monitor how well the service is being delivered (see page 16).</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 aims to improve audits, clinical and risk assessments.</p> <ul style="list-style-type: none"> -Annual staff appraisals -Team meetings every 4-6 weeks -Improve on patient feedback -A KPI dashboard is being established to help the clinic meet its aims. 	<p>On Going</p>	<p>Diane Sim</p>
<p>Recommendation c: The service should develop a structured programme of formal staff meetings. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 16).</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>Staff meetings have been initiated 4-6 weekly within the clinic. First meeting is on Tuesday 31st March These will be documented.</p>	<p>On going</p>	<p>Diane Sim</p>

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<p>Recommendation d: The service should further review its participation policy to consider introducing a wider range of patient feedback methods. The policy should also include details of a structured approach to gathering and analysing patient feedback to drive improvements in the service and how the impact of change from the improvements made will be demonstrated (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 4.8</p>	<p>The clinic is currently considering ways to improve patient feedback. We are working on a post treatment survey to be sent via email or SMS after treatments.</p> <p>We are also considering a QR code to be displayed in the reception of the clinic to enable clients to leave feedback.</p>	<p>On going</p>	<p>Diane Sim</p>
<p>Recommendation e: The service should ensure that its duty of candour report is available to patients (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 4.19</p>	<p>The duty of candour report is now on display at the reception area of the clinic and will be updated from the 1st of April.</p>	<p>On going</p>	<p>Diane Sim</p>
<p>Recommendation f: The service should ensure that all relevant staff undertake duty of candour training (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 4.4</p>	<p>All relevant staff will undertake duty of candour training</p>	<p>On Going</p>	<p>Diane Sim</p>

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<p>Recommendation g: The service should expand the range of risk assessments carried out to ensure all risks to patients and staff have been identified and are being managed (see page 22).</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>Clinic 45 endeavours to improve risk assessments within the clinic this will incorporate clinical risk, medicines, prescriber risk, environmental risk and equipment risk.</p>	<p>On Going</p>	<p>Diane Sim</p>
<p>Recommendation h: The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 22).</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>This was previously identified as a recommendation in the June 2021 inspection report for Clinic 45.</p>	<p>Clinic 45 endeavours to improve audits and documents:</p> <ul style="list-style-type: none"> -Clinical records and documentation -Informed consent -Medicines/prescribing -Infection control -Complications/adverse events -Staff training 	<p>On Going</p>	<p>Diane Sim</p>
<p>Recommendation i: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>Clinic 45 endeavours to aim to develop a quality improvement plan for the clinic which will be visible to staff. We are currently working on a template.</p>	<p>On going</p>	<p>Diane Sim</p>
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<p>Recommendation j: The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 22).</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>Clinic 45 takes this recommendation on board and will develop a formal continuity plan. This has been highlighted during our recent inspection and advice of closure. We are currently working on a template. This will be accessible to all staff.</p>	<p>On Going</p>	<p>Daine Sim</p>
<p>Recommendation k: The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records (see page 26).</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>The service is currently undertaking an upgrade in patient information/consent and consent to share information with GP will be incorporated into this process.</p>	<p>On Going</p>	<p>Diane Sim</p>
<p>Recommendation l: The service should develop more detailed cleaning checklists that cover the entire clinic (see page 26).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>Cleaning checklist for all non-medical staff are being established and implemented.</p>	<p>On Going</p>	<p>Diane Sim</p>

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organisation providing my care and support. Statement 4.19			
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Name	Diane Sim		
Designation	Registered Healthcare Professional		
Signature	Diane Sim	Date	29/03/2026

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 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.

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