

## Action Plan

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| Service Name:              | Face Factor Aesthetics                  |
| Service number:            | 01251                                   |
| Service Provider:          | Skintech Aesthetics and Medispa Limited |
| Address:                   | 13 Milburn Street, Aberdeen, AB11 6SS   |
| Date Inspection Concluded: | 13 February 2026                        |

| Requirements and Recommendations   | Action Planned  | Timescale   | Responsible Person |
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| <p><b>Requirement 1:</b> The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration (see page 27).</p> <p>Timescale – immediate</p> <p><i>Section 10Q(5)<br/>NHS (Scotland) Act 1978</i></p> | <p>The Healthcare Improvement Scotland Registration Certificate has been installed within the Reception Area of the clinic.</p> | <p>Done</p> | <p>JM</p>          |

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| <p><b>Requirement 2:</b> The provider must produce and publish a duty of candour report every year even when no duty of candour incidents occurs in the service and update its policy to include this (see page 27).</p> <p>Timescale – by Immediate</p> <p><i>Regulation 5(2)<br/>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> <p>This was previously identified as a requirement in the February 2022 and March 2024 inspection report for Face Factor Aesthetics</p> | <p>There is a dedicate webpage for Duty of Candour which details what it is, when it applies, and our commitment. The latest Annual Report is also attached.</p> <p>For further details please see <a href="https://www.facefactoraesthetics.co.uk/dutyofcandour">https://www.facefactoraesthetics.co.uk/dutyofcandour</a></p> <p>There is also a policy on Duty of Candour. This can be seen in 4.3 of the Policy Handbook.</p>  | Done | JM |
| <p><b>Requirement 3:</b> The provider must update the complaints policy to make it clear the timescales for dealing with a complaint and that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (See page 27).</p> <p><i>Regulation 15<br/>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>  | <p>The complaints policy has been updated – please see section 4.4 ‘Complaints’ in the Policy Handbook.</p> <p>Please also see 4.4.1 ‘Complaints &amp; Feedback Form’. The timescales for handling complaints are detailed within ‘How we handle your complaints’ section of this form. Complaints are acknowledged within 3 days and a full response provided within a maximum of 20 days. Confirmation that patients can refer a complaint to HIS is also detailed within the section ‘Escalation Options’.</p> | Done | JM |

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| <p><b>Requirement 4:</b> The provider must develop effective systems that demonstrate the proactive management of risk (see page 29).</p> <p>Timescale – 20 March 2026</p> <p><i>Regulation 13(2)(a)<br/>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p> | <p>We have created a Risk Management Policy – this can be seen in section 4.1 ‘Risk Management’ of the Policy Handbook.</p> <p>A Risk Assessment has also been performed – see 4.4.1. This will assessment will be performed on atleast an annual basis. This Risk assessment identified the highest risks (based on likelihood and impact) and identified any missing controls or further actions required. Several of these actions identified pertain to performing routine audits which are underway.</p> | <p>Done</p> | <p>JM</p> |
| <p><b>Requirement 5:</b> The provider must ensure that a system is in place to ensure that portable appliances are safe to use (see page 29).</p> <p>Timescale – by 20 March 2026</p> <p><i>Regulation 3(a)<br/>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the March 2024 inspection reports for Face Factor Aesthetics.</p>            | <p>An annual PAT test will be performed over all portable appliance to ensure safety. The most recent PAT test was performed in Feb 2026 and the PAT Test Certificate was sent to HIS Inspector on 18<sup>th</sup> Feb</p>  | <p>Done</p> | <p>JM</p> |

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| <p><b>Requirement 6:</b> The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional (see page 34).</p> <p>Timescale – by 20 March 2026</p> <p><i>Regulation 4(1)<br/>The Healthcare Improvement Scotland<br/>(Requirements as to Independent Health<br/>Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p> | <p>Updated consultation , consent, treatment note templates</p> <p>We have created dedicated policies on Patient Consultations and Record Keeping – see 1.2 ‘Patient Assessment &amp; Consultation’ and 1.3 ‘Record Keeping’ within the Policy Handbook for further details.</p> <p>A standardised template for Patient Consultation has been created for new and return patients – these contain details on outcome of consultation and assessment.</p> <p>A Consent Form has been created for both Anti-wrinkle and Dermal filler procedures. Within these forms are pre and aftercare advice.</p> | <p>Done</p>               | <p>JM</p> |
| <p><b>Requirement 7:</b> The provider must ensure that patient care records set out how patients’ health, safety and welfare needs will be met. As a minimum, this must the date and time at which any medication is administered or otherwise disposed of, including the batch number (see page 34).</p> <p>Timescale – by 20 March</p> <p><i>Regulation 4(2)(d)<br/>The Healthcare Improvement Scotland</i></p>  | <p>A Treatment Form has been designed. Within this form, details of the patient treatment are recorded and this extends to details of the date and time and medication administered (including batch number and expiry date).</p>  | <p>immediate</p>          | <p>JM</p> |
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| <p><i>(Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p>   |  |             |           |
| <p><b>Requirement 8:</b> The provider must ensure that, when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 34).</p> <p>Timescale – by 20 March 2026</p> <p><i>Regulation 3(d)(iv)<br/>The Healthcare Improvement Scotland<br/>(Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p> | <p>A dedicated policy has been created on Medicine Management – see 2.2 of Policy Handbook. This includes details of medicine governance across all medicines administered.</p> <p>In addition, a specific policy relating to Unlicensed Medicines has been produced – see 2.3 ‘Unlicensed Medicines’ in the Policy Handbook. It details the medicine governance related to unlicensed medicines, documented rationale for use, and requirement of obtaining informed patient consent.</p> | <p>Done</p> | <p>JM</p> |

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| <p><b>Requirement 9:</b> The provider must ensure that any stock emergency medication that it holds can be prescribed to individual patients (see page 34).</p> <p>Timescale – by 20 March 2026</p> <p><i>Regulation 3(d)(iv)<br/>The Healthcare Improvement Scotland<br/>(Requirements as to Independent Health<br/>Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p> | <p>A Stock control audit template has been created and implemented – see Appendix 2.2.1. Any emergency medication can be prescribed to individual patients when required.</p>                             | <p>Done</p> | <p>JM</p> |
| <p><b>Requirement 10:</b> The provider must ensure there is an effective system in place to monitor and audit medicines that are held in stock to ensure that expiry dates for these medicines remain in-date (see page 35).</p> <p>Timescale – 20 March 2026</p> <p><i>Regulation 3(d)(iv)<br/>The Healthcare Improvement Scotland<br/>(Requirements as to Independent Health<br/>Care Services) Regulations 2011</i></p>   | <p>A Stock Control audit template has been created – see Appendix 2.2.1. In addition to recording the quantity and batch numbers for all medicines, the expiry dates are also recorded and monitored.</p> | <p>Done</p> | <p>JM</p> |

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| <p><b>Requirement 11:</b> The provider must have a Standard Operating Procedure for patients prescribed weight loss injections, that is aligned with the national guidance (see page 35).</p> <p>Timescale – 20 March 2026</p> <p><i>Regulation 3(a)<br/>The Healthcare Improvement Scotland<br/>(Requirements as to Independent Health<br/>Care Services) Regulations 2011</i></p> | <p>Although our provision of weight loss injections are currently in accordance with national guidance within the Clinical Knowledge Summary (CKS) issued by the National Institute for Health and Care Excellence (NICE), as-well as Medicine Manuals, we are currently documenting this within a Standard Operating Procedure.</p>                        | <p>30<sup>th</sup> April<br/>2026</p> | <p>JM</p> |
| <p><b>Recommendation a:</b> The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 23).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>                                 | <p>See Quality Improvement Plan (QIP) Policy within section 4.6 of the Policy Handbook.</p> <p>See Quality Improvement Plan Template within Appendix 4.6.1. This is currently being performed.</p> <p>These detail the objectives, issues, identification of improvements which will drive appropriate monitoring of key performance indicators (KPIs).</p> | <p>15<sup>th</sup> May<br/>2026</p>   | <p>JM</p> |
| <p><b>Recommendation b:</b> The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 25).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support.</p>   | <p>See Complaints Policy in section 4.4 of the Policy Handbook.</p> <p>See Complaints and Feedback Form in Appendix 4.4.1</p>   | <p>Done</p>                           | <p>JM</p> |
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| <p>Statement 4.8<br/>This was previously identified as a recommendation in the March 2024 inspection report for Face Factor Aesthetics.</p>  |   |                                 |           |
| <p><b>Recommendation c:</b> The service should ensure that information on how to make a complaint is displayed in the service and on its website (see page 27).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support.<br/>Statement 4.20</p>  | <p>The Complaints and Feedback Form are available at the Reception.</p> <p>Additionally, we are updating our website to provide details to patients on how to make a complaint.</p>   | <p>15<sup>th</sup> May 2026</p> | <p>JM</p> |
| <p><b>Recommendation d:</b> The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to take account of and reflect current legislation and best practice guidance and reflect the service provided (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.<br/>Statement 4.11</p> <p>This was previously identified as a recommendation in the February and March 2024 inspection report for Face Factor Aesthetics</p> | <p>See 'Policy Governance' Policy – section 6 of the Policy Handbook. This details the approach to reviewing and updating policies. The last review of all policies was 15/02/2026 as indicated within the front page of the Policy Handbook. The next review will be 15/02/2027 or prior to then dependent on any significant changes or updates required.</p> | <p>Done</p>                     | <p>JM</p> |

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| <p><b>Recommendation e:</b> The service should develop an accidents, incidents and adverse events policy which details how the service will deal with accidents, incidents and adverse events (see page 28).</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>See Risk Management Policy (section 4.1 of Policy Handbook)</p> <p>See Incident Reporting Policy (section 4.2 of Policy Handbook).</p>                   | <p>Done</p>                     | <p>JM</p> |
| <p><b>Recommendation f:</b> The service should develop a system of mandatory training to complete and retain evidence of training undertaken. This should include training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection) (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p> | <p>See Training &amp; Competency Policy (section 5.3 of Policy Handbook).</p> <p>We are currently updating the CPD/Training Log (template as per 5.3.1)</p> | <p>15<sup>th</sup> May 2026</p> | <p>JM</p> |

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| <p><b>Recommendation g:</b> The service should further develop its emergency arrangements policy to reflect how it will care for patients in the event of all common medical emergencies, including unresponsive patients (see page 28).</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 February 2022 and February 2024 inspection reports for Face Factor Aesthetics.</p>                       | <p>See Adverse Events and Emergencies Policy in section 4.1 in the Policy Handbook.</p>  | <p>Done</p> | <p>JM</p>                 |
| <p><b>Recommendation h:</b> The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented and improvement action plans implemented (see page 29).</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</p> | <p>Several audits have been created and will be routinely performed. These include:</p> <ul style="list-style-type: none"> <li>- Stock Control &amp; Expiry Date (Appendix 2.2.1)</li> <li>- Cold Chain Fridge Temp Log (2.4.1)</li> <li>- Cleanliness Audit (3.2.1)</li> <li>- Risk Register &amp; Assessment (4.1.1)</li> <li>- Sharps Management (4.5.1)</li> <li>- Infection Prevention &amp; Control (4.5.2)</li> <li>- Record Keeping &amp; Consent (4.5.3)</li> <li>- Emergency Preparedness (4.5.4)</li> </ul> <p>NB – several of these audits are still underway.</p> | <p>Done</p> | <p>JM</p>                 |
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| <p>recommendation in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p>   |  |             |           |
| <p><b>Recommendation i:</b> The service should develop a quality improvement plan (see page 29).</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 March 2024 inspection report for Face Factor Aesthetics.</p>   | <p>See Quality Improvement Plan (QIP) in section 4.6 of the Policy Handbook.</p> <p>See also Quality Improvement Plan Template in Appendix 4.6.1. This is currently being assessed and documented.</p> | <p>Done</p> | <p>JM</p> |
| <p><b>Recommendation j:</b> The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 30).</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>This was previously identified as a recommendation in the March 2024 inspection report for Face Factor Aesthetics.</p> | <p>See Business Continuity Plan (BCP) in section 4.7 of the Policy Handbook.</p>   | <p>Done</p> | <p>JM</p> |

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| <p><b>Recommendation k:</b> The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 35). Health and Social Care Standards:</p> <p>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 March 2024 inspection report for Face Factor Aesthetics.</p>  | <p>This has been submitted on 09/04/2026</p>          | <p>Done</p>                     |  |
| <p><b>Recommendation I:</b> The service should ensure that consent to share information with GPs and other relevant healthcare professionals or emergency contacts is documented in the patient care records. If the patient refuses to consent to it, this should be documented (see page 35).</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 was previously identified as a recommendation in the February 2022 and February 2024 inspection reports for Face Factor Aesthetics.</p> | <p>This will be included within the Consent Forms</p> | <p>16<sup>th</sup> May 2026</p> |  |

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| <p><b>Recommendation m:</b> The service should review its documentation to ensure consent to treatment is clearly recorded (see page 35).</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>This was previously identified as a recommendation in the February 2022 and February 2024 inspection reports for Face Factor Aesthetics.</p>            | <p>See Consent Policy (section 1.1 on Policy Handbook)</p> <p>See also Consent Form – Dermal Fillers Procedures</p> <p>See also Consent Form – Anti-wrinkle Procedures</p> | <p>Done</p> |  |
| <p><b>Recommendation n:</b> The service should have appropriate equipment to make up and store the correct dilution of cleaning solution (see page 35).</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>This was previously identified as a recommendation in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p> | <p>See Cleaning &amp; Decontamination Policy (section 3.2 of Policy Handbook)</p>  | <p>Done</p> |  |

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| <p><b>Recommendation o:</b> The service should develop a checklist to capture the regular cleaning of the clinic (see page 35).</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>This was previously identified as a recommendation in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.</p> | <p>See Cleaning Schedule (appendix 3.2.1)</p> <p>See Cleaning Audit Template (3.2.2)</p> | <p>Done</p> |  |
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| Name        | Josenhine Ma    |                    |
| Designation | Clinic director |                    |
| Signature   | JM              | Date 12 / 04 /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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