

## Action Plan

Service Name:	Sakura Aesthetics Clinic
Service number:	02023
Service Provider:	HH Salons Ltd
Address:	135 Cumbernauld Road, Stepps Glasgow, G33 6EY
Date Inspection Concluded:	21/06/2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1.</b> The provider must ensure appropriate governance and oversight of activities in the registered premises, including implementing appropriate governance arrangements for individuals working under a practicing privileges agreement (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>A formal governance framework has been implemented, including documented governance arrangements for all practitioners working under practising privileges. Roles, responsibilities, oversight arrangements, governance meetings and compliance monitoring have been introduced and recorded.</p>	<p>Immediate</p>	<p>Registered Manager</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 7	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Requirement 2.</b> The provider must ensure that the manager has access to all patient care records at all times:</p> <ul style="list-style-type: none"> <li>a) so that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection</li> <li>b) in case of an emergency, and</li> <li>c) for auditing purposes (see page 12).</li> </ul> <p>Timescale – immediate</p> <p><i>Regulation 5(2)(a) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> <p><i>Regulation 4(3)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>The clinic manager now has unrestricted access to all patient care records. Record storage and access arrangements have been revised to ensure records are available for inspection, emergencies and routine audit. A regular records audit schedule has been introduced.</p>	<p>Immediate</p>	<p>Registered Manager</p>
<p><b>Requirement 3.</b> The provider must ensure that:</p> <ul style="list-style-type: none"> <li>a) patients’ next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented, and</li> <li>b) the provision of aftercare information is documented (see page 20).</li> </ul>	<p>Patient documentation has been updated to include mandatory next of kin/emergency contact fields and documentation of aftercare advice provided. Staff have been briefed and patient record audits will monitor ongoing compliance.</p>	<p>Immediate</p>	<p>Registered Manager</p>
<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>		<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 7</p>		<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</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>			
---	--	--	--

<b>Requirements and Recommendations</b>	<b>Action Planned</b>	<b>Timescale</b>	<b>Responsible Person</b>
<p><b>Recommendation a.</b> The service should: a) develop key performance indicators, and b) formalise a process for evaluating the service against them (see page 10).</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>Develop and implement key performance indicators (KPIs) covering patient safety, patient satisfaction, complaints, audit completion and training compliance. Review monthly at governance meetings.</p>	<p>Within 3 months</p>	<p>Registered Manager</p>
<p><b>Recommendation b.</b> The service should introduce formal staff meetings. These should be documented, and include any actions identified and those responsible for taking the actions forward (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>Introduce monthly documented staff meetings with agendas, minutes, actions and follow-up review.</p>	<p>Immediate and ongoing</p>	<p>Registered Manager</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 7	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Recommendation c.</b> The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service (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 4.8</p>	<p>Implement a patient feedback process using questionnaires and online reviews. Analyse trends quarterly and use findings within the quality improvement programme.</p>	<p>Within 2 months</p>	<p>Registered Manager</p>
<p><b>Recommendation d.</b> The service should:</p> <p>a) further develop the mandatory training list to include relevant clinical governance training to ensure patient safety, and</p> <p>b) monitor and document the completion of all training and education carried out by staff (see page 16).</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>Expand the mandatory training matrix to include clinical governance, record keeping, consent, safeguarding and incident reporting. Maintain a training matrix and monitor completion.</p>	<p>Within 3 months</p>	<p>Registered Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:4 of 7</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation e.</b> The service should complete and document risk assessments to ensure risks to patients and staff have been identified and managed (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 4.11</p>	<p>Complete and document environmental, clinical and operational risk assessments with annual review or sooner if risks change.</p>	<p>Within 2 months</p>	<p>Registered Manager</p>
<p><b>Recommendation f.</b> The service should develop a programme of regular audits to cover key aspects of care and treatment such as of the clinic environment, medicines management and patient care records. Audits must be documented and improvement action plans implemented (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>Introduce a rolling annual audit programme covering patient records, medicines management, infection prevention, environment and consent. Action plans will be completed following each audit.</p>	<p>Within 3 months</p>	<p>Registered Manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:5 of 7</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p><b>Recommendation g.</b> 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 organisation providing my care and support. Statement 4.19</p>	<p>Develop a Quality Improvement Plan with measurable objectives, review dates and evidence of completed improvements. Progress will be reviewed quarterly.</p>	<p>Within 3 months</p>	<p>Registered Manager</p>
---	---	------------------------	---------------------------

Name	<input type="text"/>	
Designation	<input type="text"/>	
Signature	<input type="text"/>	
Date	<input type="text" value="/ /"/>	

**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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:6 of 7	Review Date:
Circulation type (internal/external): Internal/External		

- **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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:7 of 7	Review Date:
Circulation type (internal/external): Internal/External		