Action Plan

Service Name:	Ardcroft Medical Clinic
Service number:	01873
Service Provider:	Gillian Bruce
Address:	21 Main Street, Bothwell, Glasgow, G71 8RD
Date Inspection Concluded:	25 June 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1. The provider must ensure appropriate governance and oversight of all activities in the registered premises, including implementing appropriate governance arrangements by developing a clinical governance policy and further developing its practicing privileges policy for individuals working under a practicing privileges agreement as part of Ardcroft Medical Clinic (see page 22). Timescale – immediate *Regulation 13(1) and 13(2)(a)(b)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure appropriate governance and oversight of all activities within the registered premises. Immediate actions have been taken to meet Regulation 13(1) and 13(2)(a)(b)(c). **1. Clinical Governance Policy** A comprehensive **Clinical Governance Policy** has now been developed and implemented. This policy outlines: • governance structure and lines of accountability • roles and responsibilities of the service manager and all clinicians	Actioned & ongoing quarterly	Medical Director

	• systems for risk management, incident reporting, audit, patient feedback, and quality improvement • arrangements for safe medicines management, documentation standards, and compliance with HIS regulations This policy is now active and forms part of staff induction, ongoing supervision, and annual review. **2. Practising Privileges Policy (Updated and Expanded)** The **Practising Privileges Policy** has been fully revised to reflect HIS expectations and now includes: • clear governance arrangements for all clinicians working under practising privileges • defined roles, responsibilities, and reporting lines • requirements for documentation, audit participation, incident reporting, and compliance with clinic policies • mandatory access to patient records for governance, audit, adverse events, and HIS inspection • performance review and appraisal requirements		

	• processes for onboarding, monitoring, and renewal of practising privileges All clinicians working under practising privileges have been issued updated contracts and agreements aligned with this policy. **3. Oversight and Monitoring Systems** To ensure ongoing compliance: • A **formal governance meeting schedule** has been introduced (quarterly), with documented minutes and action logs. • A **risk register** and **audit programme** are now in place to monitor safety, documentation, medicines management, and practising-privilege activity. • All governance documents are subject to scheduled review and version control. **4. Immediate Compliance** All required governance arrangements are now implemented. Updated policies and supporting documentation are available for review by Healthcare Improvement Scotland.		

Requirement 2. The provider must ensure that registered healthcare professionals working in the service have a practicing privileges agreement, are employed by the service or register their own service with Healthcare Improvement Scotland (see page 22). Timescale – immediate *Regulation 1(2)(e)(3)* The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	Ardcroft Medical Clinic acknowledges the requirement to ensure that all registered healthcare professionals working within the service either: • hold a practising privileges agreement with the clinic, • are employed by the service, or • are registered independently with Healthcare Improvement Scotland. **1. Current Staffing Model** At present, Ardcroft Medical Clinic does **not employ any staff**. All clinical activity is delivered either directly by the provider or by a small number of clinicians who rent rooms and work under practising privileges agreements. To strengthen governance and ensure compliance with Regulation 1(2)(e)(3), the number of clinicians working under practising privileges has been reduced**,** allowing for closer oversight and more robust monitoring. **2. Updated Practising Privileges Agreements** All clinicians currently working under practising privileges have been issued **updated practising privileges contracts**, which now include:	Actioned	Medical Director

	• mandatory quarterly sharing of clinic notes for audit and governance review • clear expectations for documentation standards, incident reporting and compliance with clinic policies • confirmation of professional registration, indemnity insurance and scope of practice • agreement to participate in governance processes, including audits and performance review • requirement to provide full access to patient records for HIS inspection, emergency access and routine audit These updated agreements ensure that all clinicians practising within Ardcroft Medical Clinic meet the regulatory requirement to work under a formal, compliant practising privileges arrangement. **3. Registration Status** All clinicians delivering care within the clinic are: • registered healthcare professionals, and • working under a valid practising privileges agreement that meets HIS expectations. No clinician is delivering care without an appropriate contractual or regulatory arrangement.		

Requirement 3. The provider must operate within its conditions of registration, as stated on its certificate of registration, at all times. If it intends to do anything that is not covered under its conditions of registration, this must first be subject to an application to vary the conditions of registration to Healthcare Improvement Scotland (see page 28). Timescale – immediate *Regulation 8(1)(c)* *The Healthcare Improvement Scotland (Applications and Registrations) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that all registered healthcare professionals working within the service either hold a practising privileges agreement, are employed by the service, or are registered independently with Healthcare Improvement Scotland. **1. Staffing Model and Immediate Actions** The clinic does **not employ any staff**. All clinical activity is delivered either directly by the provider or by clinicians working under practising privileges agreements. Following the inspection, practising privileges contracts were **terminated for three GMC-registered clinicians**. These clinicians were operating under a third-party clinic that was in the process of applying for an Independent Medical Agency (IMA) licence from the same address. The IMA model is specific to remote prescribing, and the arrangement created governance challenges that could not be safely resolved. **2. Governance Concerns Identified** During post-inspection review, it became clear that: • The clinicians were prescribing on behalf of a pharmaceutical company who acted as the **data controller**, meaning access to patient	Actioned	Medical Director

	records was restricted and could not be accessible for audit, emergency access or HIS inspection. • It was also identified that **Schedule 4 controlled drugs** were being prescribed. • The provider was **not aware** of this prescribing activity, and it did not align with the clinic's governance framework or conditions of registration. These issues represented significant governance risks and were incompatible with the requirements of Regulation 1(2)(e)(3). **3. Immediate Termination of Practising Privileges** Once these concerns were identified, all three practising privileges contracts were **terminated with immediate effect**. This ensured that no clinician was delivering care within Ardcroft Medical Clinic without appropriate governance oversight, access to records, or compliance with HIS expectations. **4. Strengthened Practising Privileges Arrangements** To ensure full compliance going forward: • The number of clinicians working under practising privileges has been **reduced** to allow closer oversight.		

	• The practising privileges contract has been **updated** to include mandatory quarterly sharing of clinic notes for audit and governance review. • All remaining clinicians now work under a compliant practising privileges agreement that ensures full access to patient records, adherence to clinic policies, and alignment with HIS regulations. **5.** Following the inspection, Ardcroft Medical Clinic submitted formal variation requests to Healthcare Improvement Scotland to extend its conditions of registration. These variations cover the provision of services for patients aged 14 years and above, specifically for acne skin care, foot care treatments, and cryotherapy. These applications ensure that all services delivered to young people are fully aligned with regulatory requirements and reflect the clinic's commitment to safe, person-centred care within an appropriate governance framework. **6. Compliance Statement** Ardcroft Medical Clinic now meets the requirements of Regulation 1(2)(e)(3). No clinician is delivering care within the service without an appropriate practising privileges agreement or regulatory arrangement. Updated contracts and governance documentation are		

	available for review by Healthcare Improvement Scotland.		
Requirement 4. The provider must update the complaints policy to make it clear that patients can refer to Healthcare Improvement Scotland at any stage of the complaints process, and detail persons responsible for investigating complaints with associated timeframes (see page 28). Timescale – immediate *Regulation 15(4)(6)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that the complaints policy clearly states that patients can contact Healthcare Improvement Scotland at **any stage** of the complaints process. The clinic has had the **same complaints procedure for the past five years**, and on **three separate site visits** this procedure has been reviewed and deemed satisfactory by inspectors. However, following the most recent inspection, the wording within the policy has been updated to fully align with current HIS expectations. Previously, the policy stated that *"patients can escalate their complaint to Healthcare Improvement Scotland if they feel unsatisfied with how their complaint is managed."* This has now been amended to reflect the correct process: **Patients can contact Healthcare Improvement Scotland at any time during the complaints process, regardless of whether they have raised the matter with the clinic first.**	Actioned	Medical Director

Requirement 5. The provider must ensure that any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out. Signed agreements or contracts must be in place (see page 28). Timescale – immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that all staff working in the service, including those working under practising privileges, are safely recruited and that ongoing checks are consistently carried out. **1. Previous Recruitment and Verification Process** Before any clinician was granted practising privileges, the clinic carried out a series of initial checks, including: • verification of professional registration (NMC/GMC) • confirmation of indemnity insurance • photographic ID • qualification checks • reference checks (with one written reference and, on occasion, verbal references accepted) In addition, **six-monthly NMC/GMC registration checks** were routinely completed for all clinicians working under practising privileges. **2. Strengthened Recruitment & Governance Following Inspection** Following the inspection, the practising privileges process has been further strengthened to ensure full compliance with Regulation 8(1). The updated process now includes:	Actioned & ongoing	Medical Director

	• completion and documentation of **all recruitment checks** before practising privileges are granted • mandatory **written references only**, with verbal references no longer accepted • full verification of qualifications, insurance, identity and scope of practice • signed practising privileges agreements for all clinicians • quarterly sharing of clinic notes for audit and governance review • mandatory participation in governance meetings and audit activity **3. Ongoing Monitoring & Appraisal** All clinicians working under practising privileges will now undergo **regular, documented appraisals**, which will include: • review of CPD and training • confirmation of continued registration and insurance • assessment of compliance with clinic policies, documentation standards and governance requirements **4. Non-Compliance** Any failure to meet recruitment requirements, maintain ongoing compliance, or		

	adhere to practising privileges conditions will result in **immediate termination** of practising privileges.		
Requirement 6. The provider must ensure that each person employed in the provision of the independent healthcare service receives regular performance reviews and appraisals to make sure that their job performance is documented and evaluated. This should also include staff receiving opportunities for learning and development relevant to their roles (see page 29). Timescale – immediate *Regulation 12(c)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that all individuals working within the service, including those working under practising privileges, receive regular performance reviews and appraisals with documented evaluation of their job performance and opportunities for learning and development. **1. Previous Approach** Historically clinicians working under practising privileges were monitored through initial recruitment checks and six-monthly verification of NMC/GMC registration. While this provided assurance of professional status, the clinic recognises that a more structured appraisal process is required to meet HIS expectations. **2. Strengthened Governance Following Inspection** To ensure full compliance with Regulation 12(c)(i), the clinic has significantly strengthened its oversight arrangements. The number of clinicians working under practising privileges has been **reduced**, allowing for closer governance and improved compliance with HIS requirements.	Ongoing	Medical Director

	3. Introduction of Quarterly Appraisals All clinicians currently working under practising privileges will now receive **formal quarterly appraisals**, which will include: • documented review of job performance • confirmation of continued professional registration and indemnity insurance • assessment of compliance with clinic policies, documentation standards and audit requirements • review of CPD, training and learning needs relevant to their role • identification of any required support, development or corrective action These appraisals will be recorded, stored securely and reviewed as part of the clinic's governance framework. **4. Non-Compliance** Any failure by practising-privilege clinicians to meet appraisal requirements, maintain CPD, complete mandatory checks or comply with clinic policies will result in **immediate termination of practising privileges**.		

Requirement 7. The provider must ensure that its medicines management policy accurately reflects how the service is delivered, including details of all in-person and remote prescribing carried out in the service (see page 29). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that its medicines management policy accurately reflects how the service is delivered, including all in-person and remote prescribing activity. Following the inspection, the medicines management policy has been **fully updated** to ensure it is accurate, comprehensive and aligned with current HIS expectations. The revised policy now clearly outlines: • all medicines used within the clinic • the processes for in-person prescribing and administration • the governance arrangements for remote prescribing • documentation standards, including batch numbers, expiry dates and treatment records • responsibilities of all prescribing clinicians working under practising privileges • adherence to manufacturer guidance and national prescribing standards • arrangements for audit, monitoring and incident reporting The updated policy now reflects the actual delivery model of the service and incorporates strengthened governance processes introduced after the inspection.	Actioned	Medical Director

	It is active, in use, and available for review by Healthcare Improvement Scotland.		
Requirement 8. The provider must follow national weight management guidance and the following must be clearly documented in the patient care record for patients attending the service in person and also for remote consultations and treatments: a. *steps taken to confirm the stated weight and body mass index is accurate* b. *treatment plans, including discussions of weight goals or target body mass index, permission to share this information with the patients' GP's and follow up and monitoring, and* c. *a record of the information and advice provided to the patient, including dietary, physical and lifestyle advice (see page 35).* Timescale – immediate *Regulation 3(a)(d)(iv)*	Ardcroft Medical Clinic acknowledges the requirement to ensure that national weight-management guidance is followed and that all relevant information is clearly documented in patient care records for both in-person and remote consultations. **1. Baseline Clinical Measurements** At the initial consultation, all weight-management patients receive a full set of baseline measurements, including: • blood pressure • weight • BMI • waist circumference These measurements are recorded in the patient care record and used to inform safe prescribing and treatment planning. **2. Medical History and Medication Review** A full **medical history** and **current medication list** are confirmed during the initial consultation. This information is then **reviewed at every monthly follow-up**, ensuring that any changes in health status	Actioned	Medical Director

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	or prescribed medicines are identified and documented before issuing further treatment. This supports safe prescribing and aligns with national guidance. **3. Ongoing Monitoring** Weight is re-measured **monthly** prior to issuing any repeat prescriptions. This ensures accuracy of BMI calculations and supports safe continuation of treatment. **4. Lifestyle, Diet and Fluids Advice** Dietary, hydration and lifestyle advice is discussed at **every consultation**, with more detailed guidance provided during the initial appointment. Following the inspection, patients are now **formally signposted to NHS-approved diet and lifestyle resources**, ensuring access to evidence-based support. This is documented in the patient record. **5. GP Communication and Consent** Patients are asked whether they wish their GP to be updated about their GLP-1 treatment, and their preference is documented. • For patients who consent, a **standardised GP notification letter** is provided. • This supports continuity of care and ensures safe information-sharing.		

	6. Updated CPD on GLP-1 Prescribing Following the inspection, the provider has completed **updated NHS CPD training on GLP-1 prescribing**, ensuring that all prescribing practice reflects current national guidance, safety standards and best practice recommendations. **7. Prescribing Model – No Remote GLP-1 Prescribing** Following termination of practising privileges for the GMC clinicians involved in remote prescribing, **there is now no remote prescribing of GLP-1 medications within the service**. All GLP-1 patients are **seen face-to-face** for assessment, monitoring and prescribing. On rare occasions, remote prescribing may be used to accommodate patient work schedules, but this applies to **very few patients** and is fully documented, with all required clinical information confirmed prior to prescribing.		

Requirement 9. The provider must ensure that the service manager has access to all patient care records at all times: a. *so that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection* b. *in case of an emergency, and* c. *for auditing purposes (see page 35).* Timescale – immediate *Regulation 4(3)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that the service manager has access to all patient care records at all times for inspection, emergency access and audit purposes. Following the inspection, practising-privilege contracts were **terminated for clinicians who were unable or unwilling to provide full access to clinical notes**. This action ensures that no clinician can work within the service without meeting the mandatory requirement for record accessibility. All remaining clinicians have now signed **updated practising-privilege contracts**, which clearly state that: • clinical notes must be made available upon request at any time • records must be provided for routine audits, significant events, complaints investigations and HIS inspections • failure to provide complete and timely access to clinical notes will result in **immediate termination** of the practising-privilege agreement These strengthened contractual requirements ensure that the service manager has unrestricted access to all patient care records for: a. authorised inspection by	Actioned	Medical Director

	Healthcare Improvement Scotland b. emergency situations requiring immediate review of patient information c. routine and responsive audit activity		
Requirement 10. The provider must ensure patient care records are available and that a record is made on the patient care record as closely as possible to the time of the relevant event, setting out how patients' health and safety needs will be met. As a minimum this must include: a. *the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the healthcare professional* b. *the outcome of that consultation or examination, and* c. *details of every treatment provided to the patients including the place, date and time that treatment was provided and the name of the healthcare*	Ardcroft Medical Clinic acknowledges the requirement to ensure that patient care records are available and that all consultations, examinations and treatments are documented as closely as possible to the time of the relevant event. **1. Current Practice Within the Clinic** For all patients seen directly by the provider, records are completed contemporaneously and include: • the **date and time** of every consultation or examination • the **name of the healthcare professional** • the **outcome** of the consultation or examination • full details of any **treatment provided**, including the place, date, time and clinician responsible	Actioned	Medical Director

professional responsible for providing it (see page 36). Timescale – immediate *Regulation 4(2)(a)(b)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	This has always been standard practice within the clinic. **2. Previous Limitation – Renter Notes** Historically, clinicians renting rooms under practising privileges maintained their own records. As the provider did not have access to these notes, it was not possible to verify whether their documentation met HIS standards. This limitation has now been fully addressed. **3. Strengthened Practising Privileges Governance** Practising-privilege contracts have been **terminated for any clinician unable or unwilling to provide full access to clinical notes**. All remaining clinicians have signed **updated practising-privilege agreements**, which require: • contemporaneous documentation of all consultations and treatments • full access to notes upon request • mandatory participation in audits, complaints investigations and significant-event reviews • immediate provision of records for HIS inspection or emergency access		

	Failure to provide complete and timely clinical notes will result in **immediate termination** of practising privileges.		
Requirement 11. The provider must ensure that all medicines are used in line with the manufacturer's guidance. The medicines policy must also be updated (see page 36). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Ardcroft Medical Clinic acknowledges the requirement to ensure that all medicines used within the service are administered, stored and prescribed strictly in line with manufacturer guidance, and that the medicines management policy accurately reflects this. The clinic's **medicines management policy has already been updated** following the inspection. The revised policy now clearly sets out: • adherence to manufacturer instructions for all medicines used within the clinic, including dermal fillers, botulinum toxin, skin boosters, vitamin B12 injections and GLP-1 medications • correct storage requirements, including refrigeration and temperature monitoring • documentation standards for batch numbers, expiry dates and administration details • safe disposal procedures for sharps and clinical waste	Actioned	Medical Director

	• strengthened audit processes for stock, expiry dates and emergency medicines • responsibilities of all clinicians working under practising privileges All medicines used within the clinic are now administered **strictly in accordance with manufacturer guidance**, and this is reinforced through updated governance processes, quarterly audits and strengthened practising-privilege agreements.		

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should ensure that information about the service's vision, purpose, values, aims and objectives are available to patients and staff (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Ardcroft Medical Clinic recognises the importance of ensuring that patients and staff have clear access to information about the service's vision, purpose, values, aims and objectives. In line with this recommendation, the clinic's **Vision & Values statement has now been added to the public website**, ensuring it is easily accessible to all patients, prospective service users and staff. This supports transparency, strengthens patient confidence and aligns with the Health and Social Care Standards by clearly communicating the ethos and expectations of the service.	Actioned	Medical Director

Recommendation b. The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Ardcroft Medical Clinic acknowledges the recommendation to develop and implement a process for regularly reviewing its vision, purpose, aims and objectives. To support this, the clinic has now established a **formal review process** that ensures these statements remain current, meaningful and reflective of how the service is delivered. The clinic's Vision & Values have been published on the website for patients and staff to access. Moving forward, these will be **reviewed annually as part of the clinic's governance cycle**, and also during any significant service changes, such as updates to registration, expansion of services or changes in practising-privilege arrangements. This review will assess whether the vision and aims continue to reflect the clinic's purpose, patient needs, regulatory expectations and operational practice. Outcomes of the review will be documented within the governance file, and any required updates will be made to the website, staff induction materials and practising-privilege documentation. This ensures that patients and staff have ongoing confidence in the organisation and that the clinic's values remain transparent, relevant and aligned with the Health and Social Care Standards.		

Recommendation c. The service should develop a structured programme of formal staff meetings. This should include staff with practicing privileges contracts. A record of discussions and decisions reached at these meetings should be kept and shared with staff. The minutes should detail staff responsible for taking forward any actions identified (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Ardcroft Medical Clinic acknowledges the recommendation to develop and implement a structured programme of formal staff meetings, including clinicians working under practising privileges. To strengthen governance and ensure consistent communication, the clinic has now introduced a **formal, structured programme of quarterly staff meetings**, aligned with the new three-monthly appraisal cycle. These meetings will include all clinicians working within the service, including those with practising-privilege contracts. Each meeting will follow a standard agenda covering: • service updates and governance requirements • review of policies, audits and significant events • discussion of clinical practice, documentation standards and medicines management • CPD, training needs and professional development • actions arising from appraisals or audits • any issues raised by staff or the service manager	Actioned	Medical Director

	A **written record of each meeting** will be produced, detailing: • key discussions • decisions made • actions identified • the staff member responsible for completing each action • agreed timescales Minutes will be shared with all staff and stored within the clinic's governance file to ensure transparency, accountability and continuity. This structured approach ensures that practising-privilege clinicians remain fully engaged with service governance and that the clinic continues to meet the Health and Social Care Standards.		
Recommendation d. The service should implement a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 25). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8.	Ardcroft Medical Clinic acknowledges the recommendation to implement a structured approach to gathering feedback and ensuring that this feedback informs service improvements and is shared with people using the service. Since the inspection, the clinic has strengthened its feedback processes and now follows a **formal,**	Actioned	Medical Director

	structured system for collecting, reviewing and acting on patient feedback. This includes: • **Monthly review of Google reviews**, with any themes, concerns or suggestions documented and actioned where appropriate. • **Documentation of verbal feedback** received during consultations, ensuring that informal comments are captured and considered. • **Recording of written feedback**, including emails or messages, within the governance file. • **Evidence collection** showing how feedback has been actioned, including changes made, improvements implemented and learning identified. Where feedback results in a service improvement, the clinic records: • the action taken • the staff member responsible • the timescale for completion • how the improvement will be communicated to patients Patients are informed of relevant changes through updates on the clinic website, during consultations, and through routine communication channels. This		

	ensures transparency and demonstrates how patient feedback directly influences service development.		
Recommendation e. The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made (see page 29). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Ardcroft Medical Clinic acknowledges the recommendation to strengthen its approach to reviewing policies and ensuring that updates are clearly documented. Historically, all clinic policies were reviewed **annually**, or sooner if there were changes to the service or the introduction of new treatments. While this provided regular oversight, the clinic recognises the need for a more formalised and clearly evidenced review process. Following the inspection, the clinic has now implemented a **structured policy review system**, which includes: • a documented review schedule confirming that all policies will be formally reviewed	Actioned	Medical Director

	every two years, in line with HIS expectations • additional reviews triggered by any significant service changes, new treatments, updated national guidance or regulatory recommendations • clear documentation showing when each policy has been reviewed, updated and approved • storage of all review records within the governance file to provide evidence of compliance during inspections This strengthened process ensures that policies remain current, accurate and reflective of how the service is delivered, while also demonstrating a clear audit trail of updates and improvements.		

Recommendation f. The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records. This should include patient care records of staff working under practicing privileges (see page 31). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Ardcroft Medical Clinic acknowledges the recommendation to strengthen governance around clinical documentation and ensure that patient notes are consistently reviewed and maintained to a high standard. Following the inspection, the clinic has now implemented a **quarterly audit plan** for clinical notes. This structured process ensures that: • all patient records are reviewed regularly • documentation is complete, contemporaneous and compliant with HIS standards • any gaps or areas for improvement are identified promptly • actions arising from audits are recorded, assigned to the responsible clinician and followed up within agreed timescales Audit outcomes are documented within the governance file and shared with relevant staff, including those working under practising privileges. This ensures transparency, accountability and continuous improvement in clinical record-keeping. If appropriate the audits will reduce to 6monthly. The introduction of a formal monthly audit plan strengthens the clinic's governance framework and	Actioned	Medical Director

	supports ongoing compliance with the Health and Social Care Standards.		
Recommendation g. The service should further develop its existing quality improvement plan to ensure that all improvement activity information is recorded on one document, this should include areas for improvement identified through patient feedback, audits, complaints, identified learning and from previous Healthcare Improvement Scotland inspections (see page 31). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Ardcroft Medical Clinic acknowledges the recommendation to further develop its quality improvement plan to ensure that all improvement activity is recorded within a single, structured document. Following the inspection, the clinic has now implemented a **formal, unified Quality Improvement Plan (QIP)**. This document brings together all sources of learning and improvement activity, including: • areas for improvement identified through **patient feedback** (verbal, written and Google reviews)	Actioned & Ongoing	Medical Director

	• findings from **monthly audits**, including documentation, medicines management and governance audits • outcomes from **complaints** and **significant events** • learning identified through **staff appraisals** and practising-privilege reviews • actions arising from **previous Healthcare Improvement Scotland inspections** All improvement actions are now recorded in one place, with clear details of: • the issue identified • the action required • the staff member responsible • the timescale for completion • evidence of completion • how the improvement will be communicated to patients or staff This structured approach ensures transparency, accountability and continuity across all areas of governance. The unified QIP is reviewed monthly as part of the clinic's governance cycle and updated whenever new learning or improvement activity occurs.		

Recommendation h. The service should ensure systems are in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles, good medical practice and good practice guidance for remote prescribing (see page 36). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	Ardcroft Medical Clinic acknowledges the recommendation; however, the clinicians previously working under practising-privilege contracts who were GMC-registered have now had their contracts **terminated**. As a result, this recommendation **no longer applies to those individuals**, as they are no longer part of the service. All current clinical staff are **NMC-registered**, and practising-privilege arrangements have been updated to reflect this. The strengthened governance processes now apply solely to NMC clinicians working within the service, ensuring full compliance with Healthcare Improvement Scotland requirements.	Actioned	Medical Director

Name Gillian Bruce

Designation Meical Director

Signature *Gillian Bruce* Date 23 / 08 /2026

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.