

Action Plan

Service Name:	Aesthetic Nurse's Clinic
Service number:	01593
Service Provider:	Kinga Gornicki
Address:	38 Granton Road, Edinburgh, EH5 3QS
Date Inspection Concluded:	03 September 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1. The provider must ensure that relevant treatment protocols and standard operating procedures are in place and followed for all treatments offered in the service to ensure safe delivery of care (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Create and maintain a folder of every treatment offered and a current treatment protocol/SOP for each treatment.</p> <p>Each protocol/SOP will include: patient assessment and suitability; indications/contraindications; consent; products/devices and preparation; infection prevention measures; treatment steps; management of expected adverse effects/complications and escalation; aftercare and follow-up; and record-keeping requirements.</p>	Immediate	Kinga Gornicki

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<p>Requirement 2. The provider must ensure that instructions for the administration of products and prescription-only medications are written in English and the provider is able to demonstrate where they had been purchased from (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Only use products and prescription-only medicines where administration/use instructions are available in English and the source of supply can be evidenced.</p> <p>Remove from clinical use any product that does not meet these requirements until compliant English documentation and purchase/supply evidence are available.</p> <p>Maintain a procurement/traceability record for products and medicines, with invoices/receipts or supplier records retained and linked to the product where appropriate (Online pharmacy accounts)</p>	<p>Immediate and ongoing</p>	<p>Kinga Gornicki</p>
<p>Requirement 3. 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 20).</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>Introduce a specific medicines governance process for any unlicensed medicine or off-label/unlicensed use of a licensed medicine.</p> <p>Before such use, document the clinical rationale and risk-benefit decision, ensure the prescribing/administration arrangements are appropriate, and provide the patient with clear information about the unlicensed/off-label use and available alternatives where relevant.</p>	<p>Immediate and ongoing</p>	<p>Kinga Gornicki</p>

Requirements and Recommendations	Action Planned	Timescale	
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			Responsible Person
<p>Recommendation a. The service should develop clear and measurable aims and objectives, along with key performance indicators that will help the service to measure these aims and objectives (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>Document the clinic's organisational values, clear aims and SMART objectives aligned to its stated vision of safe, ethical, evidence-based and patient-centred care.</p> <p>Introduce a KPI dashboard covering: patient feedback/satisfaction; complaints and incidents; treatment complications/adverse events; consent and clinical-record completeness; medicine and infection-control audit compliance; policy review completion; and required training/CPD.</p> <p>Set a target for each KPI and review performance at least quarterly. Record findings, actions, responsible role and completion date in the quality improvement plan.</p>	<p>Within 4 weeks; KPI review every 6 months</p>	<p>Kinga Gornicki</p>

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<p>Recommendation b. The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback and the patient participation policy should be updated to reflect this (see page 13).</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>Maintain a feedback and improvement log showing the issue/theme raised, decision/action taken, completion date and outcome.</p> <p>Add a 'You said - we did' section to the clinic feedback poster and/or website, including changes made as a result of feedback (or an explanation where no change is made). Review and refresh this information regularly</p>	<p>Within 4 weeks; update feedback information regularly thereafter</p>	<p>Kinga Gornicki</p>
<p>Recommendation c. The service should ensure that policies and procedures are regularly reviewed to ensure they remain up to date (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>Complete a review of all current policies/procedures and update any that are out of date or no longer reflect current practice.</p> <p>Set a routine review cycle of at least annually, and earlier following changes to legislation/guidance, service provision, products, incidents or identified risks. Keep superseded versions archived and the current version accessible.</p>	<p>Within 4 weeks for full review; at least annually and when changes occur thereafter</p>	<p>Kinga Gornicki</p>

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<p>Recommendation d. The service should ensure that the practitioner undertakes training in the duty of candour principles (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 4.4</p>	<p>Complete appropriate training on statutory duty of candour principles and retain evidence of completion in the CPD/training record.</p> <p>Review the clinic's duty of candour policy and annual reporting process after training to ensure the learning is reflected in practice, including recognition of a duty of candour event, communication with the patient, documentation and reporting responsibilities.</p>	<p>Within 4 weeks; refresher thereafter in line with training guidance.</p>	<p>Kinga Gornicki</p>
<p>Recommendation e. The service should ensure that the fire risk assessment is reviewed every year so that it remains up to date and reflects any changes in the environment (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.19</p>	<p>Review and update the clinic fire risk assessment now, recording the date of review and any actions required.</p> <p>Complete any identified fire-safety actions and retain evidence of completion.</p> <p>Schedule and document a formal review every 12 months and additionally after any significant change to the premises, equipment, working arrangements or fire risk</p>	<p>Immediate review; every 12 months and after significant change thereafter</p>	<p>Kinga Gornicki</p>

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<p>Recommendation f. The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading (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 4.14</p>	<p>Produce a formal business continuity plan covering both temporary closure and permanent cessation of trading.</p> <p>The plan will set out how patients will be contacted; how urgent aftercare, complications and follow-up will be managed; how alternative/referral arrangements will be made; how clinical records and confidential information will remain accessible and secure; and how key suppliers, utilities/IT, medicines and emergency contacts will be managed.</p>	<p>Within 4 weeks; review annually and after activation/significant change</p>	<p>Kinga Gornicki</p>
<p>Recommendation g. The service should ensure that all documentation used in the service reflects the service being provided (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 a full audit of all documents/templates used by the service, including policies, risk assessments, audit forms, patient information, consent forms and clinical-record templates.</p>	<p>Within 4 weeks; ongoing through document-control and review process</p>	<p>Kinga Gornicki</p>

Name

Designation

Signature

Date

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.

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