

Action Plan

Service Name:	Forte Aesthetics
Service number:	02110
Service Provider:	Catherine Myles
Address:	312 Broughty Ferry Road, Dundee, DD4 7NJ
Date Inspection Concluded:	6 August 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: 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 16). Timescale – immediate <i>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	Forte Aesthetics has applied to Disclosure Scotland to become registered to carry out PVG checks on all staff (working under Practicing Privileges). Follow up checks will be made every 5 years. At the moment all staff have shared their current PVG status with Forte Aesthetics but will now have a specific PVG under Forte Aesthetics	immediate	Manager

File Name: IHC Inspection Post Inspection - Action Plan Forte	Version: 1.1	Date: 11/09/2026
Produced by: IHC Team	Page:1 of 6	Review Date:
Circulation type (internal/external): Internal/External		

This was previously identified as a requirement in the February 2026 inspection report for Forte Aesthetics.			
Requirement 2: The provider must develop a formal role-specific induction package for all staff to evidence that they have the appropriate support and knowledge required for their role (see page 17). Timescale – immediate <i>Regulation 12(a)(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a requirement in the February 2026 inspection report for Forte Aesthetics	Staff will have a more formalised introduction and induction to the Service. We aim to ensure Professional Qualifications and registrations are up to date and any required CPD relating to the Service is undertaken via Turras and or Learn Pro and other relevant courses identified. Regular meetings and one to ones will continue on an ad hoc basis to ensure all standards are being met. Forte Aesthetics currently holds copies of all PP Staff Qualifications, registrations and will create an induction checklist to ensure all requirements are covered and addressed.	Immediate and ongoing	Manager

File Name: IHC Inspection Post Inspection - Action Plan Forte	Version: 1.1	Date: 11/09/2026
Produced by: IHC Team	Page:2 of 6	Review Date:
Circulation type (internal/external): Internal/External		

Requirement 3: 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 17). Timescale – by 6 November 2026 <i>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a requirement in the February 2026 inspection report for Forte Aesthetics.	A more formalised system will be implemented to record one-to-ones. An appraisal system has been produced and will be implemented as staff approach their one year status. Interim reviews will be carried out during the year and will be recorded to ensure progress in roles and address any concerns.	November 2026	Manager
Requirement 4: The provider must ensure that the manager has access to all patient care records at all times, in case of an emergency (see page 18). Timescale – immediate <i>Regulation 4(3)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	Forte Aesthetics are currently in negotiation with a company to create an App that covers all aspects of patient care records. The Clinic owner will have full access to each PP staff members records under the one umbrella. All existing PP staff have agreed to use this new system as soon as its implemented. A googlemet has been arranged with the company to finalise requirements. This will standardise all of PP staff records for current and new staff	Immediate (meeting to be held on Managers return from annual leave on 6th October)	Manager and PP Staff

File Name: IHC Inspection Post Inspection - Action Plan Forte	Version: 1.1	Date: 11/09/2026
Produced by: IHC Team	Page:3 of 6	Review Date:
Circulation type (internal/external): Internal/External		

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should implement a structured approach to gathering and analysing patient feedback, which all staff use, to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 This was previously identified as a recommendation in the February 2026 inspection report for Forte Aesthetics.	The new App will standardise patient feedback and allow Forte Aesthetics to analyse and decide on any improvements or changes that are required. Patients will be advised of any changes made.	Immediate and ongoing	Manager

File Name: IHC Inspection Post Inspection - Action Plan Forte	Version: 1.1	Date: 11/09/2026
Produced by: IHC Team	Page:4 of 6	Review Date:
Circulation type (internal/external): Internal/External		

Recommendation b: The service should obtain details of the ICO registration of staff working under practicing privileges agreements (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 This was previously identified as a recommendation in the February 2026 inspection report for Forte Aesthetics	All staff have been advised that ICO registration is now required.	Immediate and on going	PP staff and Manager
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Name	Catherine Myles
Designation	Manager
Signature	Catherine Myles
Date	16 / 09 /2026

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

File Name: IHC Inspection Post Inspection - Action Plan Forte	Version: 1.1	Date: 11/09/2026
Produced by: IHC Team	Page:5 of 6	Review Date:
Circulation type (internal/external): Internal/External		

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.

File Name: IHC Inspection Post Inspection - Action Plan Forte	Version: 1.1	Date: 11/09/2026
Produced by: IHC Team	Page:6 of 6	Review Date:
Circulation type (internal/external): Internal/External		