

Action Plan

Service Name:	The Aesthetic Clinic Stirling
Service number:	00887
Service Provider:	The Aesthetic Clinic by Fiona Sutherland Ltd
Address:	12 Melville Terrace, Stirling, FK8 2NE
Date Inspection Concluded:	Wednesday 26 August 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should share its vision statement with patients (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19.	The clinic's vision statement already has this on show on the clinics website.	N/A	Clinic Director

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Recommendation b. The service should develop clear and measurable aims and objectives to support ongoing development of the service. These should be regularly reviewed and shared with patients (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Quality Improvement plan is made, this will be displayed in clinic and for patients to see.	October 26	Clinic Director
Recommendation c. The service should implement a structured approach informing patients of the changes made as a result of their feedback (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	This will be displayed in clinic.	Oct 26	Clinic Director

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Recommendation d. The service should have a written record of clinical supervision for professional staff (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 This was previously identified as a recommendation in the June 2022 and May 2023 inspection report for The Aesthetic Clinic by Fiona Sutherland.	Clinical supervision documents are already in place.	N/A	Clinic Director
Recommendation e. The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Quality improvement plan made - will be reviewed every 6 months	Oct 26	Clinic Director

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Recommendation f. The service should document the aftercare information provided to the patient within the care records (see page 21). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	All aftercare is already provided and documented within the ANS system within the medical notes section.	N/A	Clinic Director
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Name			
Designation			
Signature			
		Date	
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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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