Action Plan

Service Name:	Sur Wellness
Service number:	02390
Service Provider:	Sur Wellness Ltd
Address:	132 West Regent Street, Glasgow, G2 2RQ
Date Inspection Concluded:	Wednesday 26 August 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1. The provider must review its clinical governance policy to ensure clear governance structures in place that promote quality and safety and reflect the service being delivered (see page 13). Timescale – by 1 October 2026 *Regulation 13(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Actioned - policy updated with clear governance structures with all references of CQC removed and referenced to HIS where applicable.	In place	K Addison

Requirement 2. The provider must provider must publish an annual duty of candour report (see page 19). Timescale – by 1 October 2026 *Regulation 5(2)* *The Healthcare Improvement Scotland (Inspections) Regulations 2011*	Actioned - HIS in receipt of same and the report is accessible for service users.	In place	K Addison
Requirement 3. The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 19). Timescale – by 1 October 2026 *Regulation 5(1)(b)* *The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011*	Noted all necessary changes to service including service address updated including on HIS portal.	In place and ongoing as changes occur.	K Addison

Requirement 4. The provider must ensure that all staff working in the service are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider before they start working in the service (see page 19). Timescale – immediate *Regulation 8* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Actioned and noted for all future employees. This was only relevant for clerical staff - clinical staff all had PVG's in place.	In place and ongoing	K Addison
Requirement 5. The provider must ensure that all staff working in the service, including those with practicing privileges, have appropriate, and documented, recruitment checks and immunisation status and health declaration in place before they start working in the service (see page 24). Timescale - immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Noted and actioned. A system has now been implemented through process including an associated audit to ensure all staff working under PP's have paperwork up to date.	In place and ongoing	K Addison

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a. The service should develop clear and measurable aims and objectives, along with key performance indicators to help measure its progress in achieving these (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The service has now implemented clear and measurable objectives including organisational values service aims and objectives which is part of the staff's employee handbook as well as induction programme	In place and ongoing	K Addison
Recommendation b. The service should update its patient participation policy, setting out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	The service has implemented several methods of collating patient feedback and will adopt an audit around this and how staff use this to improve standards within the service and overall patient experience.	In place and ongoing	K Addison

Recommendation c. The service should add a document control sheet to each of its policies to demonstrate reviews have taken place. In addition, the service should ensure all policies are up to date with current guidance and Scottish legislation (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	A control sheet was in place in order to ensure policy had been read and understood by all staff members there is not a section added to this for review period (annually)	In place and ongoing.	K Addison
Recommendation d. The service should ensure that all staff undertake training in complaints and the principles of duty of candour (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Actioned. Annual report published and as part of the induction programme set out by HR services mandatory training includes management of complaints.	In place and ongoing	K Addison

Recommendation e. The service should develop a planned programme of audit (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	The service has implemented a diarised system of regular audit checks across the service.	In place and ongoing	K Addison
Recommendation f. The service should develop a quality improvement plan (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	The service already has a QI plan implemented which demonstrated several areas for consideration and how change has improved this. The service has included within this a formal plan to assist in and monitor improving activities including audit.	In place and ongoing	K Addison
Recommendation g. The service should ensure batch numbers and expiry dates of all medicines used are recorded on each individual patient care record (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	The service clearly demonstrated a system of logging and traceability records for all drugs including their batch numbers and expiry dates. This was all logged within the patient records which included aesthetic, GP and surgical patients however, we acknowledge one particular surgeon omitted this from patient notes and so we have asked that theatre staff ensure all POM's including batch numbers and expiry dates are documented within patient notes.	In place and ongoing	K Addison

Name K Addison

Designation

Signature Date 19/10/2026

Healthcare Improvement Scotland

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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.

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.