# Action Plan

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| Service Name: | Clydesdale Aesthetics |
| Service number: | 02841 |
| Service Provider: | Margaret Turner |
| Address: | 10 Broomgate, Lanark, ML11 9EE |
| Date Inspection Concluded: | 10 September 2026 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
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| **Requirement 1:** The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18).<br><br>Timescale – immediate<br><br>*Regulation 3(d)(iv)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* | Updated patient consent form to include use of unlicensed medicines (torbac) | immediate | M. Turner |

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| **Recommendation a:** The service should develop clear and measurable aims and objectives to support ongoing development of the service. These should then be available for patients to easily access (see page 10).<br><br>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 is looking to develop a future vision, including KPI's, and a quality improvement plan. Looking to implement the You said, we did model | 6 months | M. Turner |
| **Recommendation b:** The service should review and measure its progress against identified key performance indicators, including compliance with clinical audits, complaints and adverse events (see page 10).<br><br>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 is look to develop a future vision, including looking at KPI's, and a quality improvement plan. Looking to implement the You said, we did model | 6 months | M. Turner |

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| **Recommendation c:** The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 12).<br><br>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 is subscribed to ANS software, which will allow for patient feedback to be sent electronically, collate responses etc.<br>This will then be available to patients using the You said, we did model | 6 months | M. Turner |
| **Recommendation d:** The service should introduce a system of participating in annual appraisal and clinical supervision (see page 14).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 | The service is looking to "buddy up" with another HIS registered clinic. This would allow for annual appraisals and direct clinical supervision sessions. | 6 months | M. Turner |

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| **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 15).<br><br>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 is looking at developing a Quality Improvement plan to measure inprovement, | 6 months | M. Turner |
| **Recommendation f:** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance (see page 18).<br><br>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 has purchased chlorine for cleaning all sanitary fittings and clinical sink. Currently sourcing a metal cabinet and appropriate COSHH signage for storage. | 6 months | M. Turner |

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| **Recommendation g:** The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records. If the patient refuses to consent to this, this should be documented (see page 18).<br><br>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 | Updated patient consent forms to include 'consent to share' | immediate | M. Turner |

Nam Margaret Turner

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Sign Margaret Turner

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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.