Action Plan

Service Name:	SoLuxe Aesthetics
Service number:	02
Service Provider:	SoLuxe Aesthetics Ltd
Address:	2 Finlay Terrace, Arbroath, DD11 3BE
Date Inspection Concluded:	2 September 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: 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 17). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	**Completed – 27 October 2026** • Use of unlicensed bacteriostatic saline to reconstitute botulinum toxin has stopped. All stock has been removed and disposed of as pharmaceutical waste. The related policy (SLX-GOV-17) has been withdrawn. • Botulinum toxin is now reconstituted only with the diluent named in the Summary of Product Characteristics (SmPC): preservative-free 0.9% sodium chloride in single-use ampoules. • Medicines Management Policy (SLX-GOV-14) updated to version 2.1. A new section sets out how off-label use is governed: a documented clinical rationale, a discussion of risks, benefits and alternatives, and written informed consent before treatment.	Immediate – completed 27 October 2026 Consent form update by 6 November 2026 Audit quarterly from January 2027	Registered Manager / Independent Nurse Prescriber

	Planned • From 27 October 2026, the clinical rationale and patient consent for any off-label use (for example, botulinum toxin outside its licensed areas, or hyaluronidase to dissolve filler) is recorded in the patient care record at every treatment. • A specific off-label consent section will be added to the electronic consent forms by 6 November 2026. • Compliance will be checked through the Medicines and Cold Chain Audit and the consent audit, with 10 records checked each quarter from January 2027. Target: 100% of off-label treatments have a recorded rationale and signed consent.		
Requirement 2: The provider must ensure that medicines are used in line with manufacturer's guidance (see page 17). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	**Completed – 27 October 2026** • The multi-use vial of sodium chloride has been removed and disposed of. Only single-use 0.9% sodium chloride ampoules are now used, one ampoule per patient, with any remainder discarded. • Any reconstituted botulinum toxin held in the fridge has been disposed of. • In line with the SmPC, each reconstituted vial is used for one patient in one treatment session only. Any remaining product is discarded at the end of the session and is never kept beyond 24 hours. Product is no longer kept for top-up appointments; top-ups use a newly prepared vial. • Each reconstituted vial is labelled with the date and time of reconstitution and a "discard by" time. A reminder notice is displayed on the medicines fridge.	Immediate – completed 27 October 2026 Monthly stock check and quarterly audit ongoing	Registered Manager / Independent Nurse Prescriber

	• These rules are now written into the Medicines Management Policy (SLX-GOV-14 v2.1, Section 10). **Planned** • Monthly medicines stock check and quarterly Medicines and Cold Chain Audit to confirm no multi-use diluent is in stock and no reconstituted toxin is kept beyond the treatment session. Target: 100% compliance.		
Recommendation a: The service should share its aims and objectives with patients (see page 9). 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's aims and objectives will be displayed in the clinic waiting area. • They will also be added to the clinic website when it is live and social media pages, and to the patient information electronically sent before the first consultation.	30 November 2026	Registered Manager / Independent Nurse Prescriber
Recommendation b: 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 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	• A short patient feedback survey will be set up and sent to every patient after treatment. A QR code will also be displayed in the clinic. • Results will be reviewed every quarter as part of the Quarterly Practice Review. Themes and actions will be recorded and added to the Quality Improvement Plan. • A "You said, we did" notice will be displayed in the clinic and shared on social media each quarter, so patients can see changes made from their feedback.	Survey live by 1 December 2026 First review and "You said, we did" by 31 March 2027, then quarterly	Registered Manager / Independent Nurse Prescriber

Recommendation c: The service should update its information governance policy in line with the use of artificial intelligence transcribing software (see page 13). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	• An AI Scribe Policy (SLX-GOV-21) has been written. It covers how the AI transcription software is used, patient consent, the right to decline, data security and data retention. • The Management of Information Policy (SLX-GOV-10) will be updated to include the use of AI transcription software and to link to SLX-GOV-21. • A data protection impact assessment (DPIA) will be completed for the AI software, and the patient privacy notice updated.	AI Scribe Policy – completed October 2026 Policy update and DPIA by 30 November 2026	Registered Manager / Independent Nurse Prescriber
Recommendation d: The service should continue to develop its quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	• The Quality Improvement Plan (SLX-QIP-01) will be updated to include all actions from this inspection, plus planned audits, patient feedback actions and service developments. • Each action will have a timescale, the role responsible and a way of measuring impact. • The plan will be reviewed every quarter at the Quarterly Practice Review, with progress and outcomes recorded.	Update by 30 November 2026 Reviewed quarterly	Registered Manager / Independent Nurse Prescriber
Recommendation e: The service should ensure that consent to photography, consent to share information with GPs and other relevant healthcare professionals and consent to the use of artificial intelligence (AI) transcribing software is documented in the patient care records (see page 17).	• The electronic consent forms will be updated with three separate consent questions: (1) clinical photography, (2) sharing information with the GP and other healthcare professionals, and (3) use of AI transcription software. • Existing patients will complete the updated consent at their next appointment. • Compliance will be checked through the Photograph Consent Audit (SLX-AUDIT-03), extended to cover	Consent forms updated by 6 November 2026 Audit quarterly from January	Registered Manager / Independent Nurse Prescriber

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	all three consents, with 10 records checked each quarter. Target: 100%.	2027	
Recommendation f: The service should ensure that treatment plans are documented in the patient care record (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14	• From 1 November 2026, every treatment plan, including recommended products, treatment course and pricing, will be saved in the patient's electronic care record as well as being sent to the patient. • Treatment plans for current patients will be added to their care records. • This will be checked as part of the quarterly record-keeping audit. Target: 100% of records reviewed contain the treatment plan.	New plans from 1 November 2026 Current plans added by 30 November 2026	Registered Manager / Independent Nurse Prescriber
Recommendation g: The service should ensure that gloves are selected in line with Health Protection Scotland's national infection prevention and control manual's glove selection policy (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	• Vinyl gloves will be removed from clinical use and replaced with nitrile gloves, in line with the National Infection Prevention and Control Manual (NIPCM) glove selection guidance. • The Infection Control Policy (SLX-GOV-13) will be updated to include the NIPCM glove selection guidance. • Glove use will be checked in the quarterly Infection Control Audit (SLX-AUDIT-01).	Nitrile gloves in use by 3 November 2026 Policy update by 30 November 2026	Registered Manager / Independent Nurse Prescriber

Name Sonia Smith

/ /

Designation Registered Manager / Independent Nurse Prescriber

Signature sonia smith Date 27.10.26

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.