

Action Plan

Service Name:	Signature Clinic
Service number:	01389
Service Provider:	Signature Medical Glasgow Ltd
Address:	79 West Regent Street, Glasgow, G2 2AW
Date Inspection Concluded:	29 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that relevant procedures are in place, available to staff and followed to ensure safe delivery of care (see page 12).</p> <p>Timescale – immediate</p>	<p>Patient pathway documents are in development.</p> <p>Vaser pathway is in draft, to be approved through Clinical Governance 05/2024. <i>(Appendix A Draft vaser patient pathway submitted as supporting evidence)</i></p>	31/05/2024	Clinic Manager and Associate Director of Clinical Services
	<p>Pathways are being developed for blephoroplasty, gynaecomastia, facial surgery (including neck, ears), abdominal and breast procedures. To be approved through Clinical Governance 06/2024</p>	28/06/2024	Clinic Manager and Associate Director of Clinical Services

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<p>Requirement 2: The provider must implement a water flushing regime for less frequently used water outlets to prevent the risk of water borne infection (see page 13).</p> <p>Timescale – immediate</p>	<p>Legionella log book now in place to ensure water testing is completed for all water outlets:</p> <p><i>(Appendix B Legionella log book extract for March and April 2024 submitted as supporting evidence)</i></p>	<p>Complete</p>	
<p>Requirement 3: The provider must ensure the ventilation system is reviewed against current national guidance. A risk assessment must be produced for the continued use of the system and added to a risk-based refurbishment plan if required (see page 17).</p> <p>Timescale – immediate</p>	<p>A specialist ventilation system provider to be sourced to provide risk assessment and guidance to ensure the system meets current national guidance standards.</p> <p>If replacement/upgrade required this will be added to capital expenditure plan and risk register.</p>	<p>31/05/2024</p>	<p>Operations Director Medical Director Group Infection Prevention and Control Nurse</p>


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<p>Requirement 4: The provider must ensure appropriate sterilisation and tracking of medical devices used for surgical procedures takes place (see page 18).</p> <p>Timescale – immediate</p>	<p>Signature Medical Limited is currently commissioning an in-house central decontamination service. This will be an off-site facility. Procurement of equipment and qualified decontamination staff in progress. This will facilitate medical equipment traceability. Investment into purchase of a suitable vehicle to collect and deliver surgical trays and supplementary items for central sterilisation is in progress.</p>	<p>26/07/2024</p>	<p>Operations Director Medical Director Group Infection Prevention and Control Nurse</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should assess themselves against defined corporate objectives, values and key performance indicators (see page 9).</p>	<p>This recommendation will be raised at clinical governance for discussion and action planning</p>	<p>28/06/2024</p>	<p>Director of Clinical Services Group Head of Governance and Compliance</p>

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<p>Recommendation b: The service should ensure that there are appropriate changing and showering facilities for staff (see page 13).</p>	<p>The building structure has hitherto prevented the service from implementing a shower facility. The absence of a lack of available showering facilities will be risk assessed and added to the local risk register</p>	<p>28/06/2024</p>	<p>Clinic Manager and Associate Director of Clinical Services</p>
<p>Recommendation c: The service should ensure that a reliable process and system is in place to record evidence of theatre equipment safety checks (see page 18).</p>	<p>Daily check list in place (Appendix C 'daily nursing equipment checklist for theatre area' submitted as supporting evidence</p>	<p>Complete</p>	

Name	Valerie Taylor
Designation	Director of Clinical Services
Signature	
	Date

07 / 05 /2024

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.

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