


## Action Plan

Service Name:	Strathcarron Hospice
Service number:	00060
Service Provider:	Strathcarron Hospice
Address:	Randolph Hill, Fankerton, Denny, FK6 5HJ
Date Inspection Concluded:	20-21 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should ensure consent to treatment is recorded consistently in all patient care records (see page 22).	<ol style="list-style-type: none"> <li>Engage with staff to review existing processes regarding “consent to treatment”.</li> <li>Take steps to ensure meaningful and consistent recording of consent in all patient records.</li> </ol>	Sept 2024	Director of Nursing

Name	<input type="text" value="Marjory Mackay"/>
Designation	Director of Nursing
Signature	
	Date 22 <sup>nd</sup> April 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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