

Action Plan

Service Name:	Tayside Complete Health
Service number:	01263
Service Provider:	Tayside Complete Health
Address:	3 & 7 Commercial Street, Dundee, DD1 3DA
Date Inspection Concluded:	28 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 24).</p> <p>Timescale – by 17 May 2024</p>	<p>All staff working in the service, including staff working under practicing privileges, will be risk assessed through the Protection of Vulnerable Groups scheme as part of the recruitments process.</p> <p>Key ongoing checks, including professional registration status has now been incorporated into our system of annual review of clinicians working with us under practising privileges.</p>	Completed	Clinical Services Manager & Practice Manager.


Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p>Recommendation a: The service should develop a process to communicate to patients how patient feedback is used to improve the service (see page 16).</p>	<p>We will incorporate within our quality improvement plan, a strategy for communicating any service improvements made in response to patient feedback.</p>	<p>August 2024</p>	<p>Clinical Services Manager</p>
<p>Recommendation b: The service should ensure that risk assessments completed are reviewed on a regular basis (see page 21).</p>	<p>Since the inspection visit, we have reviewed our risk register to reflect a review of all current and completed risks.</p> <p>The register will be reviewed monthly in line with our monthly audit programme</p>	<p>Completed</p>	<p>Clinical Services Manager</p>

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<p>Recommendation c: The service should ensure it considers and documents patients' mental wellbeing to ensure their expectations are managed appropriately (see page 24).</p>	<p>We will review our existing medical history document to include questions regarding patients' mental wellbeing to ensure patients experience care and support that is right for them.</p>	<p>August 2024</p>	<p>Practice Manager</p>
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Name	Jill Forbes	
Designation	Clinical Services Manager	
Signature		<p>Date <input data-bbox="1339 928 1697 997" type="text" value="02 / 05 /2024"/></p>

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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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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