

## Action Plan

Service Name:	Glasgow Medical Rooms
Service Number:	00606
Service Provider:	PAMM Healthcare Limited
Address:	211 St Vincent Street, Glasgow, G2 5QY
Date Inspection Concluded:	14 March 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure appropriate governance and oversight of activities within the registered premises including:</p> <p>a) ensuring services only renting rooms within the Glasgow Medical Rooms premises for the purpose of providing an independent healthcare service are registered with Healthcare Improvement Scotland, if required to do so, and</p> <p>b) implementing appropriate governance arrangements for the individuals working under a practising privileges agreement as part of Glasgow Medical Rooms, including ongoing background checks to ensure the safe delivery of care (see page 13).</p>	<p>1a I have identified those who currently rent a room with us and have a registration with HIS. I am aware of what is being asked for any potential new clients wishing to rent a room on our premises. A log has been produced.</p>	Immediate	Nicola Keane Practice Manager
	<p>1b Staff with Practising Privileges Policy has been created. Practising Privileges contract/agreement in place. All checks updated and circulated to staff – these were taken from Independent Healthcare Regulations/Practising Privileges/Checklist from Clinics (October 2020). Audits implemented.</p>	Immediate	Nicola Keane Practice Manager

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<p>Timescale – immediate</p> <p><i>Regulation 12(d) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p><b>Requirement 2:</b> The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Incorporate into Risk Assessment, Regular Audits and Record Keeping.</p> <p>Update Disclaimers. We will review, amend and update our patient information and informed consent for the aesthetic treatments.</p>	<p>Immediate</p>	<p>Nicola Keane Practice Manager</p>
<p><b>Recommendation a:</b> The service should share its vision statement with patients and staff (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Ensure that our service’s vision statement was visible and that we share this in our June Newsletters as well as having this on our website and a poster in the reception area.</p>	<p>Up to 3 months</p>	<p>Nicola Keane Practice Manager</p>

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<p><b>Recommendation b:</b> The service should assess itself against defined key performance indicators (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Capture and report data. Additionally, conduct surveys and interviews to collect feedback from staff/patients/corporate, and observe and evaluate how it aligns with our statement.</p>	<p>Up to 3 months</p>	<p>Nicola Keane Practice Manager</p>
<p><b>Recommendation c:</b> The service should introduce regular full team meetings for all staff, including those with practicing privileges. Meetings should be documented and available to all staff (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the September 2019, May 2022 and September 2022 inspection reports for Glasgow Medical Rooms.</p>	<p>A yearly calendar of events/meetings has been implemented and shared with all staff within the practice. The 2024 dates have been emailed and highlighted in a visible area within GMR</p> <p>Reminders prior to the meetings will be circulated.</p> <p>Emails requesting agenda items circulated in a timely manner. Minutes and Actions circulated within one week following the meeting.</p>	<p>Up to 3 months</p>	<p>Nicola Keane Practice Manager</p>
<p><b>Recommendation d:</b> The service should develop and implement a system to actively seek the views of all staff working in the service (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>A staff Survey box was placed in reception. Communication has been sent to staff informing them of this. I will monitor this and store any feedback in the appropriate format.</p> <p>This will be added to our QI plan.</p>	<p>By the end of May 24</p>	<p>Nicola Keane Practice Manager</p>

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organisation providing my care and support. Statement 4.19			
<p><b>Recommendation e:</b> The service should further develop its risk register to include clinical and business risks to demonstrate the proactive management of risks to patients, staff and the service (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	Update our Risk Register.	Up to 3 months	Nicola Keane Practice Manager
<p><b>Recommendation f:</b> The service should further develop the audit process to provide more detail about what will be reviewed as part of each audit (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	To create robust and transparent quality assurance process.	Up to 3 months	Nicola Keane Practice Manager
<p><b>Recommendation g:</b> The service should ensure practicing privileges staff have completed induction and mandatory training (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	To implement a training schedule for all staff at induction. Provide protected time for this. Capture staff with practising privileges and update accordingly (inclusive of audit/processes/policies)	Up to 3 months	Nicola Keane Practice Manager

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people who support and care for me. Statement 3.14			
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Name	Nicola Keane		
Designation	Practice Manager		
Signature	<i>Nicola Keane</i>	Date	21/05/2024

**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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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