

Action Plan

Service Name:	Surehaven Hospital (Glasgow)
Service number:	00055
Service Provider:	Surehaven Glasgow Ltd
Address:	3 Drumchapel Place, Glasgow, G15 6BN
Date Inspection Concluded:	07-08 May 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that equipment and the environment can be effectively cleaned to meet infection prevention and control standards (see page 22).</p> <p>Timescale – by 1 August 2024</p>	<p>These infection control issues are currently being addressed. We carried out an audit on the clinical and domestic waste bins within the hospital and have identified 9 bins that require replacing. These items have now been purchased and will be placed in the designated areas.</p>	Complete	Martin Cassidy, hospital manager.
	<p>The domestic items that were identified as contaminated and in disrepair have now been rectified. We have purchased new mops and buckets to prevent cross contamination as per HAI standards.</p>	Complete	Martin Cassidy, hospital manager.

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Produced by: IHC Team	Page:1 of 3	Review Date:
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<p>Recommendation a: The service should share its aims and objectives with patients, carers and the public (see page 10).</p>	<p>As discussed during the HIS visit our marketing and communications team are currently working on a new website for Surehaven which will incorporate the aims and objectives of our service so the public and carers are aware.</p> <p>We continue to inform our patients during the community meetings of any changes to the service and we use this platform to discuss our service aims and objectives.</p>	<p>2 months</p>	<p>Martin Cassidy, hospital manager.</p>
<p>Recommendation b: The service should ensure consent to share information with patients' next of kin is consistently documented in the patient care records and ensure patient care records are fully completed (see page 22).</p>	<p>We are currently reviewing all the patient records and ensuring that all our patients have NOK consent forms for sharing information.</p> <p>All contact with the NOK will be clearly documented in the clinical notes.</p> <p>Going forward the consent forms and the NOK documentation will be added to the monthly audits.</p>	<p>2 weeks</p>	

Name	Martin Cassidy
Designation	Hospital Manager
Signature	Date

M. Cassidy

17 06 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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