

Action Plan

Service Name:	Ears
Service number:	02192
Service Provider:	Ear Health Care Services Ltd
Address:	Unit 2, Room 6, Kirkhill House, 81 Broom Road East, Newton Mearns, Glasgow, G77 5LL
Date Inspection Concluded:	27 June 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should develop a staff training plan of training requirements relevant to their role (see page 12).	We are corresponding with companies that offer staff core training such as infection control, moving & handling and health & safety. Staff currently use Turas and Learnpro however we prefer to offer our own training package.	3-6 months	Diane Hodge
Recommendation b: The service should further develop its risk register to ensure effective oversight and management of all	1. Completion of Risk Assessments Objective: Ensure all relevant risk assessments are	3-6 months	Diane Hodge

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risks and the actions taken to reduce each risk (see page 13).	<p>uploaded to the new electronic system.</p> <p>Action Required: Upload the slips, trips, and falls risk assessment, manual handling risk assessment, and any additional risk assessments that are relevant to the service. Develop a risk assessment for the sink area, as it was identified as non-compliant. Identify and conduct additional risk assessments for other areas of the clinic, particularly focusing on clinical and non-clinical risks.</p> <p>Resources/Tools: Utilise the guidance provided in the links shared by Nicola (HSE and Healthy Working Lives).</p> <p>2. Staff Training Plan Development</p> <p>Objective: Ensure all staff are appropriately trained for their roles.</p> <p>Action Required: Develop a comprehensive staff training plan that includes mandatory training in areas such as complaints management, consent procedures, and safeguarding. Schedule and document regular training sessions for all staff.</p> <p>Resources/Tools: Review current staff competencies and match them with the required training as per the recommendations in the inspection report.</p>		
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	<p>3. Risk Register Enhancement</p> <p>Objective: Improve the oversight and management of risks within the service. Action Required: Expand the existing risk register to include all identified risks related to the service's operations. Include detailed actions to reduce each risk and document a process for regular reviews. Resources/Tools: Review the current risk register and cross-reference with the areas identified during the inspection.</p> <p>4. Implementation of Regular Audits</p> <p>Objective: Ensure continuous improvement through regular audits. Action Required: Develop and implement a program of regular audits covering key aspects of care and treatment. Ensure that audits are documented and that action plans are developed based on the findings. Resources/Tools: Use the clinic's quality improvement plan as a basis for identifying audit areas.</p> <p>5. Compliance with Best Practices</p> <p>Objective: Align the clinic's operations with best</p>		
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	<p>practices recommended during the inspection. Action Required: Review and implement the best practices related to risk assessments and other areas of service delivery as recommended. Resources/Tools: Refer to the guidelines provided by Nicola and ensure that all non-compliant areas are addressed.</p> <p>Continuous monitoring and updates will be provided during staff meetings and in the quality improvement plan.</p>		
Recommendation c: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and	Since our inspection we have already implemented our Immediate programme. The audits will be stored within our HR electronic storage	Immediate	Lead Clinician

Records should be documented, and improvement action plans implemented (see page 13).	storage.		
Recommendation d: The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with	As a service we don't hold personal PVG certificates. Staff keep their own copies within their personal HR electronic file which is for their reference only.	Always being done within the company.	Lead Clinician

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the current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 15).	We only keep PVG scheme identification numbers. I think this was a miscommunication during our inspection.		
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Name	<input type="text" value="Diane Hodge"/>	
Designation	<input type="text" value="Clinical Lead"/>	
Signature	<input type="text" value="Diane Hodge"/>	Date 12/08/24

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.

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- **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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