

## Action Plan

Service Name:	The Private Medical Rooms
Service Number:	02460
Service Provider:	The Private Medical Rooms Ltd
Address:	679 Clarkston Road, Netherlee, Glasgow, G44 3SE
Date Inspection Concluded:	6 November 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that all medicines held as stock are ordered and prescribed appropriately for the clinic (see page 15).</p> <p>Timescale - immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	Recommendation actioned immediately after receiving advice.	complete	Laura McDonald
<p><b>Recommendation a:</b> The service should develop key performance indicators to help demonstrate that the service's vision and purpose was being achieved (see page 10).</p>	In progress developing method of collecting and quantifying this	6 months to gather info	Laura McDonald

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<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><b>Recommendation b:</b> The service should update its complaints information on its website to include information on the complaint process and that patients can complain to Healthcare Improvement Scotland at any time (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.2</p>	<p>Web developer contacted and informed of required update of including advised information.</p>	<p>Jan 2025</p>	<p>Laura McDonald</p>
<p><b>Recommendation c:</b> The service should implement a system to annually check staff remain insured and on their professional register (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>In place immediately after advice taken at inspection, staff spreadsheet updates with column indicating expiry of insurance to ensure we can obtain the most up to date staff records</p>	<p>Complete</p>	<p>Laura McDonald</p>

Name	Laura McDonald	
Designation	Nurse Manager	
Signature	Laura McDonald	<p>Date</p> <p>19/12/24</p>

### 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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