

## Action Plan

Service Name:	KAL-Med Consulting
Service number:	01308
Service Provider:	KAL-Med Consulting C.I.C
Address:	Broom House, Quarrywood Court, Livingston Village, EH54 6AX
Date Inspection Concluded:	10 December 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that a suitable fridge is used to store all temperature-sensitive medication (see page 20).</p> <p>Timescale – by 14 May 2025</p>	We plan to purchase a medical fridge to store all temperature-sensitive medication.	By 14 March 2025	Evelina Kalinowska

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p><b>Recommendation a:</b> The service should update its website to align with the General Medical Council guidance on advertising (see page 13).</p>	<p>The website was updated on Monday, and the changes will go live on Friday, 07 February 2025.</p>	<p>By 07/02/2025</p>	<p>Evelina Kalinowska</p>
<p><b>Recommendation b:</b> The service should develop a process to keep patients informed about how their feedback is used to improve the service (see page 13).</p>	<p>There is a display at the entrance of the clinic explaining why we need patient feedback. Every feedback helps us improve our service.</p>	<p>Completed</p>	<p>Evelina Kalinowska</p>

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<p><b>Recommendation c:</b> The service should ensure that policies are relevant to the service and reflect how the service is delivered, including referencing the correct regulatory body (see page 16).</p>	<p>We are currently reviewing all documents, updating them to the new format, and ensuring they accurately reflect how the service is delivered, including referencing the correct regulatory body.</p>	<p>By 01 April 2025</p>	<p>Evelina Kalinowska</p>
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Name	<input type="text" value="Evelina Klinowska"/>	
Designation	<input type="text" value="Direcotr"/>	
Signature	<input type="text" value="Evelina Klainowska"/>	<p>Date <input data-bbox="1339 930 1697 981" type="text" value="05/02/2025"/></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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