

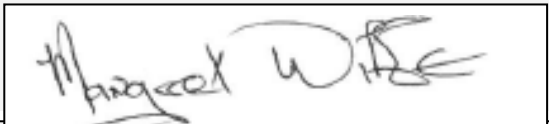
Action Plan

Service Name:	Ayrshire Hospice
Service number:	00057
Service Provider:	Ayrshire Hospice
Address:	35 Racecourse Road, Ayr KA7 2TG
Date Inspection Concluded:	18 February 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must develop its own infection prevention and control policy that reflects the way it operates and aligns with Health Protection Scotland's National Infection Prevention and Control Manual.	-As we currently use the National Manual this needs further discussion as per error report. In the interim we are reviewing how we present this information and will add an AH overarching statement re our use of the manual and to clarify any our links with our partners NHS A&A.	Immediate	MWilkie

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<p>Recommendation a: The service should ensure that patient care records contain details of patient risk assessments for COVID-19.</p>	<p>A Covid 19 care plan is being developed which will incorporate risk assessment</p>	<p>1 month</p>	<p>MWilkie</p>
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Name	Margaret Wilkie
Designation	Patient Services Director
Signature	
Date	31 / 03 /2021
<p>In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.</p>	

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