

## Action Plan

Service Name:	Cloud Nine Clinic
Service Number:	00598
Service Provider:	Greenlark Limited
Address:	12 Somerset Place, Glasgow, G3 7JT
Date Inspection Concluded:	28 June 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must update its clinical waste contract with a specialist waste contractor for the removal and disposal of all healthcare and hazardous waste produced by the service (see page 12). Timescale – immediate	We have contacted our clinical waste provider, PHS, they have told us that we have a rolling contract. I asked them to send me our current contract but the information they have sent has expired. I have asked them to update our contract and am still awaiting on them finalising but should have the new contract next week. I have attached the expired contract and our most up to date invoice.	In progress	Ewan McKerracher
<b>Requirement 2:</b> The provider must develop a risk assessment of the use of a clinical hand wash basin for the treatment room and implement the appropriate controls until a compliant sink can be installed as part of future refurbishment plans (see page 12). Timescale – by 22 November 2023	A risk assessment document has been written up to risk assess our clinical sink as we have been told its not compliant because of size and that we have a pedestal. The sink we purchased in 2021 stated that it is HTM64 compliant but will check that it is compliant with Scottish regulations.	Risk assessment written is now written up. Will check with compliance and decide if we need to get a	Ewan McKerracher

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		replacement sink by 23/11/2023	
<b>Requirement 3:</b> The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background checks carried out at the point of recruitment (see page 16). Timescale – immediate	We have contacted Disclosure Scotland and are currently getting the appropriate disclosure for Paula O'Prey.	Immediate	Ewan McKerracher
<b>Requirement 4:</b> The provider must ensure that a system is in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service (see page 16). Timescale – immediate	We now have an audit for checking each staff members disclosure status. This check will be done every 3 years.	Immediate	Ewan McKerracher
<b>Requirement 5:</b> The provider must ensure that all staff working in a registered healthcare service, including those with practicing privileges, have appropriate, and documented, background and safety checks in place, and contracts kept up to date (see page 16). Timescale – by 22 November 2023	We have asked our practitioner for relevant documents for background and safety checks. And have displayed any relevant documents, i.e., insurances.	Immediate	Ewan McKerracher
<b>Recommendation a:</b> The service should make sure a duty of candour report is published every year for patients to review (see page 10)	We have downloaded to candour template and will fill it in as necessary and will display the report on our website annually.	Immediate	Ewan McKerracher

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<b>Recommendation b:</b> The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 10).	We now have a spreadsheet for recording any feedback we get from clients. We have sections on what we could do better if the feedback is negative.	Immediate	Ewan McKerracher
<b>Recommendation c:</b> The service should update its medicines management policy to make clear any medicine errors should be reported the Healthcare Improvement Scotland (see page 13)	The Policy has now been updated and states any medicine errors should be reported the Healthcare Improvement Scotland	Immediate	Ewan McKerracher
<b>Recommendation d:</b> The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 13).	We have found information on the National Infection Prevention & Control Manual to what we should be using to sanitise the clinic.	Immediate	Ewan McKerracher
<b>Recommendation e:</b> The service should ensure GP and next of kin or emergency contact details are recorded in patient care records (see page 14).	We have now added a question to the consultation forms to as for GP details if they are happy to give consent and have also asked for next of kin of kin detail on the form.	Immediate	Ewan McKerracher
<b>Recommendation f:</b> The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patient care records (see page 14).	We now have a spreadsheet for documenting when a patient has or has not given us consent to share information with their GP and other medical staff in an emergency, if required.	Immediate	Ewan McKerracher

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<p><b>Recommendation g:</b> The service should ensure that patient care records are fully completed, including the aftercare advice given to patients after treatment (see page 14).</p>	<p>The consultation forms are checked after each patient has had treatment that they have been fully completed and contact the nurse if there is anything amiss. We now audit monthly out record card to check they are being filled out completely and that the client has received the appropriate after care instruction.</p>	<p>Immediate</p>	<p>Ewan McKerracher</p>
<p><b>Recommendation h:</b> The service should review and improve the current patient care record auditing process to ensure it sufficiently identifies gaps in patient care records (see page 14).</p>	<p>As stated in recommendation g we now have an audit that also ensures it sufficiently identifies gaps in patient care records.</p>	<p>Immediate</p>	<p>Ewan McKerracher</p>
<p><b>Recommendation i:</b> The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions (see page 18).</p>	<p>We now record the minutes of our meetings and document an action plan highlighting those responsible for the actions.</p>	<p>Immediate</p>	<p>Ewan McKerracher</p>
<p><b>Recommendation j:</b> The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions (see page 18). The service should develop and implement a dedicated quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).</p>	<p>We have devised a quality improvement plan by evaluating our feedback from patients. We will collect and analyse the data then determine what measures we can do to improve and control our service.</p>	<p>Immediate</p>	<p>Ewan McKerracher</p>

Name

Designation

Signature

Date

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 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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