

## **Action Plan**

Service Name:	Temple Medical
Service number:	00211
Service Provider:	Temple Medical Limited
Address:	6 West Craibstone Street, Aberdeen, AB11 6DL
Date Inspection Concluded:	29 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 23). Timescale – by 13 May 2024	This has been implemented	November 2023	Lois Edmond Clinic Manager

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Requirement 2: The provider must develop a risk assessment for the non-compliant clinical hand wash sinks to ensure appropriate actions are taken to minimise any risks from splash contamination (see page 23). Timescale – immediate	This has been implemented.	November 2023	Lois Edmond Clinic Manager
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a</b> : The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 16).	We are in the process of developing social media content and a dedicated section on our website. This section will be titled 'You asked, we listened.' Additionally, we have established a patient suggestion box at our reception area to gather valuable input from our patients. Furthermore, we are currently in the process of designing a patient feedback questionnaire that will be collected and thoroughly reviewed during our staff meetings.	March 2024	Lois Edmond Clinic Manager Karis Dlodlo Front of house

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<b>Recommendation b</b> : The service should develop the existing cleaning schedule to include evidence of products used and to demonstrate cleaning has been carried out (see page 19).	This has been implemented.	November 2023	Lois Edmond Clinic Manager
<b>Recommendation c</b> : The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 20).	This has been implemented.	November 2023	Lois Edmond Clinic Manager
<b>Recommendation d:</b> The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records (see page 20).	This has been implemented.	November 2023	Lois Edmond Clinic Manager
<b>Recommendation e:</b> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).	We are actively working on developing and implementing a comprehensive quality improvement plan to formalise and guide our efforts in driving and measuring improvements. As part of this initiative, we have already scheduled more in-depth management meetings to discuss our targets and strategies in greater detail.	November 2024	Lois Edmond Clinic Manager

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<b>Recommendation f</b> : The service should review documentation to ensure consent is clearly recorded for sharing information with other healthcare professionals (see page 23).	This has been implemented.	November 2023	Lois Edmond Clinic Manager
<b>Recommendation g</b> : The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance, and update its medicines management policy to accurately reflect the processes in place (see page 23).	This has been implemented.	November 2023	Lois Edmond Clinic Manager

Name	Lois Edmond	
Designation	Clinic Manager	
Signature	lois Edmond,	Date 23 / 01 /2024

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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