


Action Plan

Service Name:	Ross Hall Clinic Braehead
Service Number:	02211
Service Provider:	Circle Health Group Limited
Address:	Braehead Business Park, Kings Inch Road, Braehead, Glasgow, PA4 8WF
Date Inspection Concluded:	23 & 24 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 13).</p>	<p>The service is currently considering ways in which it is most effective to inform patients regarding the impact of their feedback especially in relation to You said.... We did... So, What now?</p> <p>We have engaged our corporate colleagues and Group Patient Experience Lead in formulating an appropriate platform for the sharing of this information either by newsletter available on site for patients, social media messaging and the possibility of a standardised professionally designed and produced posters that can be localised to retain the Circle Health Group 'look and feel' whilst communicating meaningfully with patients on the impact of their feedback on the service.</p>	Immediate	<p>M Jefferies ED L Hodges DCS Greg Middleton DOPBD C Traynor Registered Manager</p>

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<p>Recommendation b: The service should accurately record when emergency equipment trolleys are checked (see page 21).</p>	<p>The service will accurately record when emergency equipment trolleys are checked in line with CHG Policy and ensure that the correct checklist is in use across all areas to ensure a standardised approach – copy of checklist replaced and updated on the day of inspection.</p> <p style="text-align: center;">  CHG NURpol08 - Form 04 - Monthly Da </p>	<p>Complete</p>	<p>M Jefferies Executive Director C Traynor Registered Manager</p>
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Name	Linda Hodges		
Designation	Director of Clinical Services		
Signature	<i>Linda Hodges</i>	Date	25/03/244

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.

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- 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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