

Action Plan

Service Name:	Glasgow Private Clinic	
Service Number:	01363	
Service Provider:	Glasgow Private Clinic Limited	
Address:	224-226 Ayr Road, Newton Mearns, Glasgow, G77 GDR	
Date Inspection Concluded:	29 July 2023	

Requirements and Recommendations		Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure all staff receive annual appraisals to make sure performance is documented and evaluated (see page 21). Timescale – immediate	last t	have been receiving annual reviews – these ook place in May 2023 and have been recorded ir staff appraisal folder	Completed – will be done annually	Dr Manas Tiwari
Recommendation a: The service should ensure that the results of feedback are shared with patients, in line with its participation policy (see page 14).	up th feedl addir in red	iscussed on the day of the inspection, in the run he inspection we were focussing on obtaining back through the HIS QR code – we will be hig QR code feedback surveys and have PSQs hereption as an alternative feedback method. We heretart to respond to patients on feedback received	3 months	Aisha Ali
Recommendation b: The service should publish annual duty of candour reports setting out any occasions during the previous year where the duty of candour has been triggered (see page 14).	In the	e process of being done (web designer currently nnual leave)	1 month	Aisha Ali
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Recommendation c: The service should ensure details of how to complain to Healthcare Improvement Scotland are correct and readily available (see page 14).	Details have been amended and updated complaint procedure awaiting upload to our website.	1 month	Aisha Ali
Recommendation d: The service should regularly review its policies and procedures to ensure they are in line with current legislation and reflect the service provided, in particular to take account of Scottish legislation and guidance (see page 17).	Our policies are once again being reviewed as we apply for surgical status – we also have policies on our annual audit program	ongoing	Dr Naushad Ali
Recommendation e: The service should ensure that patient records always document the reason why a patient did not receive treatment following assessment (see page 20).	This has been noted and we have already started to document in patient records reasons why care cannot be delivered following assessment	now	Aisha Ali
Recommendation f: The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 21).	We were not aware of this regulation – we have removed PVG certificates and created a spreadsheet where PVG scheme numbers are recorded	Now	Aisha Ali

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Name	Dr Naushad Ali		
Designation	GP and Clinical Director		
Signature	Nati	Date 10 / 09 /2023	

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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