

Action Plan

Service Name:	New Mind Medical
Organisation Number:	02240
Service Provider:	New Mind Medical Ltd
Address:	37 Clydesdale Street, Hamilton, ML3 0DD
Date Inspection Concluded:	20 January 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that fire safety equipment is regularly checked and replaced when required (see page 16).</p> <p>Timescale – immediate</p> <p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	Fire extinguishers installed and maintenance contract in place.	Completed	Dr Stewart
<p>Requirement 2: The provider must ensure that patient care records are fully completed so that safe care of patients can be demonstrated. Care and treatment plans, and aftercare plans, should be shared with patients (see page 20).</p>	Consultation templates have been written to cover all aspects of consultation to be recorded. We will record ongoing notes in SBAR form. Care and treatment plans will be shared with patients.	Immediate	All staff

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<p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)(c) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>			
<p>Recommendation a: The service should collate patient feedback obtained from the various methods to provide a more structured approach. This would help when analysing feedback and demonstrating the impact of change from the improvements made (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>We have a regular MDT meeting where all feedback will be collated. This will include verbal communication from patients and we will ask all patients to complete the Treatment Perceptions Questionnaire.</p>	<p>Immediate</p>	<p>All staff</p>
<p>Recommendation b: The service should develop a process of informing patients about how their feedback has been used to improve the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>All changes made as a result of feedback to improve the service will be sent to patients in email form. The responsibility for doing this will be allocated at the MDT meeting.</p>	<p>Immediate</p>	<p>All staff</p>
<p>Recommendation c: The service should implement a system to record any accidents, incidents and adverse events (see page 16).</p>	<p>We have an Accident Book in place. We have carried out a risk assessment for slips, trips and falls.</p>	<p>Already in place.</p>	<p>Dr Stewart</p>

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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14			
<p>Recommendation d: The service should develop and implement a system for ongoing professional monitoring of staff members and Protecting Vulnerable Groups (PVG) updates to ensure that staff remain safe to work in the service (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	New Mind Medical will check the PVG status of staff every 3 months by accessing the Disclosure Scotland website. Disclosure Scotland will inform New Mind Medical of any change in status.	Immediate	Dr Stewart
<p>Recommendation e: The service should develop and implement a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>We have highlighted areas for audit in our Quality Improvement Plan including cleaning, medicines availability and expiration, hand hygiene and controlled drug prescribing.</p> <p>We will carry this out on a rolling basis going forward and add or remove audits as is thought appropriate at the business meeting.</p>	1 month	Dr Stewart

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<p>Recommendation f: The service should further develop its quality improvement plan to include timescales and a mechanism to monitor planned improvements (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Timescales added to document. Planned improvements will be discussed and monitored at Business Meeting. The standing agenda is:</p> <ol style="list-style-type: none"> 1. Referrals 2. Staffing, Location and Contingency 3. Patient Participation 4. Audit 5. Medicines Management – discussion re prescriptions, CD audit 6. Strategic Planning 7. Training/Supervision/Appraisal 8. Risk Assessments 9. Finances 10. Key Performance Indicators 11. Networking 12. Staff wellbeing 	<p>Immediate</p>	<p>All staff</p>
<p>Recommendation g: The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>Single use mop, cloths and chlorine tablets already purchased.</p>	<p>Completed</p>	<p>All staff</p>

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Name	Dr Edmund Stewart		
Designation	Director New Mind Medical		
Signature	<i>Dr Edmund Stewart</i>	Date	1 st March 2025

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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