

## Action Plan

Service Name:	Anchor Health Solutions
Service number:	01630
Service Provider:	Anchor Health Solutions Limited
Address:	40 Union Terrace, Aberdeen, AB10 1NP
Date Inspection Concluded:	07 March 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must write and implement appropriate systems, processes and procedures for the management of all medication in the service (see page 11).  Timescale – immediate	Medication management policy to be created as an umbrella policy over the existing vaccination policy (the only medication in use in the Clinic)	implemented	Clinic Manager

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<b>Requirement 2:</b> The provider must carry out pre-employment checks, including obtaining references and appropriate disclosure checks through Disclosure Scotland are carried out in line with current legislation and best practice guidance to make sure it does not employ any person that is unfit (see page 13).  Timescale – by 7 September 2023	Recruitment guidelines to be updated to include all the requirements.	By 7 September 2023	Clinic Manager
<b>Recommendation a:</b> The service should ensure that policies have a review date recorded once they have been reviewed (see page 11).	Review date to be recorded on each policy.	implemented	Clinic Manager
<b>Recommendation b:</b> The service should implement a checklist to record the outcome of checking the contents of vaccine fridge and the emergency equipment bag (see page 11).	Vaccine fridge and emergency equipment bag checklists to be created and updated monthly and yearly.	implemented	Clinic Manager
<b>Recommendation c:</b> The service should document emergency contact details in the patient care record (see page 12).	To include the emergency contact details in each patient's record.	implemented	Clinic Manager

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 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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