

## Action Plan

Service Name:	Dr Nicola Willis
Service number:	00327
Service Provider:	Willis Clinic Ltd
Address:	West Lodge, Corraith, Symington, Kilmarnock KA2 9AT
Date Inspection Concluded:	15 March 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
<b>Recommendation a:</b> The service should implement a regular programme of checking equipment and stock expiry dates.	An audit of all drugs and dated equipment will be carried out on the first working day of the month. The audit will be included in the internal audit schedule and will therefore be monitored and reported. The first audit took place on 1 April 2022	Complete	Dr N Willis
<b>Recommendation b:</b> The service should ensure that patient consent to treatment is obtained and documented consistently in each patient care records.	Revised consent forms have been written. These list all the relevant consents and therefore act as a check-sheet to ensure all the necessary consents are signed.	Complete	Dr N Willis
<b>Recommendation c:</b> The service should ensure that aftercare information is given consistently to each patient and documented in each patient care record.	Aftercare information is in the process of being documented. These will be available in a printed form, although patients will be encouraged to take a QR code card which will provide the information electronically.	20 May '22	Dr N Willis & I Matthews

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 2	Review Date:
Circulation type (internal/external): Internal/External		

<b>Recommendation d:</b> The service should ensure that audits of patient care records regularly take place.	An audit of patient care records has been included in the internal audit schedule. Including it in this schedule will ensure the audit is monitored and reported	Complete	Dr N Willis
--	--	----------	-------------

Name	<input type="text" value="Nicola Willis"/>		
Designation	<input type="text" value="Director"/>		
Signature	<input type="text" value="Dr N Willis"/>	Date	<input type="text" value="22 / 04 / 22"/>

**In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.**