

Action Plan

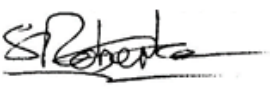
Service Name:	House of Hearing (Glasgow)
Service number:	02052
Service Provider:	House of Hearing Ltd
Address:	16 Robertson Street, Glasgow, G2 8DU
Date Inspection Concluded:	15 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 17).</p> <p>Timescale – immediate</p>	All new registration forms that are sent to patients now include emergency contact details. This is the case for both House of Hearing patients and other clients seen by staff operating under practising privileges within Clyde Consulting Rooms. All staff and practitioners are now fully aware of the importance of ensuring that all patient forms, including those for existing patients, are updated with emergency contact information. Staff are also trained to document in their records if the patient refuses to provide this information.	Immediately	Dr Stuart Robertson, Service Manager

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Recommendation a: The service should update its participation policy to include how it will inform patients how their feedback has been used to improve the service (see page 11).	We will start displaying information in our clinic with regards to patient feedback. For example we will display a "you said.... we did...." poster in our reception area to inform patients how we have listened, acknowledged their feedback and implemented change.	Immediately	Dr Stuart Robertson, Service Manager
Recommendation b: The service should review documentation to ensure consent is clearly recorded for treatment and information sharing (see page 17).	The importance of recording consent was discussed at our recent Clinical Governance meeting, shortly after the HIS inspection of 15 November 2023. We already have a quarterly clinical record audit for all clinicians that includes checking consent is obtained and clearly recorded. This audit is ongoing and will remain on the rolling agenda for our Clinical Governance Meetings.	Immediately	Dr Stuart Robertson, Service Manager

Name	<input type="text" value="Dr Stuart Robertson"/>	
Designation	<input type="text" value="Service Manager"/>	
Signature		Date <input type="text" value="08/01/2024"/>

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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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