


Action Plan

Service Name:	Kings Park Hospital
Service number:	00045
Service Provider:	Circle Health Group Limited
Address:	Polmaise Road, Stirling, FK7 9JH
Date Inspection Concluded:	24-25 October 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated (see page 14).	Ongoing review of patient feedback mechanisms. Where improvements are identified they will be displayed on you said we did boards.	3 months	DCS

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Recommendation b: The service should implement a formal process for clinical supervision of trained staff (see page 18).	Due to the small cohort of staff at KPH providing meaningful clinical supervision is challenging. The SMT hold managerial line management as do Heads of department causing conflict with the principles of restorative supervision. CHG DCS for KP Ross Hal and Albyn have agreed provide peer supervision cross site to deliver on this objective. A meeting is planned across the three sites for 10/01/24. Furthermore, AHP supervision and support has been discussed and will be implemented in Jan 2024.	6 months	DCS
Recommendation c: The service should record that cleaning checklists include cleaning products and processes for clinical hand wash sink that reflect best practice guidance (see page 24).	A comprehensive review of cleaning schedules was undertaken following inspection schedules now reflect both CHG IPC guidance and NIPCM guidance for cleaning of CHWB	Immediate	Complete DCS

Name	Elizabeth Macleod		
Designation	Executive Director		
Signature		Date	5 / 12 /2023

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

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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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