

Action Plan

Service Name:	Med-Co Secure Healthcare Services Ltd
Service number:	01345
Service Provider:	Med-Co Secure Healthcare Services Ltd
Address:	Dungavel Immigration Centre, Muirkirk Road, Strathaven ML10 6RF
Date Inspection Concluded:	21 July 2021

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should further develop audit tools to include details of issues identified, actions required and timescale for completion.	Previously requested clinical stats and audit tools using the vision system, but vision have been unable to support this request, due to the system, all audit tools will be reviewed and updated to reflect identified issues	December 2021	HCM
Recommendation b: The service should undertake more frequent high touch cleaning and document on the cleaning schedule.	Increased to Monday, Thursday and Saturday - ongoing review and can be increased if required	Immediate	Housekeeping supervisor.

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Recommendation c: The service should ensure that all patient risks identified are recorded in the electronic patient records both at the point of admission and during any subsequent assessment.	Staff do ensure that all risks identified are noted and updated - however it was requested by HIS that it was noted on the Mental health tab, this has been actioned	immediate	HCM
Recommendation d: The service should ensure regular audits are carried out of the patient care records.	Patient care records are audited monthly along with the prescriptions	Ongoing	HCM
Recommendation e: The service should ensure that training and support is identified for staff to further develop skills in using the electronic patient records.	Links maintained with vision and requests made for Vision set up to be completed	November 2021	HCM
Recommendation f: The service should develop and implement a quality improvement plan.	This has been devised and can be sent to yourselves on request	Ongoing	HCM

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Name	Helen Adam
Designation	Healthcare Manager
Signature	H Adam
Date	01 / 09 /2021

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