

Action Plan

Service Name:	Optimax Clinics Limited	
Service number:	00344	
Service Provider:	Optimax Clinics Limited	
Address:	18 Charing Cross Mansions, Glasgow, G3 6UJ	
Date Inspection Concluded:	14 June 2023	

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure a record of patients' next of kin or emergency contact is documented in patient care records (see page 15). Timescale – immediate	Please see attached additional local policy 35 in place to capture record of patients next of kin	June 2023	Lorraine Mullen Clinic Manager Andrea Flowers Compliance Manager Chris Fisher Compliance Manager

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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Recommendation a: The service should comply with national infection prevention and control guidance to ensure the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 13).	Please see attached data sheets of proposed cleaning product confirmed suitable by laser manufacturer Schwind to be used within theatre with the excimer lasers	18.07.23	Lorraine Mullen Clinic Manager Chris Fisher Compliance Manager
Recommendation b: The service should update its infection control policy to ensure it aligns to Health Protection Scotland's National Infection Prevention and Control Manual and Healthcare Improvement Scotland's Infection prevention and control standards (see page 13).	Infection control policy update to be made in line with the above by the compliance department	July 2023	Lorraine Mullen Clinic Manager Andrea Flowers Compliance Manager

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Recommendation c: The service should ensure additional storage is provided in the theatre dirty/utility room (see page 13).	Additional storage has arrived post inspection for both theatre /utility and dirty room	June 2023	Lorraine Mullen Clinic Manager
Recommendation d: The service should amend its compliance audit tools to reflect The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 (see page 13).	Please find attached the new Internal Compliance Audit it is now a standalone document produced in line with HIS regulations.	06.07.23	Lorraine Mullen Clinic Manager Andrea Flowers Compliance Manager

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Recommendation e: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements in the service (see page 19).	Please see attached Local improvement plan Q2 Glasgow Clinic 2023	10.07.23	Lorraine Mullen Clinic Manager
Name Lorraine Mullen Designation Clinic Manager Signature L Mullen	Date 25 /	/07 2023	

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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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