



## Action Plan

Service Name:	Proclaim Care
Service number:	00553
Service Provider:	Proclaim Care Limited
Address:	Princes Gate, 2nd Floor, Castle Wing, Castle Street, Hamilton, ML3 6BU
Date Inspection Concluded:	3 November 2020

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a)</b></p> <p>The service should review its infection control policy and ensure it details how the service will implement and monitor compliance with the standard infection control precautions described in Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> (see page 9).</p>	<p>We will review our infection control policy and amend this to reflect the specific guidance described in Health Protection Scotland's National Infection Prevention and Control Manual. We will provide HCIS with an update copy of this policy on completion. Policy will be a required sign off by team members</p>	<p>Policy amended by 10/01/21</p> <p>Team sign off by 31/01/21</p>	<p>Tracey Buchanan supported by Wendy Hopps, Clinical Team Leader for Scotland Team</p>

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		



<p><b>Recommendation b)</b></p> <p>The service should update its COVID-19 guidance to request patients wear their own face covering during assessments and treatments. This would comply with Government guidance on wearing face coverings in enclosed spaces (see page 9).</p>	<p>We will update our Covid-19 guidance to include mandatory face covering during assessments for our clients (patients) unless they have a valid exemption reason. As per our current policy, we will provide an face covering to the client, if they do not have their own. The policy guidance will be updated and all team members will be required to review and agree understanding of changes.</p>	<p>Policy updates to be completed by 18/12/20. Staff sign off by 4/1/21.</p>	<p>Tracey Buchanan</p>
--	---	--	------------------------

Name	Tracey Buchanan	
Designation	CFO	
Signature		Date <input data-bbox="1339 842 1697 906" type="text" value="10 / 12 /2020"/>

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

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