

## Action Plan

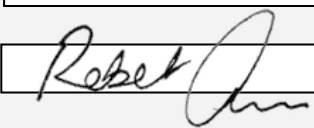
Service Name:	SMARTS for Life
Service number:	02063
Service Provider:	SMARTS for Life Limited
Address:	Westwood, Dunning, Perthshire, PH2 0QN
Date Inspection Concluded:	06 April 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should further develop its audit programme to cover additional key aspects of care and treatment (see page 12).	Audit Programme: <ol style="list-style-type: none"> <li>1. Private prescription audit of copies of private prescription scripts (PPCD) in patient files - yearly.</li> <li>2. Environment Audit Policy created with breakdown of maintenance checks and routines for the key areas of service delivery- audit yearly</li> <li>3. Infection Prevention and Control Policy audit yearly to ensure cleaning schedules and checks performed.</li> </ol>	1. Immediate 2. Immediate 3. Immediate	1. Judith Piggot 2. Robert Carr 3. Robert Carr

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
----------------------------------	----------------	-----------	--------------------

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 3	Review Date:
Circulation type (internal/external): Internal/External		

<b>Recommendation b:</b> The service should develop cleaning schedules in line with current guidance (see page 12).	Infection Prevention and Control Policy updated with cleaning schedules and checks	Immediate	Robert Carr
---	--	-----------	-------------

Name	<input type="text" value="Robert Carr"/>		
Designation	<input type="text" value="Service Manager"/>		
Signature		Date	<input type="text" value="24 Mar 2023"/>

**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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:2 of 3	Review Date:
Circulation type (internal/external): Internal/External		

- **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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 3	Review Date:
Circulation type (internal/external): Internal/External		