

## Action Plan

Service Name:	Seafield Health Solutions
Service Number:	00602
Service Provider:	Seafield Health Solutions Ltd
Address:	c/o Seafield Medical Centre, Barhill Road, Buckie, Moray, AB56 1FP
Date Inspection Concluded:	02 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must replace the carpet in the treatment room with a seamless, impermeable, slip-resistant, easily cleaned and appropriately wear-resistant surface (see page 19). Timescale – by 2 May 2024	The premises are not owned by SHS Ltd and we are therefore unable to make changes as stated. A request has been made to the Medical Centre to see if a compliant clinical room would be available and we await their decision.	May 2024	Director
<b>Requirement 2:</b> The provider must carry out a risk assessment on the sink in the treatment room to mitigate any risk associated with using non-compliant clinical wash and consider a refurbishment programme to upgrade this hand basin (see page 19). Timescale – by 2 February 2024	The premises are not owned by SHS Ltd and we are therefore unable to make changes or initiate a refurbishment programme. As above, we have approached the Medical Centre to see if a compliant clinical room would be available.  Risk assessment to be carried out January 2024.	Jan 2024	Director and Manager

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<b>Requirement 3:</b> The provider must ensure patients' emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 19). Timescale – immediate	Next of kin details have been added to all medical types on our online booking system. The questions have been made as a “required” response.	Completed	Manager
<b>Recommendation a:</b> The service should develop measurable objectives and a process to measure these (see page 10).	Meeting scheduled to agree measurable objectives for SHS Ltd and process to be put in place to ensure that these can be measured.	February 2024	Director and Manager
<b>Recommendation b:</b> The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients (see page 14).	Meeting scheduled to discuss this and for a plan to be put in place to develop this further.	February 2024	Director and Manager
<b>Recommendation c:</b> The service should share improvements or actions taken as a result of feedback from patients to show how this was being used to improve the quality of care provided (see page 14).	Initial meeting and discussion taken place around this. Discussion on the possibility of using website for this purpose. Further meeting scheduled.	February 2024	Director and Manager
<b>Recommendation d:</b> The service should update its safeguarding policy to ensure that local social work contact details are available to staff in the event of a safeguarding concern (see page 16).	Policy has been updated and Social Work contact details added to the existing policy	Completed	Manager
<b>Recommendation e:</b> The service should update its infection control policy to include how the environment and reusable equipment would be effectively decontaminated in line with national guidance (see page 16).	Policy has been updated.	Completed	Manager

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<b>Recommendation f:</b> The service should further develop its programme of audits to include infection control and the safety and maintenance of the care environment. Audits should be documented and improvement action plans implemented (see page 17).	Discussion has already taken place. Implementation of audits separate from those undertaken by the Medical Centre have been scheduled to being in March 2024.	March 2024	Director and Manager
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Name	Heather D Pirie		
Designation	Manager		
Signature	Heather D Pirie	Date	13-12-2023

### 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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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