

Action Plan

Service Name:	Superdrug Nurse Clinic (Silverburn)
Service Number:	01661
Service Provider:	Superdrug Stores Plc
Address:	Glasgow Silverburn B4, Cowglen Road, Glasgow, G53 6AG
Date Inspection Concluded:	05 May 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should update its complaints posters to clarify that patients can complain directly to Healthcare Improvement Scotland at any time (see page 9).	Review and update as suggested.	3 months	nominated individual/ pharmacy superintendent.

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation b: The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of equipment with blood contamination and clinical hand wash basins (see page 13).	Liaise with the clinic operations team to ensure that nurse team are able to access the approved cleaning equipment (recommended by HIS) from suppliers. Introduce to all clinics and ensure compliance.	3 months	nominated individual/ pharmacy superintendent.

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Recommendation c: The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 14).	Update all nurses to include this detail in notes with immediate effect.	Immediate	Regional Nurse Manager
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Name	Leigh Taor-Yunusova		
Designation	Clinical Excellence Manager		
Signature	L Taor-Yunusova	Date	16 / 06 /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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