

Action Plan

Service Name:	La Belle Forme at Glasgow Day Surgery Centre
Service number:	02055
Service Provider:	La Belle Forme Ltd
Address:	154 Clyde Street, Glasgow, G1 4EX
Date Inspection Concluded:	03 March 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 13). Timescale – immediate	The service has submitted retrospective notifications following the inspection and now has in place a process to ensure that notifications are submitted as per the notification guidance.	Immediate	Hospital Operations Director
Recommendation a: The service should formally engage with a consumer redress scheme (see page 8).	The service will engage with and appoint a suitable provider, to ensure that there is an appropriate consumer redress scheme in place for stage 3 complaints.	4 Weeks	Hospital Operations Director
Recommendation b: The service should include consent to share information, as appropriate, with the patient's GP in the patient care records (see page 8).	The service will include this information and consent within the patient care records to appropriately highlight the importance of this.	4 Weeks	Business Office Manager

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Recommendation c: The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks (see page 13).	The service will update the cleaning checklist to include instructions on how to clean sanitary fittings including sinks. All staff have been advised of changes including 3 rd party cleaning contractor.	4 Weeks	Quality Manager
Recommendation d: The service should implement a robust checklist for those staff granted practicing and privileges to ensure that induction is accurately recorded and that a copy of CPD training has been received (see page 16).	The service will develop and implement an induction checklist for those with practicing privileges and ensure this is completed as part of the onboarding of any new staff with practicing privileges. Adjustments has been made to the onboarding process and documentation to ensure a copy of the mandatory training is received for all those working within the service.	4 Weeks	Business Office Manager

Name	<input type="text" value="Christopher McAvoy"/>		
Designation	<input type="text" value="Hospital Operations Director"/>		
Signature	<input type="text" value="Christopher McAvoy"/>	Date	<input type="text" value="12/04/2023"/>

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

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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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