

Action Plan

Service Name:	MedAssistant
Service Number:	01840
Service Provider:	MedAssistant Limited
Address:	117 Saltmarket, Glasgow, G1 5LF
Date Inspection Concluded:	08 June 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should complete risk assessments for all appropriate work tasks. Risk assessments should include relevant hazards and actions to minimise potential risks and be reviewed at regular intervals (see page 10).	Fire Risk Assessment completed and updated.	Completed	Manager
	Lone Worker Risk Assessment completed.	Completed	Manager
	COSSH Risk Assessments updated.	Completed	Manager
Recommendation b: The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 12).	Health Questionnaires that are required to be completed by all patients now have a consent section worded "In the unlikely event of a medical emergency, I consent to my records held my MedAssistant to be shared with my GP and Emergency Services"	Completed	Manager
Recommendation c: The service should develop and implement a quality improvement plan (see page 14).	Quality improvement plan	Completed	Manager

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Produced by: IHC Team	Page:1 of 2	Review Date:
Circulation type (internal/external): Internal/External		

Name	<input type="text" value="Brian Barnes"/>		
Designation	<input type="text" value="Manager/Owner"/>		
Signature	<input type="text" value="B. Barnes"/>	Date	<input type="text" value="14/ 07 / 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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