

Action Plan

Service Name:	One Private Healthcare
Service Number:	00421
Service Provider:	One Private Healthcare Ltd
Address:	First floor, Connect Building, 59 Bath Street, Glasgow, G2 2DH
Date Inspection Concluded:	07 June 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 11). Timescale – immediate	All current staff now enrolled with PVG. Annual review/audit system developed to ensure information is updated. Any new staff will be enrolled into PVG.	Immediate	Office Manager/Director
Recommendation a: The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 9).	Risk Register being developed in conjunction with action plans for all key areas of the company	3 months	Office Manager/Director

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Recommendation b: The service should further develop its programme of audits to cover key aspects of care and treatment (see page 9).	Review of audit processes and timelines being undertaken	3 months	Office Manager/Director
Recommendation c: The service should expand the range of information audited as part of the patient care record audit (see page 10).	Review underway to ensure more robust	3 months	Office Manager/Director
Recommendation d: The service should review and further develop its recruitment policy in line with Scottish Government's Safer Recruitment through Better Recruitment guidance (2016) (see page 11).	Continuing to develop our recruitment process in keeping with Scottish Government's Safer Recruitment guidance	3 months	Office Manager/Director
Recommendation e: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 12)	Improvement plan being developed	3 months	Office Manager/Director

Name	Karen Rawlings		
Designation	Office Manager		
Signature	Karen Rawlings	Date	13 / 07 /2023

Guidance on completing the action plan.

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- **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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