

Action Plan

Service Name:	Superdrug Nurse Clinic (Forge SC)
Service number:	01830
Service Provider:	Superdrug Stores Plc
Address:	Unit 10a, Parkhead Forge SC, Glasgow, G31 4EB
Date Inspection Concluded:	09 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 current complaints poster and update as suggested	3 months	Nominated individual/ pharmacy superintendent.

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023		
template AP				
Produced by: IHC Team	Page:1 of 3	Review Date:		
Circulation type (internal/external): Internal/External				



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

Designation Clinical Excellence Manager Signature L. Taor-Yunusova Date 16 /06 /2023	Name	Leigh Taor-Yunusova		
Signature L. Taor-Yunusova Date 16 /06 /2023	Designation	Clinical Excellence Manager		
	Signature	L. Taor-Yunusova	Date	16 /06 /2023

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

Guidance on completing the action plan.

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023		
template AP				
Produced by: IHC Team	Page:2 of 3	Review Date:		
Circulation type (internal/external): Internal/External				



- **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.

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023		
template AP				
Produced by: IHC Team	Page:3 of 3	Review Date:		
Circulation type (internal/external): Internal/External				