

## Action Plan

Service Name:	Alpha Hospital Group
Organisation Number:	02402
Service Provider:	Alpha Hospital Group and Healthcare Ltd
Address:	16 Carden Place, Aberdeen, AB10 1FX
Date Inspection Concluded:	19 February 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that all infrequently used water outlets are flushed and appropriate records kept in line with current national guidance (see page 24).</p> <p>Timescale – by 19 May 2025</p> <p><i>Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Risk assessment undertaken 08 April 2025 to determine frequency of use for all sinks.</p> <p>This has been implemented immediately reverting from weekly back to twice weekly or daily in accordance with National Infection Prevention and Control Manual 4.1.4 Management of water outlets including taps and showers</p> <p>All checklists are being updated to reflect this.</p>	Complete as of 16 April 2025	Mark Harrison Clinical Nurse Manager

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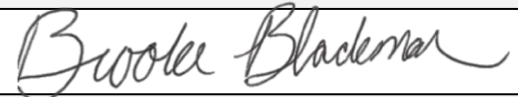
<p><b>Recommendation a:</b> The service should develop a formal process for reviewing patient feedback (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>Patient Feedback will continue to be analysed regularly during Clinical Governance Meetings. Patient feedback will be reviewed during monthly management meetings to improve services.</p>	<p>Ongoing</p>	<p>Brooke Blackman, Operations Manager</p>
<p><b>Recommendation b:</b> The service should develop its own systems and processes and implement clinical supervision of trained staff, including formal recording of it (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	<p>The nurse manager continues to supervise clinical staff. Clinical staff are encouraged to use reflection to log their supervision.</p> <p>Regular staff meetings will now include bank staff where available or one to one meeting to discuss clinical supervision. Minutes will be taken and documented.</p> <p>Nurse manager has commenced monthly supervision sessions and meetings with a log recorded. All staff are encouraged to do the same.</p>	<p>Implementation commenced 16<sup>th</sup> April 2025 with ongoing review</p>	<p>Mark Harrison Clinical Nurse Manager</p>
<p><b>Recommendation c:</b> The service should implement a competency framework for all staff involved in clinical care (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	<p>Current competency framework for permanent clinical staff expanded to include bank staff as they attend shifts</p>	<p>Implementation commenced 16<sup>th</sup> April 2025 with ongoing review</p>	<p>Mark Harrison Clinical Nurse Manager</p>

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<p><b>Recommendation d:</b> The service should further develop a structured programme of regular audits (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The mandatory monthly, quarterly, yearly auditing programme calendar revised to more clearly define guidelines for when auditing will take place.</p>	<p>Implemented 3<sup>rd</sup> March and ongoing</p>	<p>All staff involved in audit</p>
<p><b>Recommendation e:</b> The service should record patients' consent to share information with their next of kin in the event of an emergency in the patient care record (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>	<p>Patient intake forms were updated to require next of kin contact details and consent to contact next of kin. Pre-operative assessments were updated to include consent to speak to post operative chaperone and/or next of kin.</p>	<p>Completed 20<sup>th</sup> February, 2025</p>	<p>Brooke Blackman, Operations Manager</p>
<p><b>Recommendation f:</b> The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>Implemented immediately. One clinician was already observing practice. Additional bottles purchased for solution. Documentation to be updated to reflect practice.</p>	<p>Implemented 20<sup>th</sup> February 2025 and ongoing</p>	<p>Nurse Manager/All clinical staff</p>

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<p><b>Recommendation g:</b> The service should store all waste in a designated, safe, lockable area while awaiting uplift (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	Chain installed to secure clinical waste bins to GRP building.	Completed 17 <sup>th</sup> April 2025	Brooke Blackman, Operations Manager
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Name	Brooke Blackman		
Designation	Operations Manager		
Signature		Date	17 April 2025

**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.

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- 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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