

Action Plan

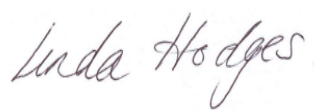
Service Name:	Ross Hall Hospital
Organisation Number:	00032
Service Provider:	Circle Health Group Limited
Address:	221 Crookston Road, Glasgow, G52 3NQ
Date Inspection Concluded:	13 March 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure compliance with all standard infection prevention and control precautions as detailed in Health Protection Scotland's National Infection Prevention and Control Manual, in particular:</p> <p>(a) clinical waste management, and (b) use of personal protective equipment (see page 31).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)(iii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>(a) Non-conformance by the third-party provider SRCL was identified on the day of Health Care Protection Scotland inspection on 13th March 2025, whereby an external clinical waste cart that is intended to securely store appropriately sealed, labelled clinical waste ready for collection was found not to have an appropriate locking mechanism in use. The incident was immediately escalated to the third-party provider as a breach of service provision and the carts removed and isolated until they could be safely removed. Incident escalated to the Group Facilities Services Manager.</p> <p>The third-party provider has been reminded of its requirement to provide fully compliant waste</p>	<p>Immediate All Action Complete</p>	<p>Linda Hodges, Director of Clinical Services Lorna Imrie, Associate Director of Clinical Services and IPC Lead Housekeeping Services Supervisors</p>

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	<p>disposal carts in line with Health and Safety and Infection Control standards and legislation. Compliance with service provision will be closely monitored moving forward by the site Health and Safety Lead and any further non-conformances will be escalated for immediate action. No waste disposal carts will be accepted by site unless they meet required standards of security.</p> <p>(b) The housekeeping staff that were identified as failing to use appropriate personal protective equipment (apron) when servicing a vacated room have had additional training from the Housekeeping Services Lead and Infection Control Nurse. Compliance with standards will be closely monitored going forwards as part of ongoing surveillance and any further issues identified addressed appropriately to prevent recurrence. The IPC Nurse has identified this as a learning opportunity to refresh all housekeeping staff with regards to the appropriate use of PPE.</p>		
<p>Recommendation a: The service should ensure that all medication charts are rewritten when patients are being transferred from critical care to the wards to ensure that information about patients' prescribed medication remains current (see page 31).</p> <p>Health and Social Care Standards: My</p>	<p>A process has been implemented to ensure that all medication charts are rewritten when patients are being prepared for transfer from critical care to the wards to ensure that information about patients' prescribed medication remains current. This action has been added to the SBARD interdepartmental transfer document and is the responsibility of the critical care RMO, checked by the Critical Care transfer nurse. This process is currently</p>	<p>Immediate All Action Complete</p>	<p>Linda Hodges, Director of Clinical Services Caroline Crichton, Director of Clinical Services Katie Malcolmson Critical Care Lead</p>
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support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	being embedded		
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Name	Linda Hodges		
Designation	Director of Clinical Services		
Signature		Date	13/5/25

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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