

Action Plan

Service Name:	Signature Clinic
Organisation Number:	01389
Service Provider:	Signature Medical Glasgow Ltd
Address:	79 West Regent Street, Glasgow, G2 2AW
Date Inspection Concluded:	07 March 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must improve the standard of record keeping in patient care records to ensure they contain a detailed record of all consultations, discussions and treatment plans (see page 20).</p> <p>Timescale – immediate</p> <p>Regulation 4(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	Communication with all operating surgeons to reinforce the requirements to fully document the pre-operative discussion and consultation held with patients in clinic	07/05/2025	John Fairhurst

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<p>Requirement 2: The provider must ensure the patient's GP and consent for sharing relevant information with their GP and other healthcare professionals in an emergency are documented in the patient care record. If the patient refuses, this should be documented (see page 20).</p> <p>Timescale – immediate</p> <p>Regulation 4(3)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>An additional section added to the perioperative pathway document (patient medical history questionnaire that is completed on the day of surgery by the patient) to include a tick box that the patient must complete to confirm: 'I consent to Signature Clinic contacting my GP or other healthcare professionals to share relevant information in an emergency'.</p>	07/05/2025	John Fairhurst
<p>Recommendation a: The service should ensure that consent for taking pre- and post-treatment photographs is recorded in patient care records (see page 20).</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>An additional section added to the perioperative pathway document (patient medical history questionnaire that is completed on the day of surgery by the patient) to include a tick box that the patient must complete to confirm: 'I consent to pre and post operative photographs being taken that will not be shared but will remain part of my medical records'.</p>	07/05/2025	John Fairhurst
<p>Recommendation b: The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins, in line with national guidance (see page 20).</p>	<p>Chlorine releasing tablets (1,000 ppm) are to be made available for cleaning of sanitary areas within the clinic, cleaning schedules and policy to be updated to reflect the changes and the recommendations within The NHS Scotland National Cleaning Services Specification</p>	07/05/2025	Emma O'Brien

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There was also no evidence in the patient care records that a treatment plan had been written or provided to the patient. We were told that this was emailed to the patient after the first consultation but was not kept in the patient care record.	All patient treatment plans to be added to patient record with date and time of correspondence provided to patient	07/05/2025	Anna Kempa
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Name	John Fairhurst		
Designation	Director of Clinical Services		
Signature	John Fairhurst	Date	30/04/2025

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.
- 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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