

Action Plan

| Service Name: | The Purple House Clinic | |
|----------------------------|--|--|
| Service number: | 01794 | |
| Service Provider: | Munizco Ltd | |
| Address: | First floor, 65 Bath Street, Glasgow, G2 2BX | |
| Date Inspection Concluded: | 25 May 2023 | |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|--|---|-----------------------------|--------------------|
| Recommendation a: The service should develop a process of informing patients about how their feedback has been used to improve the service (see page 9). | Reorganise the news board in the patient waiting area to include a section called 'You said / We did'. This section should include relevant messages from patients regarding our services, processes and premises and the actions we undertook to address those messages. Include the content from the 'You said / We did' board on our website. Ensure the content on the 'You said / We did' board is reviewed and updated regularly (at least once a month). | August – October 2023 | Tomas Garcia |

| 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: |
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| Recommendation b: The service should update its complaints policy to include full contact details of Healthcare Improvement Scotland and clarify that patients can complain directly to Healthcare Improvement Scotland at any time (see page 9). | Head office reviewing and updating policy in line with this recommendation | August – October 2023 | Dr Katie Morris |
|---|---|-----------------------------|---|
| Recommendation c : The service should update its infection prevention and control policy to reference current legislation and best practice guidance (see page 12). | Head office reviewing and updating policy in line with this recommendation | August – October 2023 | Dr Katie Morris |
| Recommendation d: The service should ensure that safeguarding policies for both vulnerable adults and children are reviewed and are in line with Scottish legislation (see page 12). | Head office reviewing and updating policy in line with this recommendation | August – October 2023 | Dr Katie Morris |
| Recommendation e : The service should expand the range of information audited as part of the clinical record keeping audit (see page 14). | The senior clinical team to review the current audit and expand as per recommendation | August – October 2023 | Dr Michelle Muniz and Mireille Wallace |
| Recommendation f: The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service (see page 18). | Move all our improvement plans to a master spreadsheet. This spreadsheet should include one tab per improvement plan. Each tab should include a section on patient feedback and complaints – which will explain how relevant feedback from patients informs the improvement plan in that particular tab. | August – October 2023 | Tomas Garcia |

| 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: |
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| Name | Dr Michelle Muniz | |
|-------------|-------------------|---------------------|
| Designation | Director | |
| Signature | henci | Date 05 / 07 / 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.

- **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 |
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| Produced by: IHC Team | Page:3 of 3 | Review Date: |
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