

Action Plan

Service Name:	Westbourne Medical Studios
Service number:	01854
Service Provider:	Westbourne Medical Studios Ltd
Address:	Westbourne House, 20 Lynedoch Crescent, Glasgow, G3 6EQ
Date Inspection Concluded:	24 November 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Requirement 1: The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (see page 8). Timescale – immediate	Appendix added that reads “At any stage in the complaints process the patient can refer their complaint directly to Healthcare Improvement Scotland”	Completed	Eryn Strachan Dave Gorman
Requirement 2: The provider must put in place a schedule for the regular servicing and maintenance of all equipment (see page 10). Timescale – by 7 March 2023	This has been implemented and all maintenance has been carried out. Certification can be sent as necessary.	Complete	Diane Ross
Requirement 3: The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited (see page 13). Timescale – by 7 March 2023	Staff appraisal meetings are taking place and we are making good progress with updating records which will be completed by the end of Feb 2023	28/02/23	Diane Ross Veronica McBurnie

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Requirement 4: The provider must include signed practicing privileges contracts for relevant staff in their staff files (see page 13). Timescale – by 7 March 2023	Currently being completed	28/02/23	Diane Ross Veronica McBurnie
Requirement 5: The provider must develop a more structured quality assurance system to enable the service to evaluate its performance, identify areas for improvement and take corrective actions (see page 15). Timescale – by 7 March 2023	We have a service plan in place and have now added a patient service questionnaire to our system. Every patient receives this questionnaire upon completion of each appointment	Complete	Veronica McBurnie Dave Gorman
Recommendation a: The service should formally document all risk assessments carried out, and develop a risk register to support the management and review of identified risks (see page 10).	We already have a risk assessment register	Complete	Diane Ross
Recommendation b: The service should formalise its programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 11).	Audits currently in progress and audit schedule implemented	Complete	Diane Ross Veronica McBurnie

Recommendation c: The service should ensure only nitrile gloves are used and any vinyl based gloves removed from the treatment areas (see page 11).	All non-nitrile gloves were discarded on day of inspection and replacement gloves issued	Complete	Diane Ross Veronica McBurnie
Recommendation d: The service should document any part of the consent process that patients do not agree to, for example consent to share information with their GP or other healthcare professionals (see page 12).	G.P. details now routinely added to patient files and any consent documented in notes box	Completed	Diane Ross Eryn Strachan
Recommendation e: The service should carry out annual registration checks for medical and nursing staff, and include these checks in the staff files (see page 13).	In conjunction with updating staff files, annual registration checks to take place with each annual staff appraisal	Ongoing	Diane Ross Veronica McBurnie
Recommendation f: The service should develop a lone worker policy that includes risk-assessing each time a patient is visited at home (see page 13).	Policy in progress	07/03/23	Diane Ross Veronica McBurnie
Recommendation g: The service should develop a formal quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).	This is already in place	Completed	Diane Ross Veronica McBurnie
Recommendation h: The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions to ensure better reliability and accountability (see page 15).	Already in place before inspection. Records were shown at time.	Completed	Diane Ross

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Name	<input type="text" value="Veronica McBurnie"/>		
Designation	<input type="text" value="Practice Manager"/>		
Signature	<input type="text"/>	Date	<input type="text" value="02 / 02 /2023"/>
In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.			