

Action Plan

Service Name:	Baby Stepps Pregnancy Ultrasound
Service number:	02100
Service Provider:	Baby Stepps Ltd
Address:	Garfield House, Cumbernauld Road, Stepps, Glasgow, G33 6HW
Date Inspection Concluded:	22 May 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure	Has been developed – still to be fully circulated due to	Will be fully	Lee Lafferty
that an emergency management policy is in	staff annual leave	circulated by 10/08/25	
place that clearly sets out how an		.,	
emergency or adverse event would be dealt			
with (see page 15).			
Timescale – immediate			
Regulation 3(a) The Healthcare			
Improvement Scotland (Requirements as to			
Independent Health Care Services)			
Regulations 2011			
		D 1 0 M 1 0	<u> </u>

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:1 of 7	Review Date:
Circulation type (internal/external): Internal/External		



Requirement 2: The provider must ensure that patient care records contain appropriate patient information, consents and documentation of assessment, discussions, outcomes and aftercare advice (see page 19).	Add required information to Cliniko patient records, completion to be checked as part of appointment and subject to ongoing audit review UPDATE Record forms updated, and will be subject to ongoing and annual review. These will be assessed for success as part of ongoing audits	15/07/25 ACTION COMPLETE	Lee Lafferty
Timescale – immediate			
Regulation 4(2)(a)(b) The Healthcare			
Improvement Scotland (Requirements as to			
Independent Health Care Services)			
Regulations 201			
Requirement 3: The provider must ensure	Monthly performance reviews to be scheduled	10/08/25	Lee Lafferty
that staff recruited in the provision of the			
independent healthcare service receive			
regular individual performance reviews and			
appraisals (see page 19).			
Timescale – 22 August 2025			

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:2 of 7	Review Date:
Circulation type (internal/external): Internal/External		



Regulation 12(c)(i) The Healthcare			
Improvement Scotland (Requirements as to			
Independent Health Care Services)			
Regulations 2011			
Recommendation a: The service should	Commenced – currently includes no shows, and return	01/10/25	Lee Lafferty
implement a process for monitoring and	rates, complaints percentages, will be improved through		
measuring the service against the key	more detailed complaints KPIs and incident percentages		
performance indicators (see page 10).			
Health and Social Care Standards: My			
support, my life. I have confidence in the			
organisation providing my care and support.			
Statement 4.19			
Recommendation b: The service should	Monthly staff meetings to commence from 10/08/2025.	10/08/25	Lee Lafferty
formalise its staff meetings, with a record of	Full agenda being collated, action tracker to be implemented post first meeting		
discussions and decisions reached at these	implemented post inst meeting		
meetings kept. These should detail staff			
responsible for taking forward any actions			
(see page 11). Health and Social Care			
Standards: My support, my life. I have			

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:3 of 7	Review Date:
Circulation type (internal/external): Internal/External		



confidence in the organisation providing my			
care and support. Statement 4.19			
Recommendation c: The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	Work already underway – patient feedback template in circulation, response rates being assessed, feedback capture template commenced, will be included for discussion at monthly staff meetings also	01/10/25	Lee Lafferty
Recommendation d: The service should ensure complaints are documented effectively to evidence that the complaints management procedure had been followed (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Complaints will be documented and retained in line with GDPR requirements	15/07/25	Lee Lafferty

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:4 of 7	Review Date:
Circulation type (internal/external): Internal/External		



Recommendation e: The service should	This is scheduled to commence at the next staff team	10/08/25	Lee Lafferty
develop a list of mandatory training for staff	meeting		
to complete. This should include clinical			
training to ensure patient safety, as well as			
governance procedures, such as those for:			
(a) complaints management (b) duty of			
candour (c) consent, and (d) safeguarding			
(see page 15). Health and Social Care			
Standards: My support, my life. I have			
confidence in the people who support and			
care for me. Statement 3.14			
Recommendation f: The service should	Plans in place, with audits to commence in Q3 2025	30/09/25	Lee Lafferty
develop an audit programme to include			
audits of: (a) patient care records (b) staff			
files, and (c) the clinic environment and			
equipment (see page 16). Health and Social			
Care Standards: My support, my life. I have			
confidence in the organisation providing my			
care and support. Statement 4.19			

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023
template AP		
Produced by: IHC Team	Page:5 of 7	Review Date:
Circulation type (internal/external): Internal/External		



Recommendation g: The service should	Monthly performance reviews to be scheduled	10/08/25	Lee Lafferty
ensure that key ongoing checks on staff			
members are carried out to ensure they are			
safe to work in the service (see page 19).			
Health and Social Care Standards: My			
support, my life. I have confidence in the			
organisation providing my care and support.			
Statement 4.24			

Name	Lee Lafferty	
Designation	Director	
Signature	La-Je M	Date 17/07/25

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

File Name: IHC Inspection Post Inspection - Action Plan	Version: 1.1	Date: 8 March 2023		
template AP				
Produced by: IHC Team	Page:6 of 7	Review Date:		
Circulation type (internal/external): Internal/External				



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		
template AP				
Produced by: IHC Team	Page:7 of 7	Review Date:		
Circulation type (internal/external): Internal/External				