



Action Plan

Service Name:	Proclaim Care
Service number:	00553
Service Provider:	Proclaim Care Limited
Address:	Proclaim Care, Princes Gate, 2nd Floor, Castle Wing, Castle Street, Hamilton, ML3 6BU
Date Inspection Concluded:	12 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure the complaints policy and information about making a complaint makes specific reference to patients in Scotland and: a) highlights the patients' right to contact Healthcare Improvement Scotland at any time, and b) provides the full contact information for Healthcare Improvement Scotland (see page 19).</p> <p>Timescale – immediate</p>	<p>Customer Service Policy has been updated to V8.1. Shared internally and on WIKI. Includes link to HIS website, contact information and information for Proclaim Care customers resident in Scotland that they can contact HIS. Policy attached.</p>	<p>Policy complete and website due to be updated in the next 1-2 days</p>	<p>Registered Manager/External Website Designer</p>

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Regulation 15(6) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011			
<p>Recommendation a: The service should update its recruitment policy to include the health clearance and immunisation requirements for individual job roles (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	We have recently recruited a Head of HR who is due to join the business on 8 th September. One of the early tasks once inducted will be to review the recruitment process and implement a health screening/health check process. This recommendation will be reviewed as part of that action	31/10/2025	Head of HR/CEO

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<p>Recommendation b: The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>All copies of Disclosure Scotland PVG record certificates have been securely disposed from our PeopleHR (personnel record) system. These documents are stored online only.</p> <p>All information has been transferred to a disclosure record log and this will be used going forward to check and review PVG status</p>	Complete	Registered Manager
<p>Recommendation c: The service should implement a formal process to ensure all relevant annual professional registration checks on the registered nurses working in the service are carried out (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>We are investigation our PeopleHR system to determine a way for the team/HR to receive automatic reminders when a registration update/review is due.</p> <p>Stage 1 will be to complete an audit of current position and update all records appropriately.</p> <p>Stage 2 will be to implement an automatic system to alert when close to due.</p>	<p>Stage 1 – by 31/08/2025</p> <p>Stage 2 – by 31/12/2025</p>	Registered Manager/Chief Transformation Officer

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Name	<input type="text" value="Tracey Buchanan"/>		
Designation	<input type="text" value="CFO"/>		
Signature	<input type="text" value="Tracey Buchanan"/>	Date	<input type="text" value="05 / 08 /2025"/>

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.

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