

Action Plan


Service Name:	SMARTS For Life
Service number:	02063
Service Provider:	SMARTS For Life Limited
Address:	Westwood, Dunning, Perthshire, PH2 0QN
Date Inspection Concluded:	3 June 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must implement a system to ensure that:</p> <p>(a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.</p> <p>(b) All relevant information about the consultations and treatment is shared with the patient's NHS GP when the consultation</p>	<ol style="list-style-type: none"> 1. All service users requesting controlled medication must obtain a Primary Care (GP) Summary Medical Record prior to a prescription being issued. The Primary Care Record is stored in the patient's case file and updated as required. 2. All service users that have provided consent to contact their GP, will have copies of their Care Plan sent to their registered GP including a summary of recommended and prescribed medication. <p>Action complete</p>	June 2025	Dr Judith Piggot

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<p>or episode of care is completed (see page 15).</p> <p>Timescale – by 3 September 2025</p> <p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>			
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<p>Recommendation a: The service should ensure a fire risk assessment is carried out every year (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</p>	<p>A Fire Risk Safety Assessment has been conducted and complete</p>	<p>7 Aug 25</p>	<p>Robert Carr</p>
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Name	Robert Carr		
Designation	Director, Smarts For Life Limited		
Signature			Date 9 August 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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