

## **Action Plan**

Service Name:	Med-Co Secure Healthcare Services Ltd
Organisation Number:	01345
Service Provider:	Med-Co Secure Healthcare Services Ltd
Address:	Dungavel Immigration Centre, Muirkirk Road, Strathaven, ML10 6RF
Date Inspection Concluded:	02 September 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must develop a management of emergencies policy which clearly sets out how an emergency or adverse event would be dealt with, including	we adhere to the DSO 17/11/2014 Medical Emergency Response Codes. This is the policy we follow	Currently in place	Helen Adam
out of hours (see page 20).  Timescale – by 26 November 2025	To develop a local policy for emergencies	26/11/2025	Helen Adam
Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011			

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Requirement 2: The provider must ensure the healthcare environment is maintained in a manner that ensures adequate cleaning can take place to maintain appropriate infection prevention and control standards (see page 24).  Timescale – by 26 November 2025  Regulation 10(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	The healthcare environment is due to be fully revamped and extended within the next 6 months. There is a clear schedule for cleaning which is adhered to by the Mitie house keeping team and there is a quarterly Infection control audit undertaken by our Infection control champion with actions noted and where applicable resolved	Plans at tender stage	David Teece - Facilities manager
Requirement 3: The provider must ensure all entries in the patient care records are dated by the relevant healthcare professional (see page 24).  Timescale – immediate  Regulation 4(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011	All staff - predominantly Dr's have been reminded to annotate the time when the complete a consultation on Vision notes	immediately actioned and in place	Helen Adam
Recommendation a: The service should ensure staff meeting minutes are fully documented and include any actions taken and those responsible for the actions (see page 14).	This is now in place and actions are noted within the minutes and assigned to a member of staff	Immediately actioned	Helen Adam/Kerri McDowall

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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 work with the UK Home Office to review the centralised complaints process with the view to developing an alternative confidential system for healthcare complaints to be	This has been an ongoing noted recommendation following HMIP Inspections, this is an action that requires agreed and taken forward by the Home office.	Ongoing	Home office
received directly by the service (see page 20).	Agreement by the Home office to initiate a complaints box in Healthcare	On going	Home office
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20			
Recommendation c: The service should work with Mitie to develop a process to ensure feedback is received on incidents and accidents reported centrally to ensure opportunities for learning are taken (see page 20).	Going forward a detailed summary, of all corrective and preventative actions identified and implemented in response to Incident Reports will be formally sent to you. This new process specifically applies to any incident report that:	In place with Immediate effect	Helen Adam/Security Dept
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	<ul> <li>Originates from your direct staff members:         This ensures you are fully aware of issues raised by your team and the steps being taken.     </li> <li>Relates directly to your designated operational area or department: Even if the report wasn't initiated by your staff, if the incident occurred within your purview or has</li> </ul>		

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	direct implications for your area of responsibility, you will be informed.  Involves medication-related findings or discrepancies: Given the paramount importance of medication safety, any incident, error, near-miss, or significant finding related to medication use that impacts your staff or area will trigger this notification.		
Recommendation d: The service should ensure the annual duty of candour report is available for patients and staff to view (see page 20).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Duty of Candour report is displayed on the wall in the corridor of Healthcare	In place	Helen Adam
Recommendation e: The service should develop a quality improvement plan that demonstrates and directs the way it measures improvement (see page 22).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Health improvement plan 2025 in place	In Place	Helen Adam

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This was previously identified as a recommendation in the July 2021 inspection		
report for Med-Co Secure Healthcare		
Services Ltd.		

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	Name Helen Adam	
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	Designation Healthcare Manager	
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	Signature H Adam Date 2810/2025	
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- **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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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