

Action Plan

Service Name:	Menopause Health Highland
Organisation Number:	02500
Service Provider:	Menopause Health Highland LLP
Address:	15 Culduthel Road, Inverness, IV2 4AG
Date Inspection Concluded:	28 August 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure that information about the service's aims and objectives are accessible to all patients (see page 9). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	We will consider how best to ensure that the service aims are more visible to our users. The first way to address this would be by using our website which is the main area of visibility and where appointments are booked. Responsible person to contact website hosting team in the short term weeks to explore the addition of service aims to website. MHH team also to consider how we could use the likes of social media to display these aims and objectives. Other mediums could be use of a newsletter.	Next 3 months for website update 12 months and beyond explore use of social media and newsletter	Clinic Director
Recommendation b: The service should develop and implement a quality improvement plan to formalise and direct the	The review was a really helpful exercise in understanding the importance of a service improvement plan. We will use this to focus the main areas of our work and quality improvement, plus log	Immediate effect but over the next year	Clinic Director

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way it drives and measures improvement (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	relevant activities as evidence of what we are doing to improve our service. After the review we have already started a 'live' document on our desktops to start the next service improvement plan and also log any evidence as we go along. Obviously as the year goes on the plan will change and evolve according to need so will be reviewed at least quarterly and then a more detailed overview at our annual AGM meeting. We will make a commitment to do this.	will be ongoing	
Recommendation c: The service should develop a checklist to capture the regular cleaning of the clinic (see page 18). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Since the review we have again created a 'live' spreadsheet and simple log to be signed off after each face to face clinic to record that cleaning procedures were followed by each individual. We will both commit to keeping this updated and following guidance. This will service as good evidence for next inspection that we are following cleaning procedures and infection control policy. As good practice we have reminded ourselves of our cleaning procedures and the infection control policy for good practice.	Immediate effect.	Clinic Director

Name	Emma Rushworth		
Designation	GP		
Signature	Emma Victoria Rushworth	Date	24/10/2025

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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 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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