

## Action Plan

Service Name:	Blythswood Health & Wellbeing Ltd
Organisation Number:	02537
Service Provider:	Blythswood Health & Wellbeing Ltd
Address:	1 Blythswood Square, Glasgow, G2 4AD
Date Inspection Concluded:	29 October 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that all staff working in the service, including those with practising privileges, have appropriate, and documented, immunisation status and health declaration in place, and are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>All staff have been checked for PVG's but as confirmed during the audit some are outstanding to have Blythswood Health &amp; Wellbeing added as a interested party to their registration. Previously done this through a 3<sup>rd</sup> party but on reviewing post audit decision taken by Clinic Manager to register business to be able to do PVG checks directly.</p> <p>Currently setting up ScotAccount and all staff with PVG's and immunisation / health declarations to be updated to be contacted. Due to festive break slightly longer window allowed to complete this.</p> <p>Will apply for all new Practising Privileges staff as part of clearance process.</p>	<p>Completed 30/11/2025</p> <p>16/01/2025</p> <p>Ongoing</p>	<p>Rachel Wicklow</p> <p>Rachel Wicklow</p> <p>Rachel Wicklow</p>

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<p><b>Recommendation a:</b> The service should work with the services granted a service-level agreement to ensure that specific feedback from patients who receive services in the clinic is shared with the manager (see page 11).</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>All patients who attend a medical at Blythswood Health &amp; Wellbeing are given the option to complete a patient satisfaction survey in person in the clinic or to leave a suggestion in the suggestion box.</p> <p>Furthermore we work closely with our Practising Privileges partners so have ongoing communication to allow for feedback on behalf of patients both from a clinic side and client side vice versa.</p> <p>In addition to above will note any additional patient feedback methods used by our Practising Privileges and request this be shared with us to allow ongoing review and action as appropriate.</p>	Ongoing  Ongoing  January 2026	Rachel Wicklow
<p><b>Recommendation b:</b> The service should implement its mandatory training and monitor compliance (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>	Follow audit reviewed current mandatory training and tools to support this. In light of multiple changes in employment law also reviewed HR partners and through review of 2 – 3 options identified Bright HR as recommended partner for both HR and Health & Safety. Their platform allows for us to send a profile for Mandatory Training and to email directly individuals, set deadlines for completion and to monitor and record online completion for audit purposes.	January 2026	Rachel Wicklow

Name	Rachel Wicklow
Designation	Director / Clinic Manager
Signature	
	Date
	12/12/2025

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 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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