

Action Plan

Service Name:	The Berkeley Clinic
Organisation Number:	02496
Service Provider:	Berkeley Clinic UK Ltd
Address:	5 Newton Terrace, Glasgow, G3 7PT
Date Inspection Concluded:	5 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must produce and publish a duty of candour report each year and make this available to patients (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2) The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>	The service has updated its Duty of Candour annual report in line with statutory guidance. The report is available at reception and will be provided to patients on request. An automated reminder has been set to ensure the report is reviewed and updated annually on 31 st of March each year.	Immediate – Annually thereafter	Practice Manager
<p>Requirement 2: The provider must ensure that key checks are repeated at regular intervals to ensure staff remain safe to work in the service. These include professional registration status, health clearance status,</p>	A tracker will be created and used to maintain records of professional registration, disclosure Scotland, indemnity, occupational health clearance, and vaccination status for all staff. Expiry and renewal dates will be routinely monitored, with automated reminders prompting checks at agreed	Immediate	Practice Manager

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<p>medical indemnity insurance and Disclosure Scotland checks (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 12</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>intervals. All actions and updates will be documented in individual staff files. Any missing, incomplete, or expired information will be identified and addressed promptly to ensure ongoing adherence to regulatory and internal standards.</p>		
<p>Requirement 3: The provider must develop effective systems that demonstrate the proactive management of risks to patients. This must include: a) appropriate risk assessments, and b) a risk register of key risks that are regularly reviewed (see page 18).</p> <p>Timescale – by 28 February 2026</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>The service will review and update its process of risk management. This will include completing written risk assessments for key clinical and non-clinical risks and create a risk register. The risk register will identify the risk, level of risk, controls in place and any further actions required. Risks will be reviewed at regular management meetings and updated as required.</p>	<p>By 28th February 2026</p>	<p>Practice Manager</p>
<p>Requirement 4: The provider must obtain evidence of appropriate health clearance and immunisation status for all staff members carrying out exposure prone procedures (see page 22).</p> <p>Timescale – immediate</p>	<p>Documentation of appropriate occupational health clearance and immunisation status will be obtained and maintained for all staff performing exposure-prone procedures. All records will be securely kept in individual staff files, and any missing or incomplete information will be promptly followed up with the relevant staff member to ensure records are complete and up to date.</p>	<p>Immediate</p>	<p>Practice Manager</p>
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<i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>			
Requirement 5: The provider must ensure that sedation staff receive training appropriate to the work they perform and that evidence is retained in staff files (see page 22). Timescale – immediate <i>Regulation 12(c)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	Training requirements for sedation staff will be reviewed in line with current guidance. Documentation of relevant training, competency, and refresher updates will be collected and retained within individual staff records. Staff will also take part in internal sedation emergency scenario training every three months. A training schedule will be maintained to support ongoing adherence to standards and ensure all updates are completed promptly.	Immediate	Practice Manager
Recommendation a: The service should continue to develop its strategy and set out its purpose and vision, clear aims and objectives, and measurable key performance indicators that will help demonstrate how its purpose and vision are being achieved. This should be shared with staff and patients (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The service already has a written statement setting out its purpose, vision, aims and objectives. To strengthen awareness and engagement, this statement will be shared more widely with staff through team meetings and internal communications. Copies will also continue to be made available to patients on request.	By 28 th February 2026	Practice Manager/Clinical Leads
Recommendation b: The service should create a standardised agenda template with regular operational standing agenda items	The service holds regular team and clinician meetings, daily huddles, and uses online communication tools to share information. To	By 28 th February 2026	Practice Manager
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that will be discussed and monitored at every meeting (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	strengthen consistency and ensure all key operational areas are monitored, a standardised agenda template will be introduced for all meetings. The agenda will cover staffing, quality improvement activity, risk management, health and safety, incidents, audits, and training. Meeting minutes will continue to record discussion, decisions, and follow-up actions. Staff will be required to follow the agenda template headings to ensure all key operational areas are consistently discussed and monitored at each meeting.		
Recommendation c: The service should update its recruitment policy to include the health clearance and immunisation requirements for individual job roles (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24	The service will update the recruitment policy to clearly specify health clearance and immunisation requirements for each job role. This will include higher-level clearance for staff performing exposure-prone procedures. The revised policy will be implemented and shared with all staff involved in recruitment to ensure consistent compliance.	By 28 th February 2026	Practice Manager
Recommendation d: The service should implement a planned review process for its policies and procedures to ensure that current legislation and best practice is always being followed (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	A formal policy review schedule will be implemented for all service policies and procedures. This schedule will define review dates, version control, and approval responsibilities. Policies developed by external HR providers will be included to ensure they remain current, compliant with legislation, and aligned with best practice.	By 28 th February 2026	Practice Manager

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<p>Recommendation e: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans developed (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19care for me. Statement 3.14</p>	<p>An audit programme will be developed covering key areas including infection prevention and control, patient care records, sedation, and the care environment, in addition to X-ray audits already in place. Audit findings will be documented, and action plans will be produced where improvements are required. Audits will be repeated at regular intervals to track progress and demonstrate ongoing compliance.</p>	<p>By 28th February 2026</p>	<p>Practice Manager/Clinical Lead</p>
<p>Recommendation f: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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 4.19</p>	<p>A structured quality improvement plan will be developed to coordinate audit activity, incident learning, patient feedback, and service improvement projects. The plan will define annual improvement priorities, set measurable outcomes, and record progress. This will ensure the service can demonstrate a continuous cycle of improvement and measure the impact of changes on service quality and patient care.</p>	<p>By 28th February 2026</p>	<p>Practice Manager/Clinical Lead</p>
<p>Recommendation g: The service should ensure that appropriate information about local anaesthetic dose and sedation observations are consistently recorded in patient care records (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>Patient clinical note templates will be updated to ensure consistent documentation of local anaesthetic details, including drug percentages and adrenaline content, as well as sedation observations such as blood pressure readings. The sedation log will be maintained accurately and kept up to date for all patients undergoing sedation. Staff will be reminded of the importance of accurate recording, and compliance will be monitored through regular audits.</p>	<p>By 28th February 2026</p>	<p>Practice Manager/ Sedation trained clinicians/nurses</p>

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<p>Recommendation h: The service should update its local rules for the hand-held intraoral device to detail how the device should be turned off and isolated. It should also be made clear that the device should be held in the same horizontal alignment as the teeth during use (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>The local rules for the hand-held intraoral device will be updated to clearly describe how the device should be turned off and isolated, and to specify that it should be held in horizontal alignment with the teeth during use to ensure the X-ray beam passes through the intended area. The local rules will be kept in the X-ray room. Updated guidance will be shared with staff, and acknowledgement of the changes will be recorded.</p>	<p>By 28th February 2026</p>	<p>Practice Manager</p>
<p>Recommendation i: The service should update its sedation protocol to detail the criteria to be used for assessing a patient's suitability for sedation treatment (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>The service will review and update the sedation protocol to clearly define criteria for assessing patient suitability for sedation treatment. The revised protocol will be communicated to all relevant clinical staff, and adherence will be monitored through audits of sedation records.</p>	<p>By 28th February</p>	<p>Clinical Lead</p>

Name	Paula McCluskey		
Designation	Practice Manager		
Signature			Date 16/01/2026

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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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