

### Action Plan

Service Name:	Quantum Health
Service number:	00746
Service Provider:	Medical Weight Loss Limited
Address:	186 Kilmarnock Road, Glasgow, G41 3PG
Date Inspection Concluded:	9 December 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals. This includes practicing privileges staff.	A formal appraisal framework will be implemented for all employed staff and clinicians with practising privileges. This will consist of an annual appraisal for all staff and those with practising privileges, using a, appraisal template. It will proportionately cover clinical competence, governance, CPD, scope of practice, complaints or incidents, and revalidation where applicable. All completed appraisals will be securely stored within individual staff files.	Implemented immediately; first full cycle completed within 3 months	Manager / Clinical Director
<b>Requirement 2:</b> The provider must ensure an annual gas safety check is carried out on the gas boiler and system.	An annual Gas Safety Inspection will be arranged and documented through a Gas Safe registered engineer. <ul style="list-style-type: none"> <li>Gas Safety Certificate will be obtained annually</li> <li>Certificate will be stored in the premises safety file</li> <li>A reminder system will be set to ensure timely renewal</li> </ul>	Immediate (within 1 month)	Manager
<b>Requirement 3:</b> The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely	A standardised recruitment and re-checking process will be implemented including: <ul style="list-style-type: none"> <li>Identity verification</li> <li>Right to work checks</li> </ul>	Immediate implementation; full audit of existing files	Manager

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recruited and that key ongoing checks then continue to be carried out regularly.	<ul style="list-style-type: none"> <li>Professional registration checks</li> <li>DBS/PVG checks</li> <li>Indemnity verification</li> <li>Annual re-checks of registration, indemnity and DBS/PVG where applicable</li> <li>Recruitment checklist added to all staff files</li> </ul>	completed within 2 months	
<p><b>Requirement 4:</b> The provider must ensure that the patient care record includes:</p> <p><i>(a) patients' GP details and consent to share information with other health care professionals, and</i></p> <p><i>(b) next of kin or emergency contact details.</i></p> <p>If the patient refuses to provide this information, this should be documented.</p>	<p>Patient registration forms and electronic records will be updated to:</p> <ul style="list-style-type: none"> <li>Include mandatory GP details and consent to share information</li> <li>Include next of kin/emergency contact details</li> <li>Include a documented option where patients decline to provide this information</li> <li>Conduct a retrospective audit of existing records and update where feasible</li> </ul>	Immediate system update	Clinical Governance Lead
<p><b>Requirement 5:</b> The provider must improve and document the assessment, treatment plans, ongoing care, observations and prescribed medications of ADHD patients.</p>	<p>ADHD clinical documentation will be standardised through:</p> <ul style="list-style-type: none"> <li>Introduction of structured ADHD assessment templates</li> <li>Clear documentation of diagnosis, treatment rationale, monitoring plans, physical observations, and medication reviews</li> <li>Standardised follow-up and review intervals</li> </ul>	implemented within 1 month	Clinical Director

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p><b>Recommendation a:</b> The service should share its vision with patients and staff.</p>	<p>A written service vision and values statement will be developed and:</p> <ul style="list-style-type: none"> <li>• Shared with staff during induction and team meetings</li> <li>• Made available to patients upon request</li> </ul>	<p>Within 1 month</p>	<p>Registered Manager</p>
<p><b>Recommendation b:</b> The service should introduce a team meeting for all staff, including those with practicing privileges. Meeting minutes should be shared with staff who are unable to attend.</p>	<p>Multidisciplinary team meetings will be introduced Practising privileges staff invited to attend or contribute Minutes will be recorded and circulated to all staff Action points tracked and reviewed at subsequent meetings</p>	<p>First meeting within 2 months</p>	<p>Registered Manager</p>
<p><b>Recommendation c:</b> The service should develop a more structured process of gaining regular patient feedback with a process of informing patients of how their feedback has been used to improve the service.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Introduction of regular patient feedback surveys</li> <li><input type="checkbox"/> Feedback reviewed quarterly</li> <li><input type="checkbox"/> “You said, we did” summaries shared with patients via noticeboards and digital platforms</li> </ul>	<p>Within 2 months</p>	<p>Governance Lead</p>
<p><b>Recommendation d:</b> The service should ensure an annual fire risk assessment is carried out.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Annual fire risk assessment completed</li> <li><input type="checkbox"/> Findings documented and actioned</li> <li><input type="checkbox"/> Fire safety log maintained, including drills and equipment checks</li> </ul>	<p>Within 1 month</p>	<p>Premises Manager</p>
<p><b>Recommendation e:</b> The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason. It should include how patients would be kept informed and alternative arrangements made.</p>	<p>A written contingency and business continuity plan will be developed covering:</p> <ul style="list-style-type: none"> <li>• Temporary or permanent service closure</li> <li>• Patient communication arrangements</li> <li>• Transfer of care and records</li> <li>• Access to alternative providers where required</li> </ul>	<p>Within 2 months</p>	<p>Registered Manager</p>

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<b>Recommendation f:</b> The service should further develop its audit programme to include audits of patient care records.	Formal audit schedule expanded to include patient record audits	Within 3 months	Clinical Governance Lead
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Name	
Designation	<input type="text" value="Usman haq"/> <input type="text" value="Clinical director"/>
Signature	<input type="text" value="Digital sig: usman haq"/>
Date	<input type="text" value="5 /2 /2026"/>

**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 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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