

## April Action Plan

Service Name:	A & M Acupuncture Clinic
Service number:	01084
Service Provider:	Laura Mathieson
Address:	117 Manse Road, Motherwell, ML1 2PS
Date Inspection Concluded:	3 March 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that the full consultation and assessment discussion between the practitioner and the patient is documented in the patient care record (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>On the consultation form added box – ‘reason for treatment and expected outcomes’ also added that this will be discussed at initial consultation and reviewed on session five to ensure we are progressing towards client’s expectations.</p>	Immediate	L.Mathieson

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<p><b>Requirement 2:</b> The provider must develop a risk assessment for the use of the non-compliant clinical wash hand basin and taps in the treatment room and reduce or control any risks until a compliant basin can be installed (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)(ii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Risk assessment for sink completed and will attach to email.</p>	<p>Immediate</p>	<p>L.Mathieson</p>

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<p><b>Recommendations a:</b> The service should further develop the key performance indicators to:</p> <ul style="list-style-type: none"> <li>a. include monitoring the safe care and treatment of patients, and</li> <li>b. formalise a process for evaluating the service against them (see page 12).</li> </ul> <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>On the appointment system for each appointment there is a notes section which is updated to track progress. Currently an automated email is sent requesting feedback. Also informed clients there will be a review after 5<sup>th</sup> session which will ensure they are happy with their treatment.</p> <p>Will explore the booking system for evaluations</p>	6 months	L.Mathieson
<p><b>Recommendation b:</b> The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 14).</p>	<p>Explore the booking system for ways of analysing the feedback.</p> <p>Before and after pictures are taken for cryopen clients</p>	6 months	L.Mathieson

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<p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>			
<p><b>Recommendation c:</b>The service should amend its public protection (safeguarding) procedure to include a clear process for reporting suspected harm or abuse to both adults and children, including the names and contact details of the public bodies and departments that a report would be made to (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.22</p>	<p>Information now added to policies and procedures to include the contact details of public bodies.</p>	<p>Immediate</p>	<p>L.Mathieson</p>

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<p>This was previously identified as a recommendation in the July 2021 inspection report for A &amp; M Acupuncture Clinic.</p>			
<p><b>Recommendation d:</b> The service should carry out and document clinical risk assessments to ensure patient care and treatment is delivered in the safest way possible. All risk assessments should then be regularly reviewed and updated (see page 17).</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>When doing the consultation risks to clients are assessed and treatment is adapted to suit. These would mainly include pace makers and pregnancy. This information is included in the consultation form.</p>	<p>Immediate</p>	<p>L.Mathieson</p>

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<p><b>Recommendation e:</b> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).</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>This was previously identified as a recommendation in the July 2021 inspection report for A &amp; M Acupuncture Clinic</p>	<p>Will explore the booking system to send satisfaction scores and suggestions for improvement to service.</p>	<p>6 months</p>	<p>L.Mathieson</p>
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<p><b>Recommendation f:</b> The service should ensure that an appropriate product, in line with national infection prevention and control guidance, is used for:</p> <ul style="list-style-type: none"> <li>a. the cleaning of sanitary fittings, including clinical wash hand basins, and</li> <li>b. the management of blood and body fluids (see page 19).</li> </ul> <p>Health and Social Care Standards: My support, my life. I experience a high-quality environment if the organisation provides the premises. Statement 5.24</p>	<p>Acticlore is used for cleaning sanitary fittings, blood and bodily fluids. This has been added to the policies paperwork</p>	<p>Immediate</p>	<p>L.Mathieson</p>
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Name	<input type="text" value="Laura Mathieson"/>	
Designation	<input type="text" value="clinician"/>	
Signature	<input type="text" value="Laura Mathieson"/>	
	Date	<input type="text" value="14/4/26"/>
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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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