

Action Plan

Service Name:	Merchant City Medical Group
Service number:	01861
Service Provider:	MCMGHC Ltd
Address:	70 West Regent Street, Glasgow, G2 2QZ
Date Inspection Concluded:	3 March 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must operate within its conditions of registration at all times. If it intends to do anything that is not covered under its conditions of registration, it must submit for approval an 'application to vary, add or remove a condition of registration' within the timescale indicated in our notifications guidance (see page 26).</p> <p>Timescale – immediate</p> <p><i>Regulation 8 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Any procedure that is not on our current condition list has not been carried out to date. Only procedures within the conditions of registration are carried out</p> <p>Application submitted and granted to Health Improvement Scotland for additional local anaesthetic procedures to be added to our conditions.</p>	Completed	Clinic manager

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 2: The provider must ensure that a comprehensive water risk assessment is carried out to ensure the service's water systems including tanks, pipes, and outlets are assessed to identify and mitigate risks from harmful bacteria. Records of checks and actions carried out must be retained to demonstrate compliance (see page 28).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Daily outlet flushing procedure in place and paper records retained in clinic managers office. Completed water risk assessment and certificate in place and available.</p> <p>Spreadsheet now in place that includes site details, daily flushing records, monthly temperature checks, quarterly inspection records, non-compliance and actions taken, annual review and any training carried out by staff.</p>	<p>Completed</p> <p>Completed</p>	<p>Clinic manager</p> <p>Clinic manager</p>
<p>Requirement 3: The provider must ensure that a system is in place to safely manage the Control of Substances Hazardous to Health (COSHH). Substances must be stored safely, COSHH assessments must be completed and in place and staff must have training (see page 28).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>COSHH risk assessments and safety data sheets are in place and available to staff, COSHH cupboard in place to store substances hazardous to health Staff have now completed a COSHH mandatory training module. COSHH policy and SOP in place.</p>	<p>Completed</p>	<p>Clinic manager</p>

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<p>Requirement 4: The provider must put a system in place that ensures that all surgical instruments are cleaned and sterilised appropriately and records are retained (see page 32).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(ii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>All relevant staff have had autoclave training including principles of steam sterilisation, safety and operation checks, record keeping, SOP, and audit, prepping, loading and removal handling. Appropriate daily safety checks carried out and recorded. Audit for completion of safety check records added to audit programme.</p>	<p>Completed</p>	<p>Clinic manager</p>
<p>Requirement 5: The provider must put a system in place that traces surgical instruments through the life cycle and can link them to the individual patients they have been used on (see page 32).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(ii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<p>Surgical instrument trays sterilised at a third-party company. Trays now have stickers attached which indicates date sterilised, expiry of sterilisation and cycle number. Sticker recorded in patient notes and traceability book. Trays and supplementary instruments also have an identification tag now in place that tracks each individual set and supplementary instrument, and this is documented in the patient notes and traceability book (one in each theatre and procedure rooms).</p>	<p>Completed</p>	<p>Clinic manager</p>

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<p>Recommendation a: The service should ensure the public are aware of its vision, mission and values (see page 21).</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>The services vision, mission and values now displayed in reception for the public to view.</p>	<p>Completed</p>	<p>Clinic manager</p>
<p>Recommendation b: The service should develop a more structured process of receiving useful feedback and have a process in place to make the patients aware of the improvement outcomes (see page 23).</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>Patient feedback is received through google via a QR code that is in reception and via an email link for trust pilot. Feedback is obtained at 6/9/12 month follow ups also.</p> <p>The service is currently developing a page on the website to feedback to patients on improvement outcomes from the feedback given.</p>	<p>Completed</p> <p>July 2026</p>	<p>Clinic Manager</p> <p>Business manager</p>

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<p>Recommendation c: The service should ensure that the information on the website is accurate and that individual job titles reflect their role in the service (see page 23).</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 17 September 2024 inspection report for Merchant City medical Group</p>	<p>The services website is up to date on procedures offered and with job titles reflecting the roles in the service.</p>	<p>Completed</p>	<p>Business manager</p>
<p>Recommendation d: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 28).</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 robust quality improvement plan has been created and includes governance structure, patient safety, risk management, incident reporting, patient experience, complaints and auditing. It describes who has responsibility and how we measure and respond to the results to improve quality.</p>	<p>Completed</p>	<p>Clinic manager</p>

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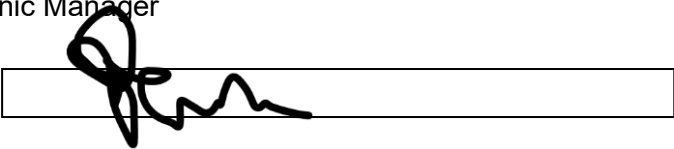
<p>Recommendation e: The service should further develop the paper copies of patient care records to demonstrate that the patient consents to sharing their information to GP and next of kin in an event of an emergency (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	<p>Paperwork now includes consent to share information to GP and next of kin in an event of an emergency</p>	<p>Completed</p>	<p>Clinic manager</p>
<p>Recommendation f: The service should further develop the business continuity policy to demonstrate the actions to take should the service close in an emergency (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.1</p>	<p>Business continuity policy further developed and details information on what actions are to be taken if the clinic would need to close in an emergency.</p>	<p>Completed</p>	<p>Clinic manager</p>

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<p>Recommendation g: The service should develop a formal induction process that addresses both clinical and non-clinical aspects of the service (see page 32).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</p>	<p>Formal induction paperwork now developed and in place</p>	<p>Completed</p>	<p>Clinic manager</p>
<p>Recommendation h: The service should develop a formal induction process that addresses both clinical and non-clinical aspects of the service. The service should obtain two references for new members of staff, in line with safe recruitment practices (see page 32).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>All staff have at least one reference on file. Second reference now sought for each employee</p>	<p>July 2026</p>	<p>Clinic manager</p>

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<p>Recommendation i: The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 32).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>No PVG's kept on file. Tracker now in place with individuals' identification numbers.</p>	<p>Completed</p>	<p>Clinic manager</p>
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Name Rachel Turner	
Designation Clinic Manager	
Signature	
	Date

Rachel Turner
Clinic Manager
05/05/2026

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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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 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.

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- 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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