

Action Plan

Service Name:	DermacareMedical Limited
Service number:	02775
Service Provider:	DermacareMedical Limited
Address:	12A Montgomery Street, Edinburgh, EH7 5JS
Date Inspection Concluded:	30 March 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should formalise and document its business plan, including clear aims and objectives (see page 9).</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>	We will formalise and document the business plan including clear aims and objectives.	4-6 weeks	Service manager
<p>Recommendation b: The service should formally document its key performance indicators and develop a process for monitoring these (see page 9).</p> <p>Health and Social Care Standards: My</p>	We will formally document our key performance indicators and develop a process for monitoring these	4-6 weeks	Service manager

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 4	Review Date:
Circulation type (internal/external): Internal/External		

<p>support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>			
<p>Recommendation c: The service should implement a structured approach to gathering and analysing patient feedback, to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (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 4.8</p>	<p>We will implement a structured approach to gathering and analysing patient feedback to demonstrate the impacts of improvements made. Patients will be informed of the changes made as a result of their feedback.</p>	<p>4-6 weeks</p>	<p>Service manager</p>
<p>Recommendation d: The service should document and record completed audits, as well as any action plans developed where improvements were identified (see page 15).</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>We will document and record completed audits and any action plans developed where improvements are identified</p>	<p>4-6 weeks</p>	<p>Service manager</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 4</p>	<p>Review Date:</p>
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<p>Recommendation e: The service should formally document its quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</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>We will document our quality improvement plan to formalise and direct the way it drives and measures improvements</p>	<p>4-6 weeks</p>	<p>Service manager</p>
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Name	Sameena Hameed	
Designation	Service manager	
Signature	Sameena hameed	Date <input data-bbox="1339 898 1700 948" type="text" value="21 / 05 /2026"/>

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

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:3 of 4	Review Date:
Circulation type (internal/external): Internal/External		

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.
- 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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:4 of 4	Review Date:
Circulation type (internal/external): Internal/External		