# Action Plan

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|---|---|
| Service Name: | Clinic 45 |
| Organisation Number: | 01329 |
| Service Provider: | Diane Sim |
| Address: | 45 Glasgow Road, Hardgate, Clydebank, Glasgow, G81 5PJ |
| Date Inspection Concluded: | 20 September 2026 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|---|---|---|---|
| **Recommendation a:** The service should implement a process to start monitoring its identified key performance indicators to measure how well the service is being delivered (see page 7).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 | This service has now implemented a process to monitor its key performance indicators in order to measure how well the service is being delivered. | On Going | Diane Sim |
| **Recommendation b:** The service should expand the range of risk assessments carried out to ensure all risks to patients and staff have been identified and are being managed (see page 10). | This service has now expanded its range of risk assessments to ensure all risks to patients and staff are being identified. | On Going | Diane Sim |

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| Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19<br><br>This was previously identified as a recommendation in the January/February 2026 inspection report for Clinic 45. | | | |

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|---|---|---|---|
| Name | Diane Sim | | |
| Designation | Clinic owner/manager | | |
| Signature | D.Sim | Date | 10/11/26 |

- **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.