

Action Plan

Service Name:	Masta Travel Clinic
Service number:	00661
Service Provider:	Occupational Health Works Limited
Address:	90 Mitchell Street, Glasgow, G1 3NQ
Date Inspection Concluded:	06 December 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure clear and measurable aims and objectives have been identified and published so that patients and staff are aware. It should also ensure they are regularly reviewed to demonstrate they are being met (see page 14).	Meetings will be held 3 monthly. Aims & objectives will be discussed using a team approach and reviewed at each meeting. Patient information will be displayed as appropriate.	3 Monthly	Director

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<p>Recommendation b: The service should change the name of its website to match the name of the service, to make it easier for patients to find information about the service (see page 14).</p>	<p>There are currently no plans to change the service website. Potential clients can access Masta by typing this in on Google and finding their nearest clinic by post code.</p>		<p>Not applicable</p>
<p>Recommendation c: The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 17).</p>	<p>Patient feedback already gathered will be displayed. We will continue to gather feedback through comments box. We will document verbal feedback, displaying & reviewing as felt appropriate. Masta head office to be contacted to enquire as to whether Glasgow clinic can receive individual reviews.</p>	<p>3 Monthly Within 1 month</p>	<p>Masta Nurse</p>

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<p>Recommendation d: The service should produce annual duty of candour reports and publish them, for example on its website (see page 19).</p>	<p>Duty of candour reports will be produced and displayed annually on reception wall.</p>	<p>End of each December</p>	<p>Masta Nurse</p>
<p>Recommendation e: The service should develop its quality improvement plan to include the monitoring and recording of improvement actions, to enable it to demonstrate how it is identifying and measuring improvement continually (see page 20).</p>	<p>Now in place.</p>	<p>Ongoing</p>	<p>Director</p>

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<p>Recommendation f: The service should expand its current programme of 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 20).</p>	<p>Travel Health Medical records template will be reviewed.</p>	<p>6 months or as required</p>	<p>Masta Nurse with Director</p>
<p>Recommendation g: The service should implement a system of regularly rechecking staff members Disclosure Scotland status to make sure staff remain safe to work in the service (see page 23).</p>	<p>All staff will have a criminal convictions check every 2 years. Nurses will have an annual NMC register check.</p>		<p>Director</p>

Name	<input type="text" value="Kate Sweeney"/>
Designation	<input type="text" value="Director"/>
Signature	<p>Kate Sweeney</p>
Date	<p>6.2.2024</p>

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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 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.

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