

## Action Plan

Service Name:	Seneca Medical Group
Service number:	00529
Service Provider:	UK Glasgow Clinics Limited
Address:	15 Royal Crescent, Glasgow, G3 7SL
Date Inspection Concluded:	06 December 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should complete risk assessments for all appropriate work tasks. Risk assessments should include relevant hazards and actions to minimise potential risks and be reviewed at regular intervals (see page 7).	A new risk assessment document will be introduced for daily checks. It will include relevant hazards and actions to minimise potential risks	29/02/24	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 3	Review Date:
Circulation type (internal/external): Internal/External		

<p><b>Recommendation b:</b> The service should ensure cleaning schedules include more detailed information of cleaning products, processes and records of completion of cleaning (see page 8).</p>	<p>A new document/checklist will be created to include all the required information.</p>	<p>29/02/24</p>	<p>Manager</p>
--	--	-----------------	----------------

Name	Dr Hala Elgmati		
Designation	<input type="text" value="Medical Director / Service Manager"/>		
Signature		Date	30/01/24

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:2 of 3	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:3 of 3	Review Date:
Circulation type (internal/external): Internal/External		

**Inspection Error Response Form**

Service Name	Seneca Medical Group
Organisation Number	00529
Service Provider:	UK Glasgow Clinics Limited
Address:	15 Royal Crescent, Glasgow, G3 7SL
Date Inspection Concluded:	06 December 2023

**Please tick as appropriate:**

I agree with the contents of the draft report— finalise without change

I believe the report contains the following errors in fact

Error in report	Evidence to support error	HIS response	Final report changes

Name	<input type="text" value="Hala Elgmati"/>	
Designation	<input type="text" value="Medical Director/Service Manager"/>	
Signature		Date <input type="text" value="30/01/24"/>

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



## Action Plan

Service Name:	Seneca Medical Group
Service number:	00529
Service Provider:	UK Glasgow Clinics Limited
Address:	15 Royal Crescent, Glasgow, G3 7SL
Date Inspection Concluded:	06 December 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Recommendation a:</b> The service should complete risk assessments for all appropriate work tasks. Risk assessments should include relevant hazards and actions to minimise potential risks and be reviewed at regular intervals (see page 7).	A new risk assessment document will be introduced for daily checks. It will include relevant hazards and actions to minimise potential risks	29/02/24	Manager

<p><b>Recommendation b:</b> The service should ensure cleaning schedules include more detailed information of cleaning products, processes and records of completion of cleaning (see page 8).</p>	<p>A new document/checklist will be created to include all the required information.</p>	<p>29/02/24</p>	<p>Manager</p>
--	--	-----------------	----------------

Name	Dr Hala Elgmati		
Designation	Medical Director / Service Manager		
Signature		Date	30/01/24

**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.