

Action Plan

Service Name:	The Edinburgh Practice
Service Number:	01183
Service Provider:	The Clarify Group Ltd
Address:	Waverley Square, 4 Shoemakers Square, Edinburgh, EH8 8FW
Date Inspection Concluded:	10 - 11 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The service must update its infection control policy to reference Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) and standard infection control precautions (SICPs) in Health Protection Scotland's National Infection Prevention and Control Manual relevant to the service and ensure records of completed cleaning schedules are retained by the service for reference and audit purposes (see page 24). Timescale – by 30 April 2024</p> <p>Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Service) Regulations 2011</p>	The infection control policy was updated to include this information directly following the inspection.	Completed	Clinical Director

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Recommendation a: The service should ensure that completed cleaning schedules are available to verify that cleaning tasks have been carried out appropriately (see page 24).	Cleaning checklist is now completed following each clean and is checked by the Practice Manager.	Completed	Practice Manager
Recommendation b: The service should further develop its quality improvement plan to include areas for improvement identified through patient feedback, audits and complaints (see page 27).	Following feedback from the inspection we will integrate all feedback we routinely gather including audits, patient feedback and complaints into the QI plan to ensure all improvements are documented in one place.	Completed	Management Team

Name: Fiona	Dr Fiona Wilson	
Designation:	Clinical Director	
Signature		
	Date	28/02/2024

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 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.

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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.

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