

## Action Plan

Service Name:	ROC Private Clinic
Service number:	00413
Service Provider:	ROC Health Group Limited
Address:	Westhill Business Park, Peregrine Road, Westhill, Aberdeenshire, AB32 6JL
Date Inspection Concluded:	27 February 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must notify HIS of specific events that occur in its premises, as detailed in HIS's notification guidance (see page 22).</p> <p>Timescale – by 16 May 2024</p>	Submission of form 26 as recently clarified by HIS for notification of a new room being used for an already registered service.	16.05.24	C Romete

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<p><b>Requirement 2:</b> The provider must ensure a water safety risk assessment is carried out and implement a documented water flushing regime for less frequently used outlets to minimise the risk from legionella (see page 22).</p> <p>Timescale – by 16 May 2024</p>	<p>Last Risk Assessment undertaken 10.06.2023. The water flushing regime will be part of the responsibilities for the HSE Manager recently appointed.</p> <p>A 5 min flushing regime will be added to the weekly checks she undertakes.</p>	<p>16.05.2024</p>	<p>Frances Rowe</p>
<p><b>Requirement 3:</b> The provider must ensure that all staff working under practicing privileges are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the provider. PVG certificates once received must be securely destroyed in line with current legislation (see page 27).</p> <p>Timescale – by 16 May 2024</p>	<ol style="list-style-type: none"> <li>1. Certificates destroyed and removed from HR system Credentially. Policy drafted to ensure that all staff who are responsible for recruitment are aware that the number only should be documented in the HR records and the certificates destroyed.</li> <li>2. All Practising Privileges clinicians will have records reviewed and submission for a fresh PVG by ROC will be undertaken</li> </ol>	<ol style="list-style-type: none"> <li>1. Completed</li> <li>2. 16.05.2024</li> </ol>	<ol style="list-style-type: none"> <li>1. Alena Duncan</li> <li>2. Julie Egginton</li> </ol>

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<p><b>Requirement 4:</b> The provider must ensure the ventilation system is reviewed against current national guidance, a risk assessment completed and added to a risk-based refurbishment plan if required (see page 27).</p> <p>Timescale – by 16 August 2024</p>	<ol style="list-style-type: none"> <li>1. Risk assessment for the minor surgery room ventilation undertaken in line with requirements of SHTM 03-01 Part A/B. RA was sent to HIS Kenny Crosbie by email on 15/4/2024. RA attached as evidence to this document</li> <li>2. A separate risk assessment for ventilation across the whole building will be carried out by the new HSE Manager</li> </ol>	<ol style="list-style-type: none"> <li>1. Underway awaiting HIS</li> <li>2. 16.08.2024</li> </ol>	<ol style="list-style-type: none"> <li>1- Alena Duncan</li> <li>2- Frances Rowe</li> </ol>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should assess its progress against defined corporate objectives, values and key performance indicators (see page 15).</p>	<p>Quarterly Management Meetings were commenced Q1 2024. Departmental KPIs are being established at present, aligning to the corporate objectives, values and KPIs. Power Bi reporting being introduced in the business which will enable efficient assessment and progress.</p>	<p>Dec 2024</p>	<p>Cristina Romete Alena Duncan</p>

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<p><b>Recommendation b:</b> The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions (see page 16).</p>	<p>We are creating a meeting template and the weekly operational meetings will be minuted going forwards with designated staff for this.</p>	<p>16.05.2024</p>	<p>Julie Egginton</p>
<p><b>Recommendation c:</b> The service should implement a freedom to speak up guardian to make it easy for staff to raise any concerns or queries (see page 16).</p>	<p>Policy to be added for “Freedom to speak Guardian” Nominated individual to be determined.</p>	<p>01.08.2024</p>	<p>Alena Duncan</p>

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<p><b>Recommendation d:</b> The service should develop a process of keeping patients informed of the impact their feedback has on the service (see page 18).</p>	<p>Results of quarterly feedback reports will be published on website and printed for the clinic notice board</p>	<p>1.09.2024</p>	<p>Alena Duncan</p>
<p><b>Recommendation e:</b> The service should service should develop and implement systems to capture anonymous staff feedback (see page 18).</p>	<p>Electronic anonymous survey, will be created and sent to staff twice a year, starting August 2024. This will be in addition to the anonymous staff feedback boxes.</p>	<p>30.08.2024</p>	<p>Alena Duncan</p>

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<p><b>Recommendation f:</b> The service should amend its infection prevention and control policy to include references and links to national guidance including Healthcare Improvement Scotland's Infection Control Standards 2022 and Public Health Scotland's <i>National Infection Prevention and Control Manual</i> (see page 22).</p>	<p>Infection control amendment has been made and Policy updated with the changes - attached</p>	<p>Completed</p>	<p>A Duncan</p>
<p><b>Recommendation g:</b> The service should implement a procedure for the development, approval and review of service policies and procedures (see page 22).</p>	<p>A Document Control Procedure is currently under review. We will be utilising sharepoint to implement document control. This will take some time to set up + train staff. In the meantime we are ensuring documents are electronically controlled.</p>	<p>01.10.2024</p>	<p>C Romete Alena Duncan</p>

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<p><b>Recommendation h:</b> The service should ensure an annual fire risk assessment is carried out (see page 22).</p>	<p>Scheduled for 20<sup>th</sup> May 2024</p>	<p>22.05.2024</p>	<p>Frances Rowe</p>
<p><b>Recommendation i:</b> i) changed to 'The service should ensure the complaints information on the service's website is correct and up to date and that no abbreviations are used for regulatory bodies.'</p>	<p>Wording ammended</p>	<p>14.05.2024</p>	<p>Emana Antia</p>

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<p><b>Recommendation j:</b> The service should implement a competency framework for all staff involved in clinical care (see page 22).</p>	<p>A detailed competency framework, across all clinical specialities is currently being designed.</p>	<p>01.09.2024</p>	<p>Alena Duncan</p>
<p><b>Recommendation k:</b> The service should further develop its programme of audits to include staff files, medicines management, all patient care records and water flushing of infrequently used water outlets. Audits should be documented, and improvement action plans implemented (see page 24).</p>	<p>The mandatory audit plan, which is part of the Annual Clinical Governance Plan, is currently being revised to include / expand on the items mentioned. The HSE Manager will take over responsibilities for some of the audits within the business, in conjunction with other clinical and operational staff.</p>	<p>01.08.2024</p>	<p>Alena Duncan Frances Rowe</p>

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<p><b>Recommendation l:</b> The service should complete a risk assessment for the use of a clinical hand wash basin instead of a scrub sink in the minor surgical room and add to a risk-based refurbishment plan (see page 27).</p>	<p>In progress (hibiscrub/ betadine soap has been added for procedures in the meantime). The minor surgery suite has had a ventilation-based risk assessment submitted to HIS. A risk assessment for the whole building is in progress.</p>	<p>01.09.2024</p>	<p>Alena Duncan Frances Rowe</p>
<p><b>Recommendation m:</b> The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 27).</p>	<p>The HSE Manager is currently reviewing status, as should already have been in place. The Infection Control &amp; Cleaning Checklists are being updated. HSE Manager shall make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks</p>	<p>16.05.2024</p>	<p>Frances Rowe</p>

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<p><b>Recommendation n:</b> The service should ensure that cleaning equipment is used and stored in line with national infection prevention and control guidance (see page 28).</p>	<p>HSE Manager is currently reviewing domestic cleaning checklists, standards and will ensure that cleaning equipment is used and stored in line with national infection prevention and control guidance</p>	<p>01.07.2024</p>	<p>Frances Rowe</p>
<p><b>Recommendation o:</b> The service should ensure that discussions around consent are appropriately documented in the patient care record for all treatments provided to patients (see page 28).</p>	<p>Consent policy in place. As per attached. This needs be reviewed to:</p> <ul style="list-style-type: none"> <li>- include a list of all procedures for which implied consent applies and which require formal consent.</li> <li>- introduce a flowchart re consent in the rooms</li> <li>- To introduce a template in SEmble for Consent – which clinician ticks for all implied consent.</li> </ul>	<p>01.10.2024</p>	<p>Alena Duncan</p>

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<p><b>Recommendation p:</b> The service should implement a process to provide oversight of staff compliance with completion of mandatory training (see page 28).</p>	<p>Oversight is provided by HR Administrator. As well as the employee being alerted by Credentially that certificates expire, HR also gets a daily updated as to what expires on the day or is due to expire soon. HR admin contacts the employee + line manager.</p> <p>A new platform for training is being introduced, to which line managers can have direct access.</p> <p>Mandatory training review takes place at annual appraisals too.</p> <p>Above process shall be detailed in a new document.</p>	<p>30.08.2024</p>	<p>Alena Duncan</p>
<p><b>Recommendation q:</b> The service should implement processes to improve all staff members' experience of working in the service to ensure job satisfaction and staff retention (see page 28).</p>	<p>The following shall be implemented:</p> <ul style="list-style-type: none"> <li>• Anonymised staff surveys</li> <li>• Daily / weekly team huddles</li> <li>• Monthly team meetings with line manager – minuted</li> <li>• Freedom to speak Guardian</li> </ul>	<p>01.09.2024</p>	<p>Alena Duncan C Romete</p>

Name	<input style="width: 95%;" type="text" value="C Romete"/>
Designation	<input style="width: 95%;" type="text" value="HIS Registered Manager"/>
Signature	C Romete
	Date 03 May 2024

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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