

Action Plan

Service Name:	Scottish Epilepsy Centre
Service number:	00033
Service Provider:	Quarriers
Address:	20 St Kenneth Drive, Glasgow G51 4QD
Inspector:	Roy Young
Date Inspection Concluded:	24 th May 2017

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1 – Timescale: Immediate The provider must ensure that a thorough examination of the passenger lift and hoists are completed in line with The Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.	Lift Insurance implemented and inspection completed. Contract arrangement now in place to establish this maintenance.	Immediate	Gerard Gahagan

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p>Recommendation a</p> <p>We recommend that the service should amend its complaints information to let patients know that they can contact Healthcare Improvement Scotland at any time during the complaints process. This should include the correct details.</p>	<p>Complaints for updated with contact below:</p> <p>Complaints Corporate Governance Office Healthcare Improvement Scotland Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB</p> <p>Email: hcis.complaints@nhs.net</p> <p>Telephone: 0131 623 4326</p>	<p>Immediate</p>	<p>Gerard Gahagan</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation b</p> <p>We recommend that the service should include information about advocacy services throughout the service and in the patient information pack.</p>	<p>The service will source appropriate advocacy service and ensure this is directly available to all patients.</p> <p>The service will utilise its current relationships with external voluntary sector support and participation networks to support and improve this advocacy function.</p>	<p>End of October 2017</p>	<p>Lorraine Jackson</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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<p>Recommendation c d</p> <p>We recommend that the service should ensure that all the side effects of medication changes are explained and fully recorded in the patient consultation notes.</p>	<p>The service will support the nurse and patient engagement meetings to develop fuller recordings of medication and their potential side effects.</p>	<p>Immediate</p>	<p>Lorraine Jackson</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation d</p> <p>We recommend that the service should update its patient information pack to include information about the role of the patient participation co-ordinator.</p>	<p>The current patient information pack will ensure the Role of Patient Participation coordinator is more visible to all patients.</p>	<p>End of October 2017</p>	<p>Lorraine Jackson</p>

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation e</p> <p>We recommend that the service should complete risk assessments for all appropriate work tasks. These risk assessments, and the risk register, should be reviewed on a regular basis.</p>	<p>The service will undertake a review of risk assessments and update to include detailed analysis of work related tasks.</p> <p>This systematic approach will be review by the Risk Management Group, and reported through the Integrated Clinical Management Group and the Clinical Governance Group.</p>	<p>End of October 2017.</p>	<p>Gerard Gahagan</p>

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation f</p> <p>The provider should ensure compliance with Health Protection Scotland's National Infection Prevention and Control Manual when laundering for linen.</p>	<p>The service will develop its management of linen protocol to ensure they have been updated to current guidance.</p> <p>The service will ensure all laundering equipment is updated to incorporate current guidance.</p> <p>The service will establish clear and visible guidance to support staff in managing linen.</p>	End of July 2017.	Gerard Gahagan

Name	<input type="text" value="Gerard Gahagan"/>		
Designation	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text" value="27/06/2017"/>

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

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