

Action Plan

Service Name:	Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation
Service number:	01752
Service Provider:	Turning Point Scotland
Address:	112 Commerce Street, Glasgow, G5 8DW
Date Inspection Concluded:	14-15 November 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in specified timeframes (see page 24). Timescale – 25 January 2024	The notification matrix for TPS has been reviewed to include further information for HIS notifications New notification matrix has been sent around to all relevant stabilisation staff to ensure that all authorised individuals who would submit notifications to HIS are aware of what should be completed	Completed Completed	Mandy Ramsay (Head of Clinical and Care Governance) Karen McAlaney (Service Manager)

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Requirement 2: The provider must review it policy for managing seizures and make sure staff are trained in the policy to allow them to manage these situations safely, including the administration of emergency medication (see page 24). Timescale – 25 January 2024	TPS Seizure policy is in place, in addition the clinical pathway information has been reviewed to included information that may be required around seizures. Further discussion will take place at the clinical sub group meeting on the 18 th of January	18 th January	Mandy Ramsay
	Staff workshop has been planned for the 9 th and 16 th of January to ensure that all staff feel confident in the policy and the details within the policy	16 th January	Alison Robertson Brown (Senior Nurse)
	1-1 training will be planned/completed with the nursing staff. The nursing staff are the only staff within stabilisation that would administer rescue medication. Senior nurse will go through this with them to ensure all nurses are confident in administration of rescue medication including rectal administration. This will then be followed up with a competency form being completed	25 th January	Alison Robertson Brown (Senior Nurse)
Requirement 3: The provider must ensure that systems are in place to ensure emergency equipment and medication is always in place (see page 24). Timescale – 25 January 2024	A nightly check of the emergency grab bag has been put in place. The nurses on shift should complete this when commencing their nightshift. This should check that the correct equipment is in place and that it is in date	Implemented	Nursing staff
	Audit of the nightly checks will begin taking place monthly to ensure these checks are being completed.	25 th January	Alison Robertson Brown
	Audit system within the service to be reviewed	January 24	Karen McAlaney/Alison Robertson Brown

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Requirement 4: The provider must amend its complaints procedure to include the full contact details of Healthcare Improvement Scotland and make it clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 24). Timescale – 25 January 2024	Complaints policy to be reviewed to include HIS details for TPS and then distributed to Stabilisation staff	Completed	Lesley Cameron/Karen McAlaney
	Local posters to be put up within the service with HIS most up to date details and information required to complain if required	Completed	Charlotte Joss (Administrator Stabilisation)
	Complaint information to be given to service users in an updated service agreement, to reflect the right to contact HIS at any stage. All staff to be made aware of the new service agreement so they are providing service users with the most up to date version	Completed	Karen McAlaney
Requirement 5: The provider must implement a more effective stock control system for medicines to make sure they remain in-date (see page 24). Timescale – 25 January 2024	Medication should be checked for expiration, this is a nightly task for the nursing team	Implemented	Nursing team
	New system has been put in place in CD room that includes a diary of medication and their expiration date. The medication that is due to expire within six months will be allocated a red sticker to make this easier to identify. All nurses will be made aware of the new system and how to return it to pharmacy	25 th January	Alison Robertson Brown
	House-keeping checklist which includes expired medication will be audited monthly	25 th January	Alison Robertson Brown

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Requirement 6: The provider must: <i>(a) only use appropriate cleaning equipment, including single use disposable mop heads, and</i> <i>(b) ensure cleaning schedules are accurately and fully complete to demonstrate all cleaning tasks have been carried out (see page 29).</i> Timescale – 25 January 2024	<p>Service to replace all mop heads within the service. moving forward all mops within the service will use disposable mop heads and old mops will be disposed of. This information will be communicated to all staff to ensure they are aware</p> <p>New cleaning schedule will be set up</p> <p>Cleaning schedule will be added/implemented to the service audits, so that it can be checked routinely to ensure that it is being completed but also that if it has not been completed this can be followed up</p>	<p>25th January</p> <p>25th January</p> <p>January 24</p>	<p>Lisa Thompson (Admin manager)</p> <p>Lisa Thompson/Alison Robertson-Brown</p> <p>Lisa Thompson</p>
Requirement 7: The provider must ensure a record is made on the patient care records as closely as possible to the time of the relevant event, of the following matters: <i>(a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the health care professional</i> <i>(b) the outcome of that consultation or examination, and</i> <i>(c) details of every treatment provided to the service users including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it (see page 29).</i>	<p>Email communication to nursing staff and medical team to advise all service user records should be up to date and should include all relevant information</p> <p>Information has been verbally handed over and included in the nursing checklist for agency or sessional nurses to ensure they are aware of where information is kept, how it should be recorded</p> <p>Audit process to be reviewed and new information added to the audit process to ensure service user care records including all relevant information. Audits to then take place going forward</p> <p>Review the TPS database to see if further information can be added to the drop-down boxes which will allow for further detail to be added to the notes</p>	<p>Completed</p> <p>Completed</p> <p>January 24</p> <p>January 24</p>	<p>Karen McAlaney/Alison Robertson Brown</p> <p>Alison Robertson Brown</p> <p>Alison Robertson Brown</p> <p>Karen McAlaney/Alison Robertson</p>
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Timescale – 25 January 2024			Brown/Mandy Ramsay
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should develop a system to measure its progress with aims and objective set out (see page 13).	Service manager will speak with Quality and Audit manager to see how this could be implemented locally within the service, including identifying if this is something that can be added into the new service improvement plan. Will also reach out to fellow HIS registered service to identify any learning from their practices	January 24	Karen McAlaney
Recommendation b: The service should develop a participation policy to document its approach to gathering and using feedback to demonstrate the impact of improvement (see page 19).	Service manager will speak with Quality and Audit manager to see how this could be implemented locally within the service, including identifying if this is something that can be added into the new service improvement plan. Will also reach out to fellow HIS registered service to identify any learning from their practices	January 24	Karen McAlaney

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Recommendation c: The service should develop its systems to ensure it engages and captures feedback from staff on a range of issues (see page 20).	Management development day and team bonding day took place in December, giving staff the opportunity to feedback on various areas of the service and any issues they may wish to address	Completed	Karen McAlaney
	Feedback form on the development days have been sent around to all staff	Completed	Karen McAlaney
	Once this has been reviewed management will look at what can be implemented for the coming year and how this can contribute to service improvement	January 24	Karen McAlaney
	Review the support and development template that is in place to allow a space for this feedback to be captured. Can review agenda items for management meeting to also include this as an item and allow this to contribute to service improvement plan	February 24	Karen McAlaney
Recommendation d: The service should consider reviewing its clinical management and procedures guidance for staff to ensure it is concise and relevant to the service with reference to external guidance as appropriate (see page 24).	This information was discussed at the clinical governance sub-group meeting to review how this can be implemented within TPS services.	Completed	Mandy Ramsay/Alison Robertson Brown
	Clinical pathway and procedures policy are currently being reviewed by head of clinical governance for TPS. Once complete this will be brought back to clinical governance meeting for sign off and the service will look at implementation then	31 st March 24	Mandy Ramsay/Alison Robertson Brown

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Recommendation e: The service should ensure that audits are fully completed with improvement action plans and those responsible documented (see page 26).	Review the current audit template, identifying a document that outlines the audits that must be completed every month, who is responsible for them and the timescale for completing these and where this information then goes to improve learning and development	January 24	Karen McAlaney – Audits will be implemented and completed by Management team
Recommendation f: The service should further develop its service improvement plan to include areas for improvement identified through feedback, audit, complaints and incidents (see page 26).	Service manager to update current service improvement plan. Will speak to Quality and Audit manager to see if additional information can be added to the template to include additional learning.	January 24	Karen McAlaney
	Service manager and Senior nurse reviewing the incident reported to HIS and how this can be recorded within the service to keep a record of learning.	Completed	Karen McAlaney/Alison Robertson Brown
	New investigation document has been created which will be used to identify any learning which can then be added to the service improvement plan or to team meeting agenda or service user peer forums.	January 24	Karen McAlaney/Alison Robertson Brown
Recommendation g: The service should ensure that clear and specific guidance for observations during withdrawal (or assessment for withdrawal) should be developed, this should include frequency, duration and reasons for stopping (see page 29).	A review has been done to indicate the difference between welfare checks and clinical observations. This information has been sent around as relevant to all staff within Stabilisation	Completed	Mandy Ramsay/Alison Robertson Brown
	Clear and specific guidance will be brought to the next clinical sub group where input from the doctor and pharmacist will be sought to see if there is a protocol that can be implemented	18 th January	Alison Robertson Brown

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Recommendation h: The service should consider developing a discharge policy with clear guidance on reducing the risks of unplanned discharges (see page 29).	The service to review the discharge policy, considering unplanned demissions and/or returns to the service. Within this document consideration will be given in line with reducing the risks particularly out of hours.	March 24	Jean Foul (Service Coordinator)
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Name	<input type="text" value="Karen McAlanev"/>		
Designation	<input type="text" value="Service Manager"/>		
Signature	<input type="text" value="K. McAlanev"/>	Date	<input type="text" value="25/01/24"/>

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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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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