

## Action Plan


Service Name:	Murdostoun – Brain Injury Rehabilitation Centre
Service number:	01920
Service Provider:	Active Neuro Ltd
Address:	Murdostoun Castle, Newmains, Wishaw, ML2 9BY
Date Inspection Concluded:	29-30 March 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Requirement 1:</b> The provider must ensure that external clinical waste bins are kept locked at all times (see page 14).  Timescale – immediate	All staff will be reminded of the importance of ICP in terms of locking clinical waste bins during supervision sessions Introduce accountability – documentation to be added to Night Shift Duties and Senior Support Worker Duties (day shift). Nurse to monitor at the end of each shift Spot checks of bin areas Maintenance will continue to monitor through their routine checks Continue to discuss at Health and Safety meetings, unit based and site based.	Immediate	Unit Manger Staff Nurses Maintenance staff Senior Support Workers

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<p><b>Recommendation a:</b> The service should ensure all complaint information directs service users and families to Healthcare Improvement Scotland at any stage of their care or treatment in all documentation (see page 9).</p>	<p>Revised and updated literature on display Revised and updated Welcome Pack</p>	<p>17/05/2023</p>	<p>Unit Manager Head of Therapy</p>
<p><b>Recommendation b:</b> The service should review the patient care records and expand the range of information audited as part of the patient care record to ensure that documentation was organised in a clear and structured way (see page 16).</p>	<p>Introduce Audit paperwork and cycle for Medical Case Notes and Daily Note files</p>	<p>17/11/2023</p>	<p>Hospital Director Medical Director Unit Manger Head of Therapy</p>

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Name	Michael Sneddon		
Designation	Hospital Director		
Signature			Date 17 / 05 / 2023

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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