

## Action Plan

Service Name:	Graham Anderson House
Service number:	00054
Service Provider:	The Disabilities Trust
Address:	1161 Springburn Road, Glasgow, G21 1UU
Date Inspection Concluded:	30 April 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that appropriate systems, processes and procedures are in place for the management of medications, in particular medicines classified as controlled drugs (see page 23).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>This requirement was Immediately actioned following this inspection, we reviewed and devised a new system to record the identity of the staff member responsible for handling the controlled drug keys, we now record the controlled drug count between shift changes.</p> <p>The controlled drug book is now kept in the controlled drug cupboard – signage is in place as a reminder for staff compliance.</p> <p>All registered nurses have been made aware that diazepam is not to be stored in the controlled drug cupboard, and we have reviewed how staff manage this medication, and continue with nightly stock check of medication in the service.</p>	Immediate – Actioned	Ward Manager Registered Nurses

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<p><b>Requirement 2:</b> The provider must action the findings of the legionella risk assessment and ensure a legionella management plan and checks on water outlets and storage tank are in place (see page 25).</p> <p>Timescale – by 19 August 2025</p> <p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>We have contacted our Estates and Property Department, who hold responsibility for this, and remedial work is scheduled for the 16<sup>th</sup> of June 2025 with oversight and support by our internal Health and Safet team.</p>	<p>To be actioned on 16.06.2025</p>	<p>Organisational Estates and Property Department</p> <p>Organisational Health and Safety Team</p> <p>Service Manager</p>
<p><b>Requirement 3:</b> The provider must improve the standard of recordkeeping in patient care records to ensure that they are easily accessible to all staff delivering patient care (see page 29).</p> <p>Timescale – by 19 August</p> <p>Regulation 4(2) The Healthcare Improvement Scotland (Requirements as to</p>	<p>We have discussed this as a team, and all clinical team meeting notes will now be signed and uploaded to the people we support’s individual MYPLAN electronic records. We have added new electronic folders into the system to allow us to upload these documents.</p> <p>All clinicians are now documenting their input and sessions via the daily narratives as well as in the session section.</p>	<p>Commenced to be completed by 31<sup>st</sup> July 2025</p>	<p>Service Manager Clinical Team Registered Nurses</p>

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<p>Independent Health Care Services) Regulations 2011</p>			
<p><b>Requirement 4:</b> The provider must ensure that appropriate procedures are carried out for the prevention and control of infection (see page 29).</p> <p>Timescale – immediate</p> <p>Regulation 4(2) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>We addressed this requirement immediately following our inspection. We had sourced paper disposable medicine cups, which are currently in use and disposed of after single use.</p> <p>We have added new instructions for the nurse team to dispose of any syringes used in the administration of liquid medications – signs are clearly visible in the clinic rooms.</p> <p>This will be discussed with all nurses via line management supervision, with ongoing monitoring for assurance.</p>	<p>Actioned</p>	<p>Ward Manager Registered Nurses</p>

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<p><b>Recommendation a:</b> The service should recommence local clinical governance meetings to provide monitoring and oversight of safe patient care provided in the service (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>We produce and share quarterly clinical governance reports with the staff team and will continue to do so.</p> <p>Clinical Governance Meetings are being re-introduced as of Monday the 16<sup>th</sup> of June 2025. These will then continue quarterly with relevant management team and clinical colleagues attending.</p> <p>We have devised a new clinical governance meeting standards template with agenda and will develop action plans as required to address any concerns identified..</p>	<p>16<sup>th</sup> June 2025 and ongoing quarterly</p>	<p>Service Manager</p>
<p><b>Recommendation b:</b> The service should ensure that care plans are accessible to patients and developed in easy-read format for patients to have a better understanding of the treatment goals and progress (see page 29).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.17</p>	<p>We plan to discuss this recommendation with the people we support at their next committee meeting, on the 11<sup>th</sup> June 2025. As part of this we will ask how the people we support would like to access their care plans and goals documentation.</p> <p>We have purchased folders for all the people we support to retain their individual care plans and goals records, and these will be stored securely in the duty room but will be easily accessible.</p> <p>In the interim we have placed signs up on the people we support's notice board, to inform "If you wish to read your care plans, please ask staff".</p> <p>Our Speech and Language therapists will provide easy read and picture plans and timetables as</p>	<p>11<sup>th</sup> June 2025</p> <p>30<sup>th</sup> June 2025</p> <p>Actioned</p> <p>30<sup>th</sup> June 2025</p>	<p>Service Manager Clinical Team Registered Managers</p>
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	requested/required to meet individual's needs and choices; we will gather this information at the Committee meeting.		
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Name	Sandra Wylie
Designation	Service Manager

*Sandra Wylie*

06 / 06 / 2025

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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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