Action Plan

Service Name:	Glasgow Alcohol and Drug Crisis Service
Organisation Number:	01595
Service Provider:	Turning Point Scotland
Address:	80 Tradeston Street, Glasgow, G5 8BG
Date Inspection Concluded:	26 August 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must review guidance on seizure management to ensure staff are able to follow clear and specific guidance and allow them to manage these situations safely, including the administration of emergency medication (see page 24). Timescale – immediate *Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the September 2023	Develop a flow chart about where to find all of the information required to manage seizures Communicate guidance on seizure management with all staff Hold workshops for nurses on administration of emergency medication Add workshops and training to refresher training on an annual basis	October 2025 October 2025 November 2025 November 2025	Head of Clinical and Care Governance Service Manager Senior nurses Admin

inspection report for Glasgow Alcohol and Drug Crisis Service.			
Requirement 2: The provider must implement a clear process for monitoring medication grab gabs and remove medication grab bags that are no longer in use (see page 28). Timescale – immediate *Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Develop SOP for managing and checking grab bags Communicate SOP with all staff Review SOP within 6 months	November 2025 November 2025 May 2026	Lead Nurse Senior nurses Service Manager
Requirement 3: The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control guidance (see page 29). Timescale – immediate *Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	Share sharps SOP with team Raise issues and concerns at team meeting Identify staff having overall responsibility for sharps boxes Ensure audits are completed more regularly	October 2025 October 2025 November 2025 November 2025	Lead Nurse Senior nurses Senior nurses Lead Nurse

Recommendation a: The service should develop a system to measure its progress with aims and objectives set out (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Review of team objectives to be incorporated into team meeting schedule	Within 3 – 6 months	Service Manager
Recommendation b: The service should continue to develop and implement a discharge policy with clear guidance on reducing the risks of unplanned discharges (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8	Discharge policy already developed This will be shared again with staff and discussed at team meetings	Within 3 months	Service Manager

Name	Jennifer Lang		
Designation	Service Manager		
Signature	J.Lang	Date	14/10/2025

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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.