

## Action Plan

Service Name:	ACCORD Hospice
Service number:	00056
Service Provider:	Accord Hospice
Address:	7 Morton Avenue, Paisley, PA2 7BW
Date Inspection Concluded:	11 – 12 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Recommendation a:</b> The service should ensure that information on the complaint process is easily accessible to the public (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.</p> <p>Statement 4.20</p>	<p>Complaints procedure is available within files in every IPU room, and on the board in the entrance reception area.</p> <p>The ACCORD website has now been updated to include the same information following this recommendation. The information is available via the Contact us tab on the Home Page.</p> <p><a href="#">Contact ACCORD Hospice</a>   <a href="#">ACCORD Hospice</a>   <a href="#">Accord Hospice</a></p>	Completed 09/01/26	Communications Team

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<p><b>Recommendation b:</b> The service should ensure that the hospice infection prevention and control policies relate specifically to the hospice (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.</p> <p>Statement 4.11 This was previously identified as a recommendation in the 21 July 2021 inspection report for ACCORD Hospice</p>	<p>Infection Control folders within IPU and the HUB have been reviewed to ensure all contents related specifically to ACCORD.</p> <p>A yearly audit will be carried out to ensure folders continue to be up to date and specific to ACCORD.</p>	Completed 09/01/2026	Quality Improvement and Clinical Governance Lead
<p><b>Recommendation c:</b> The service should ensure that all adverse events, significant adverse events, near misses and concerns involving a Controlled Drug (CD) should be notified to Healthcare Improvement Scotland when they occur (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>1:1 sessions with HIS arranged for 2026 to support new Head of Care and Support and new Accountable Officer to ensure all CD events/concerns are reported appropriately in line with notification guidance.</p> <p>First 1:1 meeting planned for 12<sup>th</sup> Jan.</p> <p>All CD events to be logged on Vantage and process for review and notifications to be clarified with those who review and sign off incidents. This recommendation was discussed at Drug &amp; Therapeutics committee and separate meeting</p>	12 <sup>th</sup> Jan 26 and ongoing	Head of Care and Support and Accountable Officer

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<p>organisation providing my care and support.</p> <p>Statement 4.19</p>	<p>arranged (12<sup>th</sup> Jan) with those involved in reviewing incidents.</p> <p>Notifications for HIS to be included in the agenda for the new Clinical Leads meeting and will continue to be on agenda at both Clinical Governance and Sub Committees.</p>		
<p><b>Recommendation d:</b> The service should develop a consistent format for recording one-to-one meetings between staff and their line manager (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me.</p> <p>Statement 3.14</p>	<p>All staff have access to 1:1 meetings with line managers and inspection report highlights that staff feel well supported. Supervision sessions are also offered within clinical areas, in both 1:1 and peer format.</p> <p>It is recognised that there is not one consistent format for recording 1:1 meetings with line managers. Session documentation is person centred.</p> <p>We will commit to review current arrangements. Consider how we record 1:1 session dates and template options.</p> <p>A yearly audit will be carried out to ensure staff have access to 1:1s.</p>	<p>31<sup>st</sup> March 2026</p>	<p>Senior and Operational Leadership Teams</p>

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<p><b>Recommendation e:</b> The service should develop a risk assessment for the heating of and use of patient heat pads (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.</p> <p>Statement 4.11</p>	<p>Risk Assessment complete and Signage now visible in IPU.</p>	<p>Completed 09/01/2026</p>	<p>IPU Lead</p>
<p><b>Recommendation f:</b> The service should develop a process of documenting the multidisciplinary team meeting in each patient care record (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support.</p> <p>Statement 4.11</p>	<p>MDT Documentation project was already ongoing at time of inspection. This was discussed with the inspection team.</p> <p>MDT discussions being documented in care records and audit process in place.</p>	<p>Completed - Part of ongoing project</p>	<p>Clinical Leads</p>

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Name	SHONA BALLENTYNE
Designation	Head of Care and Support
Signature	S.Ballentyne
Date	09 / 01 /2026

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.

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- 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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