

## 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:	21 January 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must ensure that all staff are aware of, and working to, their job description, roles and responsibilities to ensure the co-ordination of patient care is efficient and effective (see page 16).</p> <p>Timescale – by 15 March 2026</p> <p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to</p>	<p>All staff have received a copy of their job description, which they have read and signed –a copy will then be kept in their personnel file.</p> <p>In addition to this we have also devised very simple but clear descriptions for all roles, as to their responsibilities and expected tasks when working in the service, this includes line management roles and responsibilities, and who they directly report to. It also includes a duty to observe staff performance in their role through daily activities.</p> <p>All staff have been sent a copy relevant to their role, to which they have read and signed acknowledgment.</p> <p>We have held staff meetings and again this requirement was discussed in detail.</p>	15 <sup>th</sup> March 2026	Service Manager Ward manager All staff

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<p>Independent Health Care Services) Regulations 2011</p> <p>An Improvement Notice has been served on the provider in relation to this requirement.</p>			
<p><b>Requirement 2:</b> The provider must ensure all staff receive an annual appraisal to review their performance in their role and consider learning and development needs (see page 19).</p> <p>Timescale – by 21 April 2026</p> <p>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>This has been communicated clearly to all line managers at meetings, and all staff are aware of their responsibilities in line with self-reviews and the appraisal requirement. Staff will be given a deadline to complete their self-reviews.</p> <p>This has been discussed at team meetings and staff are aware of their individual responsibilities to complete their appraisals.</p> <p>We have devised a new line management structure to clearly identify all line managers and their responsible staff.</p>	<p>Commenced will be actioned by the 21<sup>st</sup> of April 2026</p>	<p>All line manager</p>

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<p><b>Requirement 3:</b> The provider must ensure all relevant staff receive training relevant to their role and responsibilities (see page 19).</p> <p>Timescale – by 21 April 2026</p> <p>Regulation 12(c)(ii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Immediate life support training is rolled out to appropriate staff every year.</p> <p>We have sourced a new training provider for this topic and training is scheduled now for 27th March 2026 and 8<sup>th</sup> April 2026.</p>	<p>21<sup>st</sup> April 2026</p>	<p>Service Manager Assistant Manager</p>
<p><b>Requirement 4:</b> The provider must ensure that quality assurance audits are carried out consistently and effectively identify issues in a timely manner (see page 20).</p> <p>Timescale – by 21 April 2026</p> <p>Regulation 13(2)(b) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>We have a new audit tracking tool – this is a monthly tool, and this will detail all service audits required each month, who is responsible for this audit, the timescales and deadline for completion and any actions to be addressed, and when actions are completed and by whom.</p> <p>Some local service audits are completed on the DATIX system and actions from these audits can also be uploaded and monitored via the DATIX system</p>	<p>21<sup>st</sup> April 2026</p>	<p>Service Manager Ward Manager Senior Staff Nurses</p>

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<p><b>Requirement 5:</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 – by 15 March 2026</p> <p>Regulation 5(2) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p> <p>This was previously identified as a requirement in the April 2025 inspection report for Graham Anderson House.</p> <p>An Improvement Notice has been served on the provider in relation to this requirement.</p>	<p>The twice daily controlled drug checks were reinstated after the nursing team stopped this for a time, without instruction and this is currently being investigated and addressed.</p> <p>Brainkind have updated the Policy and Procedure for the management of controlled drugs at organisational level which covers Scottish legislation.</p> <p>We have also devised a local standard operating procedure for the management of controlled drugs within the service. This will be circulated to all trained nursing staff, who are required to read, understand and comply fully with this process.</p> <p>We have also devised a controlled drug competency assessment tool, and this will be completed by all registered nurses.</p> <p>Ward manager and senior staff nurses will oversee this process, and all nurses are responsible to report any concerns via DATIX in relation to the controlled drug management.</p> <p>This has also been discussed in registered nurse meetings – and all nurses are very clear on the requirements for the management of controlled drugs.</p>	<p>15<sup>th</sup> March 2026</p>	<p>Ward Managers Registered Nurses</p>
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<p><b>Requirement 6:</b> The provider must arrange safe destruction of medication when it is no longer required (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>We have secured a new contract to collect all returned medications once no longer required, this is due to our current new pharmacy not being able to provide this service</p>	<p>15<sup>th</sup> March 2026</p>	<p>Ward Manager All registered nurses</p>
<p><b>Requirement 7:</b> The provider must improve the standard of recordkeeping in patient care records to ensure that they complete, consolidated, are easily accessible to all staff delivering patient care and include:</p> <p>(a) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of that health care professional</p>	<p>We have reviewed our current electronic documentation system and have now met with and instructed all staff how to use this system fully.</p> <p>All staff will receive a copy of the local standard operating procedure in relation to Myplan. This SOP will give staff clear guidance as to where on the system all records will be stored.</p> <p>All entries will now clearly state, the date and the time of every consultation, the name of the professional, the outcome of the consultation and any treatment advised or received</p> <p>d) All medication ordered are via Ashtons pharmacy and we keep written records of all PWS prescriptions, all medication administration is</p>	<p>15<sup>th</sup> March 2026</p>	<p>All Staff</p>
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<p>(b) the outcome of that consultation or examination</p> <p>(c) details of every treatment provided to the service user including the place, date and time that treatment was provided and the name of the health care professional responsible for providing it and (d) every medicine ordered for the service user and the date and time at which it was administered or otherwise disposed of (see page 23).</p> <p>Timescale – by 15 March 2026</p> <p>Regulation 4(2) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p> <p>This was previously identified as a requirement in the April 2025 inspection report for Graham Anderson House.</p>	<p>electronic and as such logs all administration and all returned medication is logged via the pharmacy returns book.</p> <p>Staff have also received training on Myplan from our Digital care records programme lead</p>		
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<p>An Improvement Notice has been served on the provider in relation to this requirement.</p>			
<p><b>Requirement 8:</b> The provider must ensure there are effective systems in place to make sure staff follow policies and procedures for managing deteriorating patients (see page 23).</p> <p>Timescale – by 15 March 2026</p> <p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p> <p>An Improvement Notice has been served on the provider in relation to this requirement.</p>	<p>This requirement has been discussed at a nurse meeting on the 20<sup>th</sup> February 2026 and reiterated the importance of clear documentation and following up on actions.</p> <p>We have reviewed our current processes and will have medical alert boards in both clinical rooms, which will detail necessary medical investigations and follow ups required. We also hold an actions folder at handover and follow up on any actions discussed.</p> <p>We have also devised and displayed an Escalation and support pathway for Support workers – so they can easily see how to escalate any concerns they have regarding PWS health and well-being.</p> <p>All staff have read and sign as understood, the related policy for recognising deterioration in health.</p> <p>All staff have undertaking RESTORE2 and RESTORE mini training</p>	<p>15<sup>th</sup> March 2026</p>	<p>Ward Manager and all registered nurses</p> <p>All staff</p>

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<p><b>Recommendation a:</b> The service should ensure that all meetings have a set agenda and that minutes include actions and responsibilities (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. Statement 4.19</p>	<p>A new meeting schedule will be devised.</p> <p>The new meeting template will have a clear agenda, and an action plan for any issues highlighted at the meeting, detailing who will be responsible for following up on any items.</p>	<p>Commenced and ongoing</p>	<p>Service Manager</p>
<p><b>Recommendation b:</b> The service should ensure that learning from incidents is used to improve systems and processes and that staff are fully involved and informed in this process (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. Statement 4.14</p>	<p>We have listed the topics for lessons learned in respect of the incidents that have been raised as concerns - these are discussed now at our monthly clinical governance meetings and also shared with the staff teams as appropriate</p>	<p>June 30<sup>th</sup> 2026</p>	<p>Service Manager</p>

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<p><b>Recommendation c:</b> The service should ensure results from audits are developed into actions plans to create a cycle of continuous improvement (see page 20).</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 are devising a new audit tracker that will flag actions that are required following audits.</p> <p>DATIX audits do have logged actions that are on the system. Other local audits, we will monitor from the tracker on an actions page.</p>	<p>April 30<sup>th</sup> 2026</p>	<p>Service Manager Ward Manager</p>
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Name	Sandra Wylie
Designation	Service Manager
Signature	Sandra Wylie
Date	05 / 03 / 2026

**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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