Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Graham Anderson House, Glasgow

Service Provider: The Disabilities Trust

21 January 2026

NHS SCOTLAND

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First published March 2026

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 29–30 April 2025

Requirement

The provider must ensure that appropriate systems, processes and procedures are in place for the management of medications, in particular medicines classified as controlled drug.

Action taken

The service had made some improvements to its process for medication management. However, systems and procedures required improvement. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 5 on page 23).

Requirement

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.

Action taken

The service had addressed all actions from the legionella risk assessment and had implemented a revised process for the management of water outlets and storage. We were told repair-work had been carried out on the water system and replacement of the water tank was planned. The service had implemented a new facilities management system that was supporting the effective management of estate issues. **This requirement is met.**

Requirement

The provider must improve the standard of record keeping in patient care records to ensure that they are easily accessible to all staff delivering patient care.

Action taken

During our inspection, we found patient information was stored across different electronic platforms and was not easily accessible to staff delivering patient care. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 7 on page 23).

Requirement

The provider must ensure that appropriate procedures are carried out for the prevention and control of infection.

Action taken

We saw the service used single-use equipment appropriately for all medication dispensing. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 29–30 April 2025

Recommendation

The service should re-commence local clinical governance meetings to provide monitoring and oversight of safe patient care provided in the service.

Action taken

The service had re-commenced its local clinical governance meetings.

Recommendation

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.

Action taken

The service had printed copies of patient care plans available on request. Signs in the patient areas advised patients that they could access their care plans. We were told this was also discussed with patients individually and at patient forum meetings. We were told care plans could be developed into easy-read formats for patients as required.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to Graham Anderson House on Wednesday 21 January 2026. The focus of the inspection was clinical governance and quality assurance, incident management, staff training and competency care planning and risk assessment. We spoke with a number of staff during the inspection. We also received feedback from 43 staff members through an online survey we had asked the service to issue during the inspection.

Based in Glasgow, Graham Anderson House is an independent hospital providing specialist assessment and rehabilitation for people with a nonprogressive acquired brain injury.

The inspection team was made up of three inspectors and a pharmacist.

What we found and inspection grades awarded

For Graham Anderson House, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service had a multidisciplinary workforce and appropriate staffing levels to support patient care. Leadership in the service was visible and supported through proactive communication with the provider and Healthcare Improvement Scotland. Staff roles and responsibilities must be clearly defined.	Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Staff could access a comprehensive online learning platform. The service demonstrated a proactive and transparent approach to incident reporting and recording. Appraisals and essential training must be up to date for all staff. Audits must be consistently and accurately carried out. Learning from incidents and accidents should be shared with staff. Audit results should inform improvement action plans.	Unsatisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
Standard operating procedures must be in place to support staff with medication management. All relevant patient care information must always be available to the full care team. Excess medication that required destruction must be dealt with immediately. Essential actions for patients with deteriorating health must be evidenced. Local induction processes should always be fully completed.	Unsatisfactory

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect The Disabilities Trust to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in eight requirements and four recommendations. An Improvement Notice has been served on the provider in relation to some requirements made during this inspection and requires immediate improvement.

Direction	
Requirement	
1	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). Timescale – by 15 March 2026 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* An Improvement Notice has been served on the provider in relation to this requirement.
Recommendations	
	None

Implementation and delivery	
Requirements	
2	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). Timescale – by 21 April 2026 *Regulation 12(c)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
3	The provider must ensure all relevant staff receive training relevant to their role and responsibilities (see page 19). Timescale – by 21 April 2026 *Regulation 12(c)(ii)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
4	The provider must ensure that quality assurance audits are carried out consistently and effectively identify issues in a timely manner (see page 20). Timescale – by 21 April 2026 *Regulation 13(2)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
a	The service should ensure that all meetings have a set agenda and that minutes include actions and responsibilities (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery (continued)	
Requirements	
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). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
c	The service should ensure results from audits are developed into actions plans to create a cycle of continuous improvement (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
5	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). Timescale – by 15 March 2026 *Regulation 5(2)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the April 2025 inspection report for Graham Anderson House. An Improvement Notice has been served on the provider in relation to this requirement.

Results (continued)

Requirements

6 The provider must arrange safe destruction of medication when it is no longer required (see page 23).

Timescale – immediate

Regulation 3(d)(iv)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

7 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:

(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
(b) the outcome of that consultation or examination
(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).

Timescale – by 15 March 2026

Regulation 4(2)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the April 2025 inspection report for Graham Anderson House.

An Improvement Notice has been served on the provider in relation to this requirement.

Results (continued)	
Requirements	
8	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). Timescale – by 15 March 2026 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* An Improvement Notice has been served on the provider in relation to this requirement.
Recommendations	
d	The service should ensure the induction process is implemented consistently (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: Find an independent healthcare provider or service – Healthcare Improvement Scotland

The Disabilities Trust, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Graham Anderson House for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service had a multidisciplinary workforce and appropriate staffing levels to support patient care. Leadership in the service was visible and supported through proactive communication with the provider and Healthcare Improvement Scotland. Staff roles and responsibilities must be clearly defined.

Leadership and culture

The service had a diverse workforce of health and social care staff, including:

- a brain injury counsellor
- a physiotherapist
- medics
- nurses
- occupational therapists
- psychiatrists
- psychologists
- rehabilitation support workers, and
- speech therapists.

A variety of ancillary staff supported the clinical staffing team, including:

- catering
- housekeeping, and
- maintenance.

We saw evidence of appropriate staffing levels to support safe delivery of patient care. We were told that staffing levels would increase depending on service user needs, if required. This included the use of bank and agency staff,

which the service actively tried to minimise through its own bank and a proactive approach to recruitment.

The service manager had regular communication with the provider organisation and was aware of any operational issues impacting service delivery. The service manager attended monthly regional meetings, where the service was benchmarked against the provider's other services. This helped make sure the provider had an overview of the service's operations. The service manager engaged in regular communication with Healthcare Improvement Scotland and had an open and transparent approach to service management issues.

Local clinical governance meetings had restarted and were held every 3 months. From minutes we reviewed, we saw these meetings had a standard agenda which covered a variety of governance issues, such as:

- clinical audits
- education and training
- patient and public involvement, and
- staffing and staff management.

Managers and lead clinicians attended meetings across the service. We were told the service planned to increase the frequency of clinical governance meetings.

Most staff who responded to our survey said that leadership was positive and that concerns raised were taken seriously. Staff we spoke with said leaders were visible and had an open-door policy. Leadership was visible and staff approached leaders when required. Most staff who responded to the survey said they would recommend the service as a good place to work.

What needs to improve

The ward manager role was vacant and being recruited to, which impacted the leadership of nursing staff. We saw and were told that the visibility of nursing staff on the units was limited. Some staff told us there was a lack of clarity between the roles and responsibilities of different staff roles and lines of communication were not always clear. This had an impact on how staff felt about their role, their ability to perform in their role and impacted the effectiveness of patient care (requirement 1).

Some staff told us that the provider's senior leaders were not visible to staff and felt this could be improved. We will follow this up at future inspections.

Requirement 1 – Timescale: by 15 March 2026

- 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.

- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Staff could access a comprehensive online learning platform. The service demonstrated a proactive and transparent approach to incident reporting and recording.

Appraisals and essential training must be up to date for all staff. Audits must be consistently and accurately carried out. Learning from incidents and accidents should be shared with staff. Audit results should inform improvement action plans.

Quality improvement

All staff had access to a comprehensive online platform for learning and development, with a range of training suitable for their role and responsibilities at a time convenient for them. We saw most staff were up to date with mandatory training, including training for:

- epilepsy awareness
- moving and handling, and
- safeguarding.

We saw medication management competencies had been repeated for all relevant staff after medication management incidents. The online platform included a recording process for the annual appraisal and 3-monthly one-to-one meetings to review individual staff objectives and development needs. Clinical supervision was in place for staff. We saw that the service manager had recently delegated supervision responsibilities to promote leadership development in the staff team. We were told initial feedback from staff about this change was positive.

We saw the service had recently implemented regular team meetings with different staff groups, such as:

- nurses
- rehabilitation support workers, and
- senior nurses.

The service had a proactive and transparent approach to reporting and recording incidents and accidents. The registered manager understood Healthcare Improvement Scotland's notification process and the need to inform us if certain events or incidents occur. All incidents were recorded on an electronic system, with actions and outcomes logged.

We saw the service carried out ongoing quality improvement activity. For example, we saw the speech and language therapists were working with the rehabilitation support workers to improve the observations and record-keeping for patients on a specialised diet.

What needs to improve

The online platform for learning and development had been introduced recently at a local level and was not fully embedded. We could see from the online learning platform that annual appraisal and the 3-monthly one-to-one meetings were not always carried out as planned (requirement 2).

While most mandatory training was up to date, we were told immediate life support training was required for some staff (requirement 3).

The service had introduced team meetings for different staff groups and all-staff collectively. Meetings that were held did not have a set agenda and minutes did not always include actions or those responsible (recommendation a).

While the service had a process in place for recording and reporting accidents and incidents, we did not always see evidence of learning implemented from incidents. The service did not have a system or process in place for communicating learning to staff. We also did not see reviews carried out of systems and processes to prevent the recurrence of issues (recommendation b).

A new structure for clinical supervision was in place. However, we were told this had only recently been implemented for all clinical staff. Consistent availability of clinical supervision is important to support staff, particularly in a service with complex demands on staff. We will follow this up at future inspections.

Requirement 2 – Timescale: by 21 April 2026

- The provider must ensure all staff receive an annual appraisal to review their performance in their role and consider learning and development needs.

Requirement 3 – Timescale: by 21 April 2026

- The provider must ensure all relevant staff receive training relevant to their role and responsibilities.

Recommendation a

- The service should ensure that all meetings have a set agenda and that minutes include actions and responsibilities.

Recommendation 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.

Planning for quality

The service had a programme of meetings to support the delivery of safe and effective patient care. This included:

- clinical team meetings
- health and safety meetings
- patient multidisciplinary reviews, and
- quality assurance meetings.

The lead nurse from the provider had recently carried out an audit of the nursing leadership and patient care, which had informed a comprehensive quality improvement action plan. This included actions around:

- care planning
- communication
- discharge planning, and
- incident management.

The service had introduced monthly quality assurance meetings to review the plan and help to progress quality assurance actions and improvements. We saw the service was addressing the issues identified in the action plan. At the time of

our inspection, the service was waiting on a report from an internal audit that the provider's quality assurance manager had carried out.

The service had a comprehensive programme of daily, weekly and monthly audits of the healthcare environment and direct patient care. For example, audits were carried out for:

- emergency trolleys
- legal documentation
- patient care records, and
- the environment.

We saw staff were involved in carrying out the audits and results were recorded and reported on a central electronic system.

What needs to improve

We were told that the audit programme was not always fully implemented and so did not pick up issues with practice in a timely manner, such as changes in the frequency of controlled drugs checks. We also found a medication inaccuracy that had not been picked up in daily audits (requirement 4).

Individual issues identified during audits were addressed. However, we did not see evidence that learning from audits was shared with the staff or used to improve practice (recommendation c).

The service held regular clinical team meetings to discuss patient care, which the pharmacy staff did not attend. Patients in the service had complexity of needs and pharmacist participation would strengthen medicines and clinical safety in the service. We will follow this up at future inspections.

Requirement 4 – Timescale: by 21 April 2026

- The provider must ensure that quality assurance audits are carried out consistently and effectively identify issues in a timely manner.

Recommendation c

- The service should ensure results from audits are developed into actions plans to create a cycle of continuous improvement.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

Standard operating procedures must be in place to support staff with medication management. All relevant patient care information must always be available to the full care team. Excess medication that required destruction must be dealt with immediately. Essential actions for patients with deteriorating health must be evidenced. Local induction processes should always be fully completed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The provider had a central team to manage recruitment and onboarding staff for the service. In the four staff records we inspected, we saw that all staff had appropriate checks carried out on identification, references, Disclosure Scotland status and background. Locally, the service's induction process included new staff shadowing for at least 2 weeks, mandatory training and health and safety issues.

The service had recently moved to an electronic pharmacy system and a pharmacist carried out a weekly medications management audit. This was positive and we saw results from the audits had been acted on. The service had a policy in place for the management of medication, including controlled drugs.

We reviewed three patient care records during our inspection. We found each patient care record included a variety of care plans and multidisciplinary input to support patients' care needs in rehabilitation. We saw detailed multidisciplinary assessments with comprehensive progress reports, including:

- a review of care plans
- engagement with a range of therapies
- medication reviews
- risk assessments, and
- rehabilitation progress.

Patients had access to their care plans.

What needs to improve

We were told that while the service had implemented processes for the management of controlled drugs, staff had discontinued these without senior staff direction or oversight. We saw the service had reinstated these checks before our inspection and had repeated staff training to make sure this did not happen again. While a medication management policy was in place, we saw no local standard operating procedures outlining the processes for day-to-day ordering and management of medication (requirement 5).

We saw the service had bags of excess medication no longer required awaiting destruction. This had not been arranged at the time of our inspection (requirement 6).

During our inspection, we found that patient information was not stored centrally in patient care records. We were told that the multidisciplinary team would record information, such as multidisciplinary meeting notes in a different electronic hard drive system. This meant that some staff we spoke with could not tell us where they would find this information. This could lead to patient information being missed and cause confusion for staff, increasing the risk to patients (requirement 7).

During our inspection, we were told about a patient whose health had recently deteriorated. The service had a ‘Recognising Deterioration in Health’ policy in place. However, we found no evidence in this patient care record that the necessary investigations had been carried out or that staff had followed policy (requirement 8).

While the service had an induction plan, some staff we spoke with said this was not consistently implemented. We saw evidence to support this (recommendation d).

Requirement 5 – Timescale: by 15 March 2026

- 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.

Requirement 6 – Timescale: immediate

- The provider must arrange safe destruction of medication when it is no longer required.

Requirement 7 – Timescale: by 15 March 2026

- 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:

  (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
  (b) the outcome of that consultation or examination
  (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.

Requirement 8 – Timescale: by 15 March 2026

- The provider must ensure there are effective systems in place to make sure staff follow policies and procedures for managing deteriorating patients.

Recommendation d

- The service should ensure the induction process is implemented consistently.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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