Action Plan

Service Name:	Graham Anderson House
Organisation Number:	00054
Service Provider:	The Disabilities Trust
Address:	1161 Springburn Road, Glasgow, G21 1UU
Date Inspection Concluded:	28-29 July 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that appropriate COSHH signage is displayed in areas where hazardous substances are stored (see page 35). Timescale – by 28 October 2026 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*	This has been actioned and signs are now up on the areas required	Immediate	Service Manager

Recommendation a: The service should develop a system to measure its progress in achieving its local aims and objectives and share this information with staff, patients and carers (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The Service Manager and Clinical leads will gather information to share with the wider staff team at meetings, this information will include- Service improvement and development Survey results and any actions Organisational KPIs and if and how these are being met, staff will then have the opportunity to offer feedback and suggestions. We plan to examine outcome measures collected at admission and discharge, as reported by the people we support, and present the findings to staff through presentations and accessible graphical displays within the units. This will enable staff to observe the progress made by individuals over the course of their admission, as well as broader service-level improvements. The aim is to increase staff awareness of the impact and benefits of interventions, promote engagement with outcome measurement, and enhance understanding of how their contributions support positive service user outcomes.	December 2026 and ongoing	Service Manager Clinical Leads

Recommendation b: The service should strengthen communication and engagement with staff to ensure staff feel supported in their roles, promote a positive culture and improve the visibility of senior leaders in the service (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	The service manager will undertake a monthly staff engagement session, to ensure all staff can raise concerns and contribute to service development. We plan to roll out an in-house staff survey from November 2026 The organisation also conducts an annual staff survey, and a meeting will be held to discuss the results and any actions to be taken Our Regional Manager visits the service monthly, and is happy to meet with staff and attend staff meetings – a sign will be visible in the staff room, detailing when any senior managers are visiting the service and available to meet with staff	December 2026 and ongoing	Service Manager Quality Co- Ordinator
Recommendation c: The service should reintroduce carer feedback surveys and 3-monthly newsletters to support engagement with family members and carers (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	This recommendation has been discussed with the MDT and agreed that a feedback form will now be part of all people we support reviews. Families and carers will now be provided with a feedback form to complete prior to any review meeting, Our Quality coordinator will recommence the quarterly feedback newsletter for the people we support, this updates them on new staff to the service, staff who have left, service	30th September 2026 Commence in December 2026, to cover the last quarter of the year – October – December 2026	Service Manager Clinica leads Clinical Secretary Quality Coordinator

	improvements, activities and outings and any PWS feedback we have received		
Recommendation d: The service should ensure that staff surveys are reviewed and results fed back to staff (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The organisation does conduct an annual staff survey, and the results are shared with the entire staff team. The service manager will also conduct an in-house staff survey, and then meet with the staff to review and action the findings Our QA Partner is visiting the service in December, and this includes a quality staff survey – again the results will be shared with the entire staff team	In house staff survey, scheduled for November 2026 Staff meeting to be scheduled in December to discuss the results	Service Manager
Recommendation e: The service should ensure that policies and procedures are regularly reviewed to ensure they remain up to date (see page 29). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	This recommendation has been referred to our organisational leads who have reassured us that this recommendation will be addressed	Notified of recommendation and ongoing	Legal/Clinical

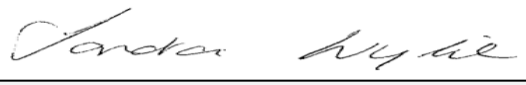
Recommendation f: The service should ensure that all staff are aware of and offered the opportunity to attend debriefs following incidents (see page 29). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The service currently offers debrief sessions to staff following incidents. To further strengthen and evidence this process, we are implementing a monitoring spreadsheet to ensure all staff involved in incidents are offered a debrief and that outcomes are recorded consistently. We will include: - • Staff involved name • Overview of the incident type and datix identification number • Debrief offered, accepted/refused • Outcome and any actions or learning from the debrief This will provide assurance that debriefs opportunities are consistently offered, recorded, and used to inform learning and continuous improvement within the service.	New spread sheet will be in place by 18th September 2026	Service Manager Service Counsellor
Recommendation g: The service should review its processes for section 47 certification to ensure patient's needs and circumstance are informed by the specialist multidisciplinary team and discussed with their next of kin (see page 29). Health and Social Care Standards: My support, my life. I have confidence in	A standard process for section 47 reviews will be implemented to ensure MDT involvement and consultation with families and representatives where appropriate These discussions will consider the individual's needs, circumstances, and capacity, and will include consultation with the patient's next of kin where appropriate. All discussions,	October 2026 and ongoing	Full MDT

the organisation providing my care and support. Statement 4.15	decisions, and outcomes will be documented and uploaded to the patient's electronic care record. All people we support will also have a specific care plan for capacity and any requirements that may be required from this person-centred plan. Regardless of legal status. A summary of these discussions and any resulting decisions will also be included within review reports to ensure there is a clear audit trail and evidence that decisions are informed by a specialist MDT approach and engagement with relevant family members. Quarterly audits will be completed to monitor compliance.	Audits will commence from December 2026 – to cover the period Oct – Dec 2026	Service Manager
Recommendation h: The service should further develop its audit tracking tool to record when actions identified through audits have been addressed and improvements have been implemented (see page 32). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	We have reviewed our tracking tool, and have added in a further column for actions addressed and by whom We will also continue to add in further areas for actioning if and when needed.	30th September 2026	Service Manger

Recommendation i: The service should further develop its quality improvement plan (see page 32). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	The quality improvement plan will be revised to include clear actions, responsible leads, timescales, progress updates and evidence of completion. Progress will be reviewed at governance meetings All improvement actions will have assigned owners, target dates and documented progress updates.	October 2026 and ongoing	Service Manager
Recommendation j: The service should ensure the sluice room is kept organised and tidy and ensure staff have easy access to clinical handwash facilities (see page 35). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24	This has been actioned. Signs are now in place in all sluices to keep the sink area clear	Actioned	Service Manager

Name Sandra Wylie

Designation Service Manager

Signature 

Date 09/09/2026

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 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.