

Action Plan

Service Name:	Murdostoun - Brain Injury Rehabilitation Centre
Service number:	01920
Service Provider:	Active Neuro Limited
Address:	Murdostoun Castle, Newmains, Wishaw, ML2 9BY
Date Inspection Concluded:	1 September 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 23). Timescale – immediate <i>Regulation 5(1)(b) The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i>	All notifiable events will now be uploaded onto the portal Units Manager and Matron to be added to the list of those who can raise the notification to ensure consistent practice in raising notifications	Immediate Immediate	Michael Sneddon Michael Sneddon

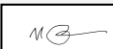
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Requirement 2: The provider must ensure that appropriate COSHH signage is displayed in areas where hazardous substances are stored and these areas are limited access for staff only (see page 28). Timescale - immediate <i>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>	Signage has been purchased and will be placed on the door by maintenance team	Immediate	Michael Sneddon/Ronnie Holbourne
	Door now has a fitted lock in place	Immediate	Michael Sneddon/Ronnie Holbourne

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendations a. The service should develop and implement an action plan in response to staff survey results (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Action Plan from the staff survey will be drafted and added to the Site Improvement Plan	Immediate	Michael Sneddon

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Recommendation b: The service should ensure that discussions about accessing advocacy services are documented in the patient care record (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20	All nursing staff/Keyworkers to ensure that this is added to Carenotes. To be added to the Site Improvement Plan for oversight	31/10/2026	Matron Claire Pollock/Units Manager Jodie Thomson
Recommendation c: The service should ensure that patients are consulted about what information they wish to be shared with their next of kin or family. This should be documented in the patient care record (see page 28). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14	All nursing staff/Keyworkers to ensure that this is added to Carenotes. To be added to the Site Improvement Plan for oversight	31/10/2026	Matron Claire Pollock/Units Manager Jodie Thomson

Name	Michael Sneddon		
Designation	Registered Manager		
Signature		Date	09 / 10 /2026

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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.
- 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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