

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:	27-28 September 2023

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.	Senior managers of the organisation have been made aware of this requirement in regard to new Trustees to the organisation and will complete the notifications within the time scales	01.12.2023	Organisational Senior Managers Legal Team
Requirement 2: The provider must introduce a maintenance programme for the laundry facilities to ensure temperatures are reached for effective decontamination.	<p>We have sought advice from our Health and Safety Manager regarding a maintenance programme to calibrate and maintain water temperatures for laundry equipment and how often this would be required to remain compliant. This will be added to the maintenance programme for the hospital and also added to the Health and Safety folder.</p> <p>We will also link in with our contractor to carry out an annual service on all laundry equipment, out with routine maintenance visits.</p>	01.12.2023	Health and Safety Manager Service Manager

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	We have sourced temperature validation labels that will verify if the temperature of water is as hot as required for the purpose of decontamination		
<p>Requirement 3: The provider must ensure policies and procedures are in place with specific guidance and responsibilities for staff who dispense medication.</p>	<p>We have devised a Medication management Standard Operating Procedure for this requirement to be utilised for Heather unit , where the medications are administered by non-nurse staff – this gives clear direction and instruction as to who can administer medications, the training and supervision required and what limits they have to practice and when to seek approval from the Nurse team</p> <p>The organisation has existing medication policies and Procedures to be used in line with this SOP</p>	Actioned	Service Manager Head of Nursing
<p>Requirement 4: The provider must update its complaint's policy to include the full name, address, telephone number and email address for Healthcare Improvement Scotland, including a statement making it clear that patients and carers have a right to complaint to Healthcare Improvement Scotland at any time. The feedback form available in public areas must also be updated with Healthcare Improvement Scotland's contact information.</p>	<p>We have amended and updated the organisations Complaints policy to add in the contact information for Healthcare Improvement Scotland and placed in a clear statement that - patients and carers have a right to complain to Healthcare Improvement Scotland at any time</p> <p>All notice boards for public information have been checked and updated – all current and relevant information is freely available</p>	Actioned	Organisation Legal Team Service Manager

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<p>Requirement 5: The provider must ensure they have an effective process to manage patient safety alerts so that on receipt, they are disseminated and acted on appropriately, with any action documented and reported at future governance meetings.</p>	<p>The service currently prints and checks all patient safety alerts, these are shared with the Nurse team (who check the alerts, sign and date them, and all alerts are kept in a folder in the duty) Alerts are then added onto a shared folder on TEAMS.</p> <p>To be more robust we will now report all patient safety alerts via our quarterly Clinical Governance report – to ensure all alerts, any actions – if so, what was the action and by who.</p>	01.12.2023	Service Manager Ward Manager

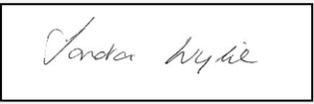
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<p>Requirement 6: The provider must ensure appropriate procedures are carried out for the prevention and control of infection in particular:</p> <p>a) a process for the disposal of single-use equipment after use, and b) develop a risk assessment and action plan for the decontamination of hands.</p>	<p>a) This concern was action on the day of inspection and the service now uses, disposable paper single use medication cups and will continue to use these moving forward b) We have completed a risk assessment for the decontamination of hands. The previous issues highlighted has since been addressed – The hand washing sink has since been repaired</p>	<p>Actioned</p>	<p>Service Manager Ward Manger</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should monitor and evaluate the improvements made as a result of staff feedback, to determine whether actions taken have led to the anticipated improvements.</p>	<p>A) The service manager will collate all feedback and implement any appropriate suggestions made by the staff team, other suggestions will be discussed at staff team meetings and/or discuss the results on how new suggestions by staff have been delivered, accepted or beneficial to PWS or the staff team We will also add any findings into the quarterly clinical governance report, which is available to all staff</p>	<p>Commenced 29.02.2024</p>	<p>Service Manager All staff</p>

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<p>Recommendation b: The service should have clear guidance in writing for staff using cleaning products specifying concentrations and areas for use.</p>	<p>b) We have sought advice from our current representative and will devise and display new guidance for the concentrations of cleaning solutions – this guidance will now in all areas where cleaning materials are kept</p>	<p>01.12.2023</p>	<p>Service Manager Assistant Manager</p>
<p>Recommendation c: The service should clearly record if patients have been offered advocacy services and if these have been refused.</p>	<p>c) The service does currently offer advocacy services to the PWS, and leaflets for advocacy are displayed in the service – the staff team will be met with and communicated that any offers or declinations will now be logged on the electronic MYPLAN documentation system as a session.</p>	<p>01.12.2023</p>	<p>Service Manager Ward Manager Nurse Team</p>

Name	Sandra Wylie
Designation	Service Manager
Signature	
Date	16 / 11 /2023

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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