Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
## Contents

1. A short summary of our inspection
   - Page 4

2. What progress the service has made since our last inspection
   - Page 5

3. What we found during this inspection
   - Page 9

- Appendix 1 – Requirements and recommendations
  - Page 14
- Appendix 2 – Grading history
  - Page 15
- Appendix 3 – Who we are and what we do
  - Page 16
- Appendix 4 – How our inspection process works
  - Page 18
- Appendix 5 – Inspection process
  - Page 20
- Appendix 6 – Terms we use in this report
  - Page 21
1 A summary of our inspection

About the service we inspected
PiC Ayr Clinic is a 34 bed independent hospital offering low secure psychiatric facilities for men and women with a mental illness, mild learning difficulty, personality disorder or acquired brain injury.

The hospital has 34 en-suite single bedrooms within a two-storey purpose built building. The service is provided across three wards, Arran, Bellisle and Low Green. The accommodation also includes garden facilities.

The service aims and objectives state: ‘At the Ayr Clinic, treatment is based on our belief that recovery is possible. We work with patients providing care, treatment and support to allow them to reach their potential, regain life skills and have the confidence and self-esteem to build their own futures.’ Great importance is placed on treatment outcomes which include risk reduction, relapse prevention, independent living skills, vocational engagement and social inclusion.

About the inspection visit
We carried out an unannounced inspection to PiC Ayr Clinic on 20 March 2014. The purpose of this inspection was to follow up on requirements and recommendations made at the previous inspection of 30 July and 9 August 2013. This report should be read alongside the report from that inspection.

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare.aspx

The inspection team was made up of two inspectors; Gareth Marr and Gill Swapp.

We assessed the service against three quality themes related to the National Care Standards.

Based on the findings of this inspection, this service has been awarded the following grades:

Quality Theme 1 – Quality of care and support: 4 - Good
Quality Theme 3 – Quality of staffing: 4 - Good
Quality Theme 4 – Quality of management and leadership: 4 - Good

The grading history for PiC Ayr Clinic can be found in Appendix 2 and more information on grading can be found in Appendix 4.

Overall, we found evidence at PiC Ayr Clinic that significant progress has been made to address the concerns raised at the previous inspection. The service has taken action to meet all of the requirements and recommendations made at the previous inspection. The service has also met the requirement and one recommendation from an upheld complaint investigation we carried out in November 2013. One recommendation from this investigation has not been met and will be followed up at future inspections. We will continue to inspect PiC Ayr Clinic to ensure that the improvements seen during this inspection are maintained.

This inspection resulted in no new requirements or recommendations and one recommendation being carried forward.

We would like to thank all staff at PiC Ayr Clinic for their assistance during the inspection.
2 What progress the service has made since our last inspection

What the provider has done to meet the requirements we made at our last inspection on 30 July and 9 August 2013

Requirement

The provider must ensure that staff seek medical advice as soon as possible following any incident when there may be a risk to a person’s health.

Action taken

This requirement is reported under Quality Statement 1.3 in this report. This requirement has been met.

Requirement

The provider must ensure that if a person is given ‘as required’ medication by injection there is:

- a care plan in place detailing the circumstances when medication should be given by injection rather than orally.
- an entry in the person’s care record detailing why the medication was given by injection.
- an entry in the person’s care record detailing the steps taken by staff to encourage the person to take the medication orally prior to giving them an injection.
- an option on the patient’s prescription sheet to allow staff to give the medication orally, unless it is clinically necessary that the medication only be given by injection.

Action taken

This requirement is reported under Quality Statement 1.4 in this report. This requirement has been met.

Requirement

The provider must ensure that patient care records are fully completed. To do this the provider must ensure patient care records include:

- evidence of risk assessments undertaken before, during and after any incidents.
- the rationale for decisions taken by staff before, during and after any incidents.
- the rationale for the use of as required medication, including the reason for giving it orally or by injection.

The provider must also implement an audit system to monitor the quality of record-keeping in the service.

Action taken

This requirement is reported under Quality Statement 1.5 in this report. This requirement has been met.
Requirement

The provider must ensure that each person employed in the service receives regular performance reviews. In order to do so, the provider must:

- review the content and nature of supervision to ensure that it is in line with the provider's own policy and stated aims
- fully and effectively implement a planned programme of supervision for all staff, in line with the frequency set out in the provider's policy, and
- maintain accurate and detailed records of supervision which demonstrate the outcomes of the supervision, and any actions to be taken.

Action taken
This requirement is reported under Quality Statement 3.3 in this report. This requirement has been met.

Requirement

The provider must ensure that all incidents within the service are reviewed. This must include:

- review of the person's health record
- review of the use of restraint, and
- review of use of as required medication.

Action taken
This requirement is reported under Quality Statement 4.4 in this report. This requirement has been met.

What the provider has done to meet the recommendations we made at our last inspection on 30 July and 9 August 2013

Recommendation

The provider should ensure that the new electronic patient care record allows staff to fully record all interventions undertaken when they are following the rapid tranquillisation policy.

Action taken
This recommendation is reported under Quality Statement 1.4 in this report. This recommendation has been met.

Recommendation

The provider should ensure that there is an accurate record of wound care

Action taken
This recommendation is reported under Quality Statement 1.5 in this report. This recommendation has been met.
Recommendation

The provider should ensure that the induction programme for staff includes training on the nature of the illnesses people present.

Action taken
This recommendation is reported under Quality Statement 3.2 in this report. This recommendation has been met.

Recommendation

The provider should review and improve the systems of communication in relation to handover reports.

Action taken
This recommendation is reported under Quality Statement 3.3 in this report. This recommendation has been met.

Recommendation

We recommend that PiC Ayr Clinic should ensure that incidents are discussed at the local clinical governance meeting. This will allow them to identify any trends or learning to be taken from incidents that occur

Action taken
This recommendation is reported under Quality Statement 4.4 in this report. This recommendation has been met.

What the service has done to meet the requirement and recommendations made following an upheld complaint investigation in November 2013

Requirement

The provider must ensure staff implement the action plan submitted to Healthcare Improvement Scotland on 1st April 2013 in response to a previous complaint regarding communications and suspension of detention procedure.

This action plan had been submitted in response to the following requirement made in March 2013:

The provider must ensure that so far as is reasonably practical planned leave is not cancelled. To do this the provider must:

- audit provision of planned leave within the service
- identify the reasons why planned leave is cancelled, and
- produce an action plan to reduce the number of occasions when planned leave does not go ahead.
**Action taken**

We saw that the service has now established the process set out in the action plan which was submitted in April 2013. Staff we spoke with were aware of the process and knew what to do if suspension of detention leave was cancelled at short notice. Staff told us that when leave is cancelled it will be re-scheduled as quickly as possible. This requirement is met.

**Recommendation**

*The provider should ensure that the daily timetable system in place for recording service user’s participation is used by staff. This will provide a record of the daily activity plans for service users and their subsequent participation in these activities.*

**Action taken**

We looked at the electronic patient care record for all patients on two of the wards in the hospital. We saw that there daily activity timetable was loaded onto the system and it was recorded when they had attended or not. This recommendation is met.

**Recommendation**

*The provider should ensure where appropriate that patients are given access to video calling facilities to allow them to maintain the level of contact they want with their friends and families.*

**Action taken**

We looked at minutes from a patient forum held in January 2014 when patients said they still felt access to video calling facilities was limited. However we saw that the service is in the process of developing an internet cafe. This will increase access for people who want to use video calling facilities to keep in touch with friends and family. This recommendation is not met. We will follow up at future inspections to assess the impact of the new internet cafe.
3 What we found during this inspection
Quality Theme 1

Quality Statement 1.3
We ensure that service user’s health and wellbeing needs are met.

Grade awarded for this statement: 4 - Good
Following the previous inspection in July and August 2013, we made a requirement that the provider must:

‘ensure that staff seek medical advice as soon as possible following any incident when there may be risk to a person’s health.’

We saw a protocol for staff to follow should a patient require medical treatment in the out-of-hours period. The service has an agreement in place with the local NHS hospital to allow them to contact senior staff and take patients to accident and emergency if required. Staff we spoke with during the inspection were aware of the protocol. We also saw evidence in patient care records that staff had taken advice from a patient’s GP when there had been some concern about their physical health. This requirement is met.

- No requirements.
- No recommendations.

Quality Statement 1.4
We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 4 - Good
Following the previous inspection in July and August 2013, we made a requirement that the provider must:

‘ensure that if a person is given ‘as required’ medication there is:

- a care plan in place detailing the circumstances when medication should be given by injection rather than orally
- an entry in the person’s care record detailing why the medication was given by injection
- an entry in the person’s care record detailing the steps taken by staff to encourage the person to take the medication orally prior to giving them an injection, and
- an option on the patient’s prescription sheet to allow staff to give the medication orally, unless it is clinically necessary that the medication only be given by injection.’
We looked at the patient care records for two people who had been given ‘as required’ medication since the previous inspection and saw the following.

- A care plan detailing what process staff should follow before deciding to give medication by injection. The care plan was clear that the oral option should be considered first.
- It was clearly documented in the patient care record the reason the medication was given by injection.
- The alternatives staff tried to encourage the person to take the medication orally.
- The patient’s prescription sheet had the option to give the medication orally or by injection.

We also spoke with staff about using ‘as required’ medication. All the staff we spoke with told us that they would try to give the medication orally in the first instance. This requirement is met.

Following the previous inspection in July and August 2013, we made a recommendation that the provider should:

‘ensure that the new electronic patient care record allows staff to fully record all interventions undertaken when they are following the rapid tranquilisation policy.’

We saw that staff complete a paper form to record any physical health checks undertaken after use of rapid tranquilisation. This form is then scanned into the patient care record. This recommendation is met.

- No requirements.
- No recommendations.

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 4 - Good

Following the previous inspection in July and August 2013, we made a requirement that the provider must:

‘ensure that patient care records are fully completed. To do this, the provider must ensure patient care records include:

- evidence of risk assessments undertaken before, during and after any incidents
- the rationale for decisions taken by staff before, during and after any incidents, and
- the rationale for the use of ‘as required’ medication, including the reason for giving it orally or by injection.'
The provider must also implement an audit system to monitor the quality of record-keeping in the service.

We looked at the incident log for the service and chose an incident at random. We then looked at the patient care record to see how the incident was documented. We saw that risk assessments were in place. A clear rationale was also documented in the notes about decisions staff took and the follow-up action taken.

We saw that the service has a system in place to audit the quality of record-keeping. We saw emails sent to staff members when the audit showed that more detail was required. We saw from minutes of a staff meeting that the quality of record-keeping was discussed. This requirement is met.

Following the previous inspection in July and August 2013, we made a recommendation that the provider should:

‘ensure that there is an accurate record of wound care.’

We looked at the patient care record of someone who currently had a wound. We saw that there was a wound chart in place. The service has also started to take photographs of wounds which are then uploaded to the electronic patient care record. This allows staff to look at how a wound develops over a period of time. The service has a protocol in place to ensure that the pictures are taken in a consistent way. This recommendation is met.

No requirements.
No recommendations.

Quality Theme 3

Quality Statement 3.2

We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 4 - Good

Following the previous inspection in July and August 2013, we made a recommendation that the provider should:

‘ensure that the induction programme for staff includes training on the nature of illnesses people present.’

We looked at the induction programme. We saw that the programme includes training in conditions that patients who are admitted to the service may present with. This recommendation is met.

No requirements.
No recommendations.
Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Grade awarded for this statement: 4 - Good
At this inspection we focussed on the requirement and recommendation made at our previous inspection in July and August 2013.

The provider must ensure that each person employed in the service receives regular performance reviews. The provider must:

- review the content and nature of supervision to ensure that it is in line with the provider’s own policy and stated aims
- fully and effectively implement a planned programme of supervision for all staff, in line with the frequency set out in the provider’s policy, and
- maintain accurate and detailed records of supervision which demonstrates the outcomes of the supervision and any actions taken.’

We saw a local policy in place to ensure that staff in the service follow the provider’s policy. Staff now have a ‘supervision passport’ which they carry with them at all times. Staff use this to record all supervision they receive. This allows them to record formal supervision sessions and also when they receive supervision on an ad hoc basis following an incident or in response to a concern. The service also has a reflective practice group which staff can attend if they choose. All the staff we spoke with told us they received regular supervision and were all able to show us their supervision passport. This requirement is met.

Following the previous inspection in July and August 2013, we made a recommendation that the provider should:

‘review and improve the systems of communication in relation to handover reports.’

The service has introduced a verbal handover period since the previous inspection. Staff told us that they feel that this gives them adequate information about what has been happening with patients when they were not on shift. This helps them to identify any risks or any patients who may require extra support. This recommendation is met.

- No requirements.
- No recommendations.
Quality Theme 4

**Quality Statement 4.4**
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

**Grade awarded for this statement: 4 - Good**
Following the previous inspection in July and August 2013, we made a requirement that the provider must:

‘ensure that all incidents within the service are reviewed. This must include:

- review of the person’s health record
- review of the use of restraint, and
- review of use of ‘as required’ medication.’

The three ward managers and two lead nurses in the service meet every weekday morning. Part of the meeting is used to discuss any incidents that have occurred since the previous meeting. The team will look at the incident forms and review the clinical decisions taken about the use of restraint and ‘as required’ medication during the incident.

We also saw that incidents are discussed as a standing agenda item at the senior management team meeting and the clinical governance meeting.

The ward manager and the lead nurse for the area carry out a more detailed weekly review of two incidents. This forms part of the audit process within the service. This requirement is met.

Following the previous inspection in July and August 2013, we made a recommendation that the provider should:

‘ensure that incidents are discussed at the local clinical governance meeting. This will allow them to identify any trends or learning to be taken from incidents that occur.’

As noted above, discussion of incidents is now a standing agenda item at the local clinical governance meeting. This recommendation is met.

- No requirements.
- No recommendations.
Appendix 1 – Requirements and recommendations

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 Act, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of Information</th>
<th>Quality of Care and Support</th>
<th>Quality of Environment</th>
<th>Quality of Staffing</th>
<th>Quality of Leadership and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>21/03/2012</td>
<td>Not assessed</td>
<td>Good</td>
<td>Not assessed</td>
<td>Not assessed</td>
<td>Very good</td>
</tr>
<tr>
<td>30/07/2013 and 09/08/2013</td>
<td>Not assessed</td>
<td>Average</td>
<td>Not assessed</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

Please see Appendix 4 for a full explanation of the quality theme grades.
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 4 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service. The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and in a range of formats on request), and
- listen to your concerns and use them to inform our inspections.
Complaints
If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service. Our contact details are:

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

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
Appendix 4 – How our inspection process works

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five quality themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in Appendix 4.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 8 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

- **6** excellent
- **5** very good
- **4** good
- **3** adequate
- **2** weak
- **1** unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection  
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern  
- a meeting (either face to face or via telephone/video conference)  
- a written submission by the service provider on progress with supporting documented evidence, or  
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

How we inspect services:
We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at www.healthcareimprovementscotland.org

We require 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.
Appendix 6 – Terms we use in this report

Terms and abbreviations

Provider  
A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.

Service  
A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.