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 Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

About the service we inspected

PiC Ayr Clinic is a 36 bed independent psychiatric hospital providing low secure 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 in a two-storey purpose built facility. It has three wards; Arran, Belleisle and Low Green and a self-contained flat for two patients, known as the transitional assessment service. This is for patients preparing for discharge. All wards have access to an external garden and a smoking area.

The service opened a new part of the clinic, called the Gatehouse in December 2015. The Gatehouse is approximately three miles from the main clinic building. Service users living at the Gatehouse are able to live more independently. Part of the service’s rationale is to allow suitable patients, who are not ready to move on, to experience a better quality of life.

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:

- independent living skills
- relapse prevention
- risk reduction
- social inclusion, and
- vocational engagement

About our inspection

This inspection report and grades are our assessment of the quality of how the service was performing in the areas we examined during this inspection.

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.

We carried out an unannounced inspection to PiC Ayr Clinic on 28 and 29 September 2016.

The inspection team was made up of three inspectors and a public partner. A key part of the role of the public partner is to talk to patients and relatives and listen to what is important to them.

We assessed the service against five quality themes related to the Healthcare Improvement Scotland (Requirements as to Independent Healthcare Services)
Regulations 2011 and the National Care Standards. We also considered the Regulatory Support Assessment (RSA). We use this information when deciding the frequency of inspection and the number of quality statements we inspect.

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

**Quality Theme 0 – Quality of information: 5 - Very good**
- Quality Statement 0.2 – service information: 5 - Very good
- Quality Statement 0.3 – consent to care and treatment: 6 - Excellent

**Quality Theme 1 – Quality of care and support: 5 - Very good**
- Quality Statement 1.1 – participation: 6 - Excellent
- Quality Statement 1.4 – medicines management: 5 - Very good

**Quality Theme 2 – Quality of environment: 5 - Very good**
- Quality Statement 2.2 – layout and facilities: 5 - Very good
- Quality Statement 2.3 – equipment: 5 - Very good

**Quality Theme 3 – Quality of staffing: 6 - Excellent**
- Quality Statement 3.2 – recruitment and induction: 6 - Excellent
- Quality Statement 3.3 – professionally trained workforce: 6 - Excellent

**Quality Theme 4 – Quality of management and leadership: 6 - Excellent**
- Quality Statement 4.3 – leadership values: 6 - Excellent
- Quality Statement 4.4 – quality assurance: 6 - Excellent

The grading history for Pic Ayr Clinic and more information about grading can be found on our website.

Before the inspection, we reviewed information about the service. During the inspection, we gathered information from a variety of sources. We spoke with a number of people during the inspection.

**What the service did well**

The service offered very good information to current and prospective service users, to help them decide if the clinic would meet their needs. It had very good processes in place for obtaining patient’s consent to care and treatment and managing medication. It also had excellent ways of involving service users in the development of the service.

The design, layout and facilities of the service supported the safe and effective delivery of care. Excellent processes were in place to make sure appropriate staff were recruited safely and that they received appropriate induction training. The service provided comprehensive training to its staff to develop professional knowledge and skills.

**What the service could do better**

PiC Ayr Clinic should make sure medicines reconciliation is carried out and clinic treatment rooms are refurbished. The service’s complaints policy should be amended. Its policies should be reviewed and amended to make sure they comply with Scottish legislative requirements.
This inspection resulted in one requirement and five recommendations. The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.

PiC Ayr Clinic, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at PiC Ayr Clinic for their assistance during the inspection.
2 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 20 and 21 January 2015.

Requirement
The provider must ensure that all staff receive regular performance review and appraisal.

Action taken
This requirement is reported under Quality Statement 3.3 This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 20 and 21 January 2015.

Recommendation
We recommend that the service should review and update its website to reflect the increase in beds and develop the website to give more information to potential patients and their families.

Action taken
This recommendation is reported under Quality Statement 0.2. This recommendation is met.

Recommendation
We recommend that the service should provide patients with information about what to do in case of a fire.

Action taken
Every patient had a personal emergency evacuation plan in place. These plans set out actions that staff and patients should take in an evacuation due to fire. This recommendation is met.

Recommendation
We recommend that the service should review the smoking areas to ensure that appropriate fire safety equipment is located adjacent to the area.

Action taken
The service had installed fire safety equipment in all areas used for smoking. This recommendation is met.
Recommendation

We recommend that the service should carry out portable appliance testing on all portable electrical appliances.

Action taken
This recommendation is reported under Quality Statement 2.3. This recommendation is met.

Recommendation

We recommend that the service should identify all clinical hand wash basins and assess them based on current guidance. The clinical hand wash basins that are not compliant with current standards should be upgraded in line with a risk-based plan that takes into account both the use of the basin and its design.

Action taken
This recommendation is reported under Quality Statement 2.2. This recommendation is not met (see requirement 1).

Recommendation

We recommend that the service should ensure that when audits are carried out, action plans are developed in response to issues identified and that these are kept up to date to show progress.

Action taken
This recommendation is reported under Quality Statement 4.4. This recommendation is met.
3 What we found during this inspection

Quality Theme 0 – Quality of information

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

The service’s website had very good general information, including a comprehensive patient information booklet called ‘Welcome to the Ayr Clinic’. It also gave patients an opportunity to arrange a visit to the clinic before being admitted.

A wide range of comprehensive information was available for patients, relatives and carers kept in an information rack in the reception. This included information about the clinic and other external services, such as advocacy and the clinic’s regulator, Healthcare Improvement Scotland. A translator service was available for patients whose first language was not English.

A television screen in the reception area provided information about the clinic and types of items prohibited from the clinic. Senior managers explained the security measures they took and how these were implemented including using closed circuit television.

We saw information for patients displayed in wards, such as how to access advocacy services and daily activities to get involved in.

Staff told us that each patient had an individual care pathway, with clearly defined stages. We saw evidence that patients had been involved in decisions about each stage of their care and been advised about their right to access an advocate.

Areas for improvement
In the information booklet we saw that Healthcare Improvement Scotland’s details were incorrect and reference was made to previous regulatory bodies. The complaints procedure did not make it clear that Healthcare Improvement Scotland could be contacted at any stage in the complaints procedure and that they made reference to the public services ombudsman. The ombudsman deals with complaints about public services they do not have a remit for private companies, which includes independent healthcare services, so should be removed (see recommendation a).

- No requirements.

Recommendation a
- We recommend that the service should amend its complaints policy to ensure reference is made to the correct regulatory body. Reference to the public ombudsman should be removed and the policy should make clear that service users can contact Healthcare Improvement Scotland at any stage of a complaint.
Quality Statement 0.3
We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).

Grade awarded for this statement 6 - Excellent
Patients at the service were all detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Criminal Procedures (Scotland) Act 1995. Each patient was informed of their rights relating to this act every 3 months.

Not all patients had made an advanced statement, which sets out what would happen if they became unwell and could no longer communicate their wishes. However, we saw that all patients were encouraged to make an advanced statement.

We inspected nine patient care records; three in each ward. Consent to care and treatment had been recorded in each record and all consent forms were relevant to the individual patient and their circumstances. The service acted in line with the relevant legislation. Patient care records referred to this legislation consistently.

In some patient care records, we saw that restrictions had been placed on access to items which may present a risk. These restrictions had been agreed in partnership with the patients and regularly reviewed or updated where necessary.

The service had appropriate treatment forms in place to allow staff to administer treatment if a patient became unwell and could no longer communicate their wishes. It was seen that patients right to treatment and to refuse treatment were in line with the relevant legislation.

Staff explained to patients how they could access their own care records. This information was also displayed throughout the service to tell patients.

Information about how to access advocacy services was displayed throughout the service. Each patient could attend a care programme approach meeting. During these meetings patients and staff discuss care plans and interventions. Patients can take someone to these meetings to accompany them if they wish.

Areas for improvement
Timers were used for the showers in one ward. Patients we spoke with told us the shower cut out before they had finished showering and they had to ask for help to turn it back on again. Senior managers agreed to look into this.

The service told us that its provider planned to make all its services smoke–free. Some patients had asked if the rules could be relaxed. We discussed this issue with the service. We will follow this up at future inspections.

■ No requirements.
■ No recommendations.
Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 - Excellent
The service had a patient involvement strategy which described how it involved patients, relatives and carers in developing the service. This strategy had been reviewed since our last inspection.

The service’s patient information booklet was being updated. Patients had been involved in updating this booklet. We saw a draft version of the service’s new booklet which had lots of information about:

- its aims
- how it operates
- what it expects of patients
- the facilities available, and
- patients’ legal rights.

The service had introduced a new system to help patients express their views about their care and treatment. We saw examples of patient care records where patients had added their own notes to their treatment plans.

Patient forum group meetings were held every 2 weeks. These meetings allowed patients to discuss issues honestly and constructively. We saw minutes from recent meetings where patients had discussions about:

- activities they would like
- care and treatment,
- maintenance issues,
- smoking breaks, and
- the ward environment

Ward-based clinical governance meetings were also held every 2 weeks. Minutes showed that patient representatives had been invited to attend and give their view on issues affecting them. Outcomes from these meetings formed part of the agenda for the service’s monthly clinical governance meetings, which reported to the provider’s monthly corporate clinical governance meetings.

The service used questionnaires and surveys to encourage feedback from patients about their experience of using the clinic. We looked at the results of the 2016 annual patient survey, the relatives and carers survey and the evaluation of each. An action plan had been developed to address issues identified from each survey. Part of the action plan for the relatives and carers survey was to review the questions and make them more relevant to the people completing the survey.
Staff told us that patients were often involved in recruiting new staff. This included:

- helping to select people for interview
- attending interviews to ask questions, and
- taking possible employees on a tour around the ward area for an informal chat.

The interview panel used patient feedback to inform their decision-making process about employee suitability.

- 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: 5 - Very good
Each ward area had a dedicated treatment room where all medications were stored and administered. A pharmacy technician monitored medications weekly and a visiting pharmacist audited prescribed medication. This was reported to the hospital and clinical director. Audit results were discussed at multidisciplinary team meetings. This was then discussed with the clinical team and patients.

All consent forms for the administration of medication we saw were fully completed. While saw one form was inaccurate, this was corrected at the time of our inspection.

Medications administration was monitored every week and the findings were reported to the clinical director. A rapid tranquilisation policy was in place and guidance about the signs of anti-psychotic medication side effects was available in all treatment rooms. The British National Formulary provide guidelines on the correct prescribing of medicines. Patients who had been prescribed anti-psychotic medication not in line with these guidelines had a risk assessment in place.

Room and fridge temperatures were recorded daily. Staff told us they knew how to rest the fridge temperature gauge if necessary and what action to take if the temperatures were outside acceptable parameters. All medication we inspected was in its original packaging and in date. Any bottles containing liquid medication which had been opened were labelled with an opening date and an expiry date. All medications were stored correctly.

Medication which needed to be destroyed was recorded and stored in safe containers.

We saw controlled drugs records were correct. Any errors that had occurred had been rectified and documented in line with best practice guidelines. The service had an accountable officer for controlled drugs.

The service had recently introduced a medication learning module on its online learning and development platform.
Areas for improvement
Staff sometimes administered patient medication through an injection. This was usually carried out in the treatment room where used needles could be disposed of immediately into dedicated sharps containers. However, staff told us they did not always administer this type of medication in the treatment rooms, because of a lack of space in these rooms. Portable sharps trays and containers were not available for staff to use to safely transport used needles through the ward. The service should use these when administering medication somewhere other than treatment rooms, to minimise the risk of needlestick injury to staff and patients (see recommendation b).

The service did not carry out medicines reconciliation. We discussed this with senior management at the time. The service told us it had a policy ready to be implemented (see recommendation c).

Recommendation b
■ We recommend that the service should provide portable sharps trays and containers for keeping in treatment rooms. Staff must use these when administering medication somewhere other than treatment rooms.

Recommendation c
■ We recommend that the service should ensure that all patients’ medications are checked and reconciled upon admission.

Quality Theme 2 – Quality of environment

Quality Statement 2.2
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 5 - Very good
The service was a two storey purpose-built facility with 36 beds. The majority of patient accommodation was split over three wards, with 34 en-suite single bedrooms in total. A self-contained flat for two patients was used for patients in transitional assessment in preparation for discharge.

The three wards had access to an external garden and a smoking area. Each ward had:

• activity rooms
• a dining room
• a gym
• lounge areas
• meeting rooms
• a therapy kitchen
• therapy rooms, and
• a treatment room.
All areas we saw were clean, spacious and well maintained.

The service’s design was suitable for people affected by mobility problems. Ward corridors were wide, bedrooms were spacious and en-suite facilities were wheelchair accessible. Passenger lifts were also available.

The service balanced providing a low secure environment, allowing patient freedom and providing a clean and well maintained environment. Patients we spoke with told us they were happy with service’s cleanliness and the general facilities.

**Areas for improvement**

Each ward had a treatment room that was also used as a medication dispensary. These rooms were poorly laid out and cluttered. Clinical hand wash basins did not comply with current guidance and could not be accessed because of the room’s layout and clutter. At our previous inspection in January 2015, we recommended the service implement a plan to upgrade its non-compliant clinical hand wash basins. This had not been done (see requirement 1).

Wall surfaces had become worn and damaged in some ward areas. For example, cupboard door surfaces in all three ward kitchens were damaged and peeling. The service had a redecoration programme in place and planned to refurbish these areas soon.

**Requirement 1 – Timescale: by 30 January 2016**

- The provider must develop and implement a plan to upgrade its three treatment rooms within a reasonable timescale. This plan must include the replacement of clinical hand wash basins with those that comply with the current version of Scottish Health Technical Memorandum (SHTM) 64.

- No recommendations

**Quality Statement 2.3**

*We ensure that all our clinical and non-clinical equipment in our service is regularly checked and maintained.*

**Grade awarded for this statement: 6 - Excellent**

The service had a range of equipment to keep people safe and minimise risks. We saw it had a comprehensive and proactive approach to managing its essential services and maintaining its equipment. The on-site maintenance team carried out a system of regular equipment checks. Specialist external contractors carried out additional servicing and inspection where needed. For example, they serviced and inspected:

- emergency lighting
- the fire detection system
- gas appliances
- passenger lifts, and
- water storage tanks.
The maintenance manager showed us service records for clinical and non-clinical equipment, including equipment the external contractors serviced.

The service had a system in place for staff to report any routine faults to the maintenance team. We looked at the logbook that was kept and saw that repairs were being carried out in reasonable timeframes.

At our last inspection, we recommended that the service should carry out portable appliance testing on all portable electrical appliances. Since then the maintenance team have had training in how to carry out portable appliance testing. A portable appliance testing machine had been purchased and was calibrated in-house each year. The maintenance team have made a list of all portable appliances in the service and tested them yearly. We saw records of these checks as well as a record of calibration for the portable appliance-testing machine.

Area for improvement
The service’s estates management policy set out the governance arrangements for managing the facilities related to the service. This policy was a useful document which set out how the service managed its estate and what the review arrangements were. However, this policy should have been reviewed in 2014 (see recommendation d).

■ No requirements.

Recommendation d
■ We recommend that the service should review its estates management policy to ensure the guidance contained in it is up to date and relevant.

Quality Theme 3 – Quality of staffing

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: 6 - Excellent
The service had a recruitment and retention policy in place and staff turnover was low.

We looked at five staff personnel files and other recruitment documentation. Staff files were in individual folders and consistently organised. Appropriate recruitment checks had been carried out for the five staff members. Checks carried out included:

- occupational health assessments
- previous employment references
- professional qualifications, and
- registration with appropriate professional bodies.
We saw evidence of current and retrospective Protecting Vulnerable Groups (PVG) scheme disclosure checks had been made. A system was also in place to check professional registrations regularly to make sure memberships were still current.

Staff completed a comprehensive 12 week induction process. The service had three types of induction programmes, one each for:

- ancillary staff such as cleaning, catering and maintenance staff.
- healthcare staff, and
- nursing staff.

Each induction programme had a booklet and space for recording ongoing progress, assessment and reflective practice. Each programme also served as a continuing professional development portfolio to help staff develop their professional skills.

- 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: 6 - Excellent
The service had excellent systems to support staff training and development. As well as induction training, lots of other training courses were available to staff. Some courses were available online, others were face-to-face or provided externally.

Performance appraisals were carried out yearly, using staff self-assessment and manager assessment. This allowed line managers and staff to create a development plan that changed with the staff member’s needs.

A new system called iLearn had been introduced since our last inspection. This system is the provider’s own learning platform available to all staff working in one of Partnership in Care’s services. The iLearn system was user-friendly and comprehensive, with lots of required and optional training courses available for staff to complete.

Staff we spoke with told us they felt they had lots of opportunities for further training. Some of this training was required from all staff and had to be completed every year. Examples of this included:

- basic life support
- conflict resolution
- health and safety
- immediate life support
- infection control, and
- security.
Further optional training opportunities included leadership programmes, diplomas and distance-learning programmes.

We spoke with seven patients during the inspection who all told us they felt staff treated them with dignity and respect. One patient told us they felt pleased with the way staff dealt with most issues.

- No requirements.
- No recommendations.

**Quality Theme 4 – Quality of management and leadership**

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<th>Quality Statement 4.3</th>
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<tr>
<td>To encourage good quality care, we promote leadership values throughout our workforce.</td>
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**Grade awarded for this statement: 6 - Excellent**

The service had a learning and development strategy in place. As part of this, all members of staff with a management role were expected to attend leadership and management training. Part of this course required attendees to highlight an area of working practice which could be improved. One of these initiatives introduced a mid-shift handover to improve communication and enhance patient care. It also allowed staff to share any concerns they had during the shift. Evaluation showed this initiative was effective.

We spoke with 11 members of staff, including four senior charge nurses. The charge nurses gave a very positive image of the service and explained how they delegated tasks to help develop leadership values. This allowed some members of the team to learn new skills and experience new challenges in a safe and supportive environment. Staff nurses were also given opportunities to be in charge of wards.

Other members of staff we spoke with were very positive about the service, highlighting Partnerships in Care’s family-friendly contracts. This gave flexibility to staff with young families in arranging their work hours.

Staff told us they received regular supervision and that yearly appraisals had been introduced. They also said that all members of the management team were approachable and supportive.

The service had introduced supervision passports, a system which allowed all staff to record interactions.

- No requirements.
- No recommendations.
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: 6 - Excellent

The service submitted a comprehensive self-assessment to Healthcare Improvement Scotland. The service completes this self-assessment each year and gives a measure of how the service has assessed itself against the quality themes and national care standards. We found very good quality information that we were able to verify during our inspection.

We found that the service had excellent quality assurance systems and processes in place. We saw a variety of ways used to measure how the service was performing and how it could be improved. Methods used included:

- accident and incident reporting
- audits
- comments and complaints
- internal assurance compliance visits, and
- surveys.

A comprehensive electronic dashboard system was used to gather, analyse and produce detailed reports on data, including staff training, use of restraint and patient activities. Where issues around service performance were identified, we saw action plans in place which the service reviewed monthly.

The provider held a monthly corporate clinical governance meeting, which included reports from all services on all aspects of patient care. A clear framework, called ‘The Golden Thread’ was in place for meetings and communication and this was displayed for staff information. Where areas for improvement were identified through incident review, shared lessons were discussed with staff. Regular ‘hot topics’ sessions were held to share good practice.

Patient involvement was a key part of the service’s quality strategy. We saw that the service had implemented an electronic care pathway to make sure patients are involved in their care from admission to discharge. Other service improvements included:

- recruiting a practice nurse and healthcare assistant to monitor and support patients’ physical health care needs, and
- appointing a dietician to develop support for patients’ weight management programme.

Staff we spoke with showed a clear understanding of the systems in place to monitor the quality of service and how staff and patients contributed.

Area for improvement

During our inspection, we found that some documents referenced only English legislation. While staff were knowledgeable about Scottish legislation, the service
should review its documentation to make sure Scottish legislation is referenced where appropriate. Documents also referred to the English regulatory body rather than Healthcare Improvement Scotland (see recommendation e).

- No requirements.

Recommendation e

- We recommend that the service should review its documentation to make sure appropriate Scottish legislation is referenced, and where applicable Healthcare Improvement Scotland is referenced.
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.

### Quality Statement 0.2

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<th>Requirements</th>
<th>None</th>
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**Recommendation**

**We recommend that the service should:**

- **a** amend the complaints policy to ensure that the correct regulatory body is used. Reference to the public ombudsman should be removed. The booklet should make it clear that Healthcare Improvement Scotland can be contacted at any stage of a complaint (see page 9).

  National Care Standards – Independent Hospitals (Standard 27 – Making choices and understanding your rights)

### Quality Statement 1.4

<table>
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<th>Requirements</th>
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**Recommendations**

**We recommend that the service should:**

- **b** provide portable sharps trays and containers for keeping in treatment rooms. Staff must use these when administering medication somewhere other than treatment rooms (see page 13).

  National Care Standards – Independent Hospitals (Standard 13 – Prevention of infection)
**Quality Statement 1.4 (continued)**

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<td><strong>c</strong></td>
<td>ensure that all of the patients medications are checked and reconciled upon admission (see page 13).</td>
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National Care Standards – Independent Hospitals (Standard 20 – Medicines management)

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**Quality Statement 2.2**

**Requirement**

**The provider must:**

| 1 | develop and implement a plan to upgrade its three treatment rooms in a reasonable timescale. This plan must include removal of existing clinical hand wash basins to be replaced with clinical hand wash basins compliant with the current version of Scottish Health Technical Memorandum (SHTM) 64 (see page 14). |

Timescale – by 31 January 2017

*Regulation 10(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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<td><strong>Recommendations</strong></td>
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**Quality Statement 2.3**

**Requirements**

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**Recommendation**

**We recommend that the service should:**

| d | review its estates management policy to ensure the guidance contained in it is up to date and relevant (see page 15). |

National Care Standards – Independent Hospitals (Standard 15 – Your environment)
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<th>Quality Statement 4.4</th>
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<td><strong>Requirements</strong></td>
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<td><strong>Recommendation</strong></td>
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<td><em>We recommend that the service should:</em></td>
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<tr>
<td>e review its documentation to make sure appropriate legislation is referenced, and where applicable Healthcare Improvement Scotland is referenced (see page 19).</td>
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<tr>
<td>National Care Standards – Independent Hospitals (Standard 12 – Clinical effectiveness)</td>
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Appendix 2 – 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 5 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
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We can also provide this information:

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