Unannounced Inspection Report: Independent Healthcare

Service: PiC Ayr Clinic
Service Provider: The Priory Group Limited, Ayr

17–18 September 2018
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 27–28 September 2016

Requirement
The provider must 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 handwash basins compliant with the current version of Scottish Health Technical Memorandum (SHTM) 64.

Action taken
This is reported under Quality Indicator 5.1 – Safe delivery of care. This requirement is partially met (see recommendation a).

What the service had done to meet the recommendations we made at our last inspection on 27–28 September 2016

Recommendation
We recommend that the service should 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.

Action taken
The complaints policy had been updated and correctly referred to Healthcare Improvement Scotland. We saw very clear information leaflets provided to patients. This recommendation is met.

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

Action taken
Portable sharp trays were used when administering medication outside of the treatment room. This recommendation has been met.
We recommend that the service ensure that all of the patient’s medications are checked and reconciled upon admission.

**Action taken**
An appropriate system was in place for medicine reconciliation. We saw this process carried out for a new admission to the unit during our inspection. **This recommendation has been met.**

**Recommendation**

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

**Action taken**
Estates management policy has been reviewed and updated. **This recommendation has been met.**

**Recommendation**

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

**Action taken**
This is reported under Quality Indicator 9.4 – Leadership of improvement and change. **This recommendation is not met** (recommendation d).
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to PiC Ayr Clinic on 17 and 18 September 2018. We spoke with a number of staff, patients during the inspection and visited the three service sites, PiC Ayr Clinic, the Gatehouse and Lochlee House.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For PiC Ayr Clinic, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

#### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>The service made a real effort to balance the restrictions of detention under the mental health legislation while supporting choice and decision making. We found good patient and carer involvement in care.</td>
<td>✓✓ Good</td>
</tr>
</tbody>
</table>

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Effective processes were in place to make sure that care was delivered safely and considered individual needs.</td>
<td>✓✓ Good</td>
</tr>
</tbody>
</table>

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A clear governance framework was place. We saw visible leadership, supportive and approachable management and a culture of</td>
<td>✓✓ Good</td>
</tr>
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</table>
The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tbody>
<tr>
<td>7.2 - Workforce planning, monitoring and deployment</td>
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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.

More information about grading and grading history of individual services can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

**What action we expect The Priory Group Limited to take after our inspection**

This inspection resulted five recommendations. See Appendix 1 for a full list of the recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

The Priory Group Limited, the provider, must 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.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

The service made a real effort to balance the restrictions of detention under the mental health legislation while supporting choice and decision making. We found good patient and carer involvement in care.

All patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. The service users and carer policy detailed a variety of ways to encourage patient involvement in decisions about their care.

Regular care meetings were held with patients to discuss their treatment and progress. These included individual care review meetings and care programme approach meetings, which patients could attend with their named person.

All patients were involved in developing their personal schedule of activities with the care team. Activities included a mix of recreational, health improvement and a structured therapy programme. Progress was reviewed through regular one-to-one sessions with their named nurse and the therapy team. While some patients we spoke with had mixed views about how much control they had over their stay, most were very positive about their involvement in their care.

In a recent patient survey, nearly 90% of patients agreed or strongly agreed that they were encouraged and supported to be involved in care planning.

Patients told us they knew how to complain and we saw the service dealt with complaints in line with its policy. All patients had access to independent advocacy. Advocates were regularly at the service and provided support to patients at some meetings and forums.
Patient forums were held every 2 weeks in all wards. These were used to discuss activities, concerns and ward issues as well as share information with patients.

We saw positive communication between patients and staff.

What needs to improve
While staff told us that many issues were fully discussed at the patient forum, the meeting notes did not reflect two-way discussion or partnership between staff and patients.

We saw a yearly patient survey from March 2018 which had the collective results for PiC Ayr Clinic and The Gatehouse (a community-based annexe of the service). An individual response for both areas would have been more useful in identifying local issues.

- No requirements
- No recommendations

Domain 5 – Delivery of safe, effective, compassionate and person-centred care
High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care
Effective processes were in place to make sure that care was delivered safely and considered individual needs.

The service had policies and processes in place to support safe care, including regular audits of medication, infection control, ligature and environmental audits. A clear reporting procedure was in place to deal with issues identified and we saw these addressed through the senior management governance systems. The Dynamic Appraisal of Situational Risk (DASA) tool was used to identify patients’ risk of violence. This was reviewed daily at the mid-shift handover meeting to help make sure staff were used effectively.

All patients received a comprehensive physical health assessment so that high-risk patients, for example with diabetes, were identified quickly and had
monitoring arrangements in place. All patients had a yearly physical health review.

All patients had up-to-date dynamic risk assessments using recognised risk assessment tools. The service had introduced innovative ways to help promote a safe environment, including the ‘safe wards’ initiative. This is an evidence-based model designed to encourage staff and patients on the ward to work together to reduce conflict and containment.

The service had bought safety pods designed to increase patient and staff safety during physical interventions. All staff groups were also completing prevention and management of violence and aggression (PMVA) training to help this. Staff told us this had a very positive impact on dealing with potential aggression.

A ward climate scale was used to evaluate how safe patients felt around their peers and the staff group. This was benchmarked against other secure psychiatric settings and could help identify areas of improvement.

We saw good initiatives to increase patient awareness of risk, such as collaborative risk assessment training and fire safety.

The environment was clean and well maintained. A refurbishment programme included replacing doors and flooring in the service with a safer specification.

**What needs to improve**

The service had upgraded all three of its treatment rooms since our last inspection. However, clinical handwash basin replacements were not compliant with guidance (recommendation a).

Staff and visitors to PiC Ayr Clinic were provided with alarms. However, some alarms had not been returned and were missing. The manager told us the alarms would be tagged in the future so they could not be removed from the unit.

While we saw some examples of the safe wards initiative in use, not all staff and patients had a full understanding of roles and responsibilities for it.

Staff told us that the safety pods had reduced the amount of time that patients were restrained when being violent and meant less staff were required to hold patients. However, a lack of data was available to support this and management told us this information was not being collected or measured.
Staff told us that the service’s arrangements with the community and acute services were not effective in accessing early intervention and preventative screening services, such as physiotherapy and cervical screening.

- No requirements.

**Recommendation a**

- We recommend that the service should upgrade its clinical handwash basins as part of future planned refurbishment.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

The service had a clear approach to assessing patients and managing their care appropriately.

We saw clear processes in place to assess patients’ suitability for the service, where senior members of the multidisciplinary team carried out a pre-admission assessment. We were told that the patient’s care would be discussed and a care and treatment plan, including risk plans, would be considered at pre-admission. Patients we spoke with stated that the reasons they were admitted to the service had been clearly explained. They told us they felt involved in the process and their families and carers were given good information about the service and what to expect.

Patient care records and our own observations demonstrated that structured processes were in place to make sure patients were regularly reviewed and assessed. The reviews helped make sure that patients’ care followed ‘least restriction’ principles. We saw examples where, as part of their care and treatment patients progressed to the provider’s less secure, community-based services; Lochlee House and the Gatehouse.

Patients we met with were generally positive about the care and treatment they received. They told us they were informed and involved in their planned care in several ways, such as a weekly meeting with the psychiatrist and monthly individual care reviews.

**What needs to improve**

Patients told us that they were frequently asked about their personal values and goals. However, this was not always recorded accurately in patient care records to contribute to recovery and treatment plans (recommendation b).
No requirements.

**Recommendation b**

- We recommend that the service should ensure care plans include input from patients in respect of their personal goals and wishes. Patients should sign care plans pertaining to their care and where this is not possible it should be clearly evidenced within the care record.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.2 - Workforce planning, monitoring and deployment**

**Staffing was coordinated in accordance with patient’s needs. Factors taken into consideration included observation levels, patient care needs, gender and staff training.**

The service had an appropriate amount of experienced and trained care staff on duty. Staff and patients told us they felt safe.

The provider’s strategy for workforce planning included regularly reviewing and monitoring staffing levels, patient safety, staff turnover and staff training needs.

Safe staffing is an evidenced-based framework to make sure enough staff are on duty to deliver safe and effective care. The service followed the safe staffing principles and its staffing schedule considered the patient’s needs, layout and observation levels. The online safer staffing tool also recorded staffing levels at the beginning of each shift and management staff made any required adjustments.

We attended the daily senior management meeting which reviewed incidents and actions from the previous 24 hours. This meeting discussed whether any further actions were required and included staffing levels. A range of tools, including a vacancy tracker and annual leave tracker supported effective staff planning. We saw good communication between wards.
When staff cover was low, bank or agency staff were used and we were told that the same agency staff were used to help consistency.

In response to feedback from patients and a recent visit from the Mental Welfare Commission, a staff twilight shift had been recently introduced. This gave an extra member of staff at an identified time when patient incidents were most likely to occur. We were told this was working well in practice. Staff told us that staffing levels were good.

**What needs to improve**

Staff duty offices were small, extremely warm and uncomfortable. They had no external windows and ventilation was not adequate (recommendation c).

The required staff training in managing violence and aggression was changing. Staff we spoke with told us that until all staff were trained in the new prevention training, it would not be possible to have a consistent approach to interventions. Senior management told us that all staff would receive this training. We confirmed that trainers’ training was scheduled.

- No requirements.

**Recommendation c**

- We recommend that the service should review its staff office accommodation and develop a plan to improve space and ventilation.

**Vision and leadership**

This section is where we report on how well the service is led.

**Domain 9 – Quality improvement-focused leadership**

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

A clear governance framework was place. We saw visible leadership, supportive and approachable management and a culture of recognising and supporting staff achievements.
The provider has had notable changes in its corporate structure and identity. The service was moving from the old corporate structure to the new. While staff we spoke with acknowledged that changes were still being made, they were positive overall. All staff we spoke with believed that leadership in the service was good and there were clear lines of responsibility.

A learning development strategy was in place and staff reported that training and progression opportunities were accessible through the provider’s Priory Academy. All staff with a management role attended leadership and management training and those we spoke with confirmed that it was worthwhile.

The provider gave staff and service awards to recognise best practice and initiatives. PiC Ayr Clinic had been nominated last year and this created a sense of achievement in staff we spoke with.

The safe wards initiative involved all staff and those we spoke with commented on the positive and forward-thinking culture of the unit.

We saw a comprehensive quality assurance system in place. A range of regular meetings at local level report to the hospital governance meeting and inform corporate governance. Standing agenda items included safety, patient and staff experience. The service had many ways to monitor service quality and action areas requiring improvement, for example audits, surveys, incident reporting, suggestions and complaints. Performance indicators such as incidents are collected, analysed for trends and lessons learned are reported back to staff by bulletins.

There are ‘Your Say Forums’ for staff held at service and regional level, members represent staff across all departments and roles. The forum provides opportunity for staff to discuss issues such as policy, strategy, issues around patient care and staffing. Senior staff were involved in various forums externally to share and develop good practice. For instance, they were involved in:

- The Forensic Network (an information sharing network for secure psychiatric services)
- The Scottish Independent Hospital Association, and
- The Scottish Patient Safety Programme.
**What needs to improve**

Much of the provider’s information, policies, audits and governance was still in line with English legislation and requirements of the Care Quality Commission. Many staff we spoke with were frustrated with this and it had impact on how the service perceived the provider’s leadership and its commitment to Scottish services (recommendation d).

Most staff we spoke with did not fully understand their roles and responsibilities around Duty of Candour legislation (recommendation e).

The service did not use the most up to date regulatory quality assessment framework in its audits.

- No requirements.

**Recommendation d**

- We recommend that the service should review all documentation against the requirements of Scottish legislation.

**Recommendation e**

- We recommend that the service should ensure staff understand the requirements of the Duty of Candour.
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 National Health Services (Scotland) Act 1978, 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.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirements

None

#### Recommendations

a  We recommend that the service should upgrade its clinical handwash basins as part of future planned refurbishment (see page 12).

Scottish Health technical memorandum 64, Health Facilities Scotland

b  We recommend that the service should ensure care plans include input from patients in respect of their personal goals and wishes. Patients should sign care plans pertaining to their care and where this is not possible it should be clearly evidenced within the care record (see page 13).

### Domain 7 – Workforce management and support

**Requirements**

None

**Recommendation**

c  We recommend that the service should review its staff office accommodation and develop a plan to improve space and ventilation (see page 14).


### Domain 9 – Quality improvement-focused leadership

**Requirements**

None

**Recommendations**

d  We recommend that the service should review all documentation against the requirements of Scottish legislation (see page 16).

The Quality Framework, Evaluating and Improving Healthcare (Quality Indicator 1.2 – Fulfilment of statutory duties and adherence to national guidelines)

e  We recommend that the service should ensure staff understand the requirements of the Duty of Candour (see page 16).

Organisational Duty of Candour guidance, Scottish Government March 2018
## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

| Independent healthcare services submit an annual return and self-evaluation to us. |
| We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection. |

### During inspections

| We use inspection tools to help us assess the service. |
| Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families. |
| We give feedback to the service at the end of the inspection. |

### After inspections

| We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org) |
| We require independent healthcare 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. |

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
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:** comments.his@nhs.net
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