Unannounced Inspection Report: Independent Healthcare

PiC Ayr Clinic | Partnership in Care Scotland Ltd | Ayr
30 July and 9 August 2013
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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

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 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- 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.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. 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. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of 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 independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public 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
2 Summary of inspection

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.

We carried out an unannounced inspection to PiC Ayr Clinic on Tuesday 30 July 2013 and Friday 9 August 2013.

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

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and making sure the team members agreed the findings reached. See Appendix 4 for membership of the inspection team visiting PiC Ayr Clinic.

Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 24):

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

During the inspection, evidence was gathered from various sources. This included the relevant sections of policies, procedures, records and other documents including:

- information leaflets
- hospital website
- patient care records
- patient satisfaction questionnaires
- policies on healthcare, adult protection, recruitment and complaints
- minutes from meetings
- risk assessments
- complaints policy, incident recording and management
- prescription sheets
- medication recording sheets
- controlled drug book
- medication policy
- medication audits
• staff files including, recruitment information, training records and supervision notes
• training records, and
• training plans.

We had discussions with a variety of people employed at PiC Ayr Clinic including:

• the manager
• senior nurse practitioners
• ward managers
• registered nurses
• healthcare assistants, and
• the head of administration.

During the inspection, we observed how staff cared for and worked with people who use the service. We took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

We spoke with three patients who were using the service all of whom expressed satisfaction with the support and standard of care they had received. The following are some of the comments they gave us:

• ‘Staff are supportive and I am able to confide in them.’
• ‘I go to the community meetings. I feel they do listen to what you say.’
• ‘I have a long term care plan.’
• ‘I am involved in reviewing my care.’
• ‘My care plan gives me direction.’
• ‘I feel involved.’
• ‘I would feel comfortable to raise any concerns.’
• ‘We have meetings and I like being involved.’

Overall, we found evidence in the PiC Ayr Clinic that:

• people who use the service continue to be encouraged and supported to give their views and be involved in their care while they are in the clinic, and
• there was a commitment to the provision and continuous improvement of a safe and effective service tailored to meet the individual health and welfare needs of people.

We found that improvements were needed in specific areas. This included:

• increasing staff support through supervision
• ensuring systems to support staff working are effective, and
• reviewing and improving record-keeping.

This inspection resulted in five requirements and five recommendations. The requirements are 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 requirements and recommendations.

Partnership in Care Scotland Ltd, the provider, must address the requirements and the necessary improvements made, as a matter of priority.

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

What the provider has done to meet the requirement we made on 21 March 2012

Requirement

The provider must ensure that:

- all people using the service who are sedated using the rapid tranquilisation policy are properly monitored in the period after the medication is given as per the provider’s policy, and
- all people using the service who are identified as being on high dose antipsychotic medication have their physical health monitored appropriately as per the provider’s policy.

This is to ensure that any health concerns are identified and acted upon.

Action taken

We found evidence in the care records that there were systems in place to monitor and assess patients who are sedated using the rapid tranquilisation policy. We also found that patients identified as being on high dose antipsychotic medication had their physical health monitored appropriately in line with the provider’s policy. This requirement is met.
4 Key findings

Quality Theme 1

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: 5 - Very good

We found very good evidence that people who use the service and their carers participate in assessing and improving the quality of care and support provided by the service.

We looked at the service’s website (www.partnershipincare.co.uk.hospitals/ayr-clinic). The website is easy for people to use and to find information. The website includes information for people using the service and for health professionals. A patient had recorded and shared their individual experience and spoke of having a positive experience in the service.

An information leaflet for the service is also available. This details some of the same information available on the website. Information about specialist intervention and treatment is detailed, for example nursing and psychology services.

The core work of the service includes providing care, treatment and support to allow individuals to reach their potential, regain life skills and have the confidence and self-esteem to build their own futures. We found that clinical decisions, personal care needs and future goals for each individual are regularly negotiated, discussed and recorded.

We saw that a Care Programme Approach (CPA) was used within the service. This aims to involve people in planning and reviewing their care, agreeing on activities, treatments and therapies. We saw good evidence in the care documentation that patients were involved in planning and evaluating their care. Patients told us they felt involved in planning their care.

Patients were able to chair their Care Programme Approach meeting to agree care plans, activities, treatments and therapies. We were told that a patient had recently successfully done this.

There were patient forums on each ward where patients were encouraged to voice their views and influence how services are delivered at the clinic. We saw from the minutes of meetings that patient feedback had been sought on the quality of care and support provided, the environment, staffing and management.

People we spoke with told us that people using the service and staff work together to develop the ward activity programme for the week.

The service has a complaints procedure in place. This identifies the process for people using the service to complain within the service, to the organisation and to Healthcare Improvement Scotland. Patients we spoke with said they were comfortable to raise concerns should they have any and were confident that their concerns would be looked at.

There is a Real Work Initiative within the service and we saw that patients were involved in providing a work-based role, for example working in the hospital shop, helping with painting and decorating, and maintaining the gardens.
We saw that people who use the service are provided with a questionnaire asking about how involved they are in their care. We saw that relatives and carers were also provided with questionnaires. We saw that the results of these questionnaires had been collated and an action plan had been developed to address the issues raised.

We were told that feedback from food satisfaction questionnaires had helped shape healthy living menus.

There is access to an advocacy service within the service. An advocacy service is an independent service which supports individuals to raise any issues that are important to them. The contact details for this service were identified within the different wards. The advocacy service also holds regular surgeries in PiC Ayr Clinic. We saw evidence in people’s care records that they are regularly advised of their right to access an advocacy service.

Some of the people who are in PiC Ayr Clinic have families who live some distance away. To help them keep in contact with their family, the service has a webcam and supports people using the service to speak to family members using this web-based communication service. The service has also provided webcams to those families who do not have access to one to help them to use this service.

We saw that there was a box at the entrance of PiC Ayr Clinic to pass on comments and suggestions to the chief executive.

**Areas for improvement**

PiC Ayr Clinic should continue to maintain its commitment to developing services to meet the needs and wishes of people using its services. This should include developing the Care Programme Approach.

When we looked at the minutes of the forum meetings it was not always clear what action had been taken for issues raised at the previous meeting. We discussed this with the service and they agreed to look at this.

- No requirements.
- No recommendations.

**Quality Statement 1.3**

*We ensure that service user's health and wellbeing needs are met.*

**Grade awarded for this statement: 4 - Good**

We found good evidence that the people who use the service had their health and wellbeing needs met.

When we looked at care records we saw that individual health care needs were being assessed and monitored. We saw that where health needs had been identified, for example asthma, there were clear and comprehensive care plans in place to guide and direct staff.

Patients are registered with a local GP who visits the clinic regularly to carry out routine visits and health checks and if necessary home visits. Patients can also attend arranged appointments at the surgery. We were told there were good working relationships with the primary healthcare team.
We saw that patients were referred to the local NHS hospital for out-patient appointments, tests and treatments. There was a fast-tracking system in place for patients who may require accident and emergency treatment. This was to help patients who may be very distressed to be seen quickly.

There were local arrangements for dental services, opticians, podiatry and dietetic services. The service had recently enlisted the services of a homoeopathist and chiropractor.

The provider has a corporate healthcare strategy group that meets every 3 months. There are representatives on the group from mental health nursing, learning disabilities nursing as well as practice nurses and GPs. The group looks at corporate physical healthcare strategy and representatives disseminate information back to local areas. The service has a mental health nurse representative.

Local guidelines were being used to monitor patients on high dose anti-psychotic medication. Patients on this regime had a specific care plan and had baseline observations carried out prior to and throughout treatment.

We saw that patients were encouraged to adopt a healthy lifestyle and regular exercise was promoted through activities such as walking groups, swimming and circuit training.

Healthy eating was being promoted and there was a healthy option depicted by an apple on the menu at each meal.

Support and advice on smoking cessation was also available with the local smoking cessation officer holding a weekly clinic in the service to offer advice and encouragement.

We saw that nursing staff held regular sessions on health and wellbeing.

There is a Chaplain who visits weekly and meets with patients individually. Patients are given leave to attend church of their chosen denomination.

Areas for improvement
PiC Ayr clinic should continue to work at this good level and ensure that contact with primary healthcare providers remains easily accessible and there is continued commitment to healthcare promotion.

When we looked at care records we found there was one incident where there was a delay in seeking medical advice. There was a delay in accessing the fast-tracking system for acute care. There were no detrimental consequences for the person in this instance. A requirement is made (see requirement 1).

Requirement 1 – Timescale: immediately on receipt of the report
- 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.
- 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: 3 - Adequate

We looked at 22 prescription sheets during the inspection. We found that all the prescriptions had:

- a photograph to help identify the correct person
- the person’s name and date of birth clearly written
- been signed by the prescriber
- the name of the medication to be given written legibly, and
- the route identified, for example to be given by mouth or injection.

When the person using the service was on a high dose of anti-psychotic medication, we saw that there was a care plan in place to describe how this should be managed. This included the need for regular review of the medication and regular health monitoring of the person taking the medication.

There is a rapid tranquilisation policy in place which describes the process which should be followed if staff have to give people medication to sedate them in an emergency situation. The policy outlines the need for continued physical monitoring of the person for a period after the medication has been given. We looked at paperwork used after several occasions when medication was given for this purpose and saw that staff had continued to monitor the person for the time set out in the policy.

There is a procedure in place to guide staff on what to do if they make a medication error. Staff we spoke with were able to describe this procedure to us.

We saw that medication audits are carried out in the service. These include:

- making sure that all patients on high doses of anti-psychotic medication have a care plan, and
- making sure that the rapid tranquilisation policy is followed when appropriate.

Areas for improvement

During the inspection, we were told that the new electronic patient care record does not allow staff to properly record the physical checks they carry out when they are following the rapid tranquilisation policy. As a result, staff had to show us evidence that they had followed the policy on a combination of electronic and paper records (see recommendation a).

We saw several examples when patients had been given ‘as required’ medication by injection. We saw very little evidence in the patient care records about the reason the medication was given by injection rather than in tablet form. While it may be appropriate to give the medication by injection rather than in tablet form, the reason for doing so must be fully documented. A requirement is made (see requirement 2).
Requirement 2 – Timescale: immediately on receipt of the report

- 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, 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.

Recommendation a

- We recommend that PiC Ayr Clinic 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.

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: 3 - Adequate

We viewed the new electronic records system for care notes during this inspection.

We heard from staff how the electronic record system had been introduced in March 2013 and training had been undertaken before its introduction.

We reviewed eight patient care records during the inspection. The patient care records contained relevant personal information. We found that the format of the electronic system of documentation was comprehensive and easy to follow and, if completed correctly, gave a clear picture of individual assessment and care needs. We saw some notes where there was good assessment and risk management as well as individual care planning. The care plan took account of the person's health, psychological, emotional, social and spiritual needs.

A multi-professional approach was used to record care needs.

There was evidence in the care documentation that people who used the service were given the opportunity to take part in planning and reviewing their care.

During our inspection, we found evidence of continuous development. The service planned to use findings from the 3-monthly audits of the assessment processes and care plans to help with further refinement of the electronic records system.
Staff told us they were finding the new recording system beneficial. Although it was taking time to get used to, they felt it provided a clear traceable picture of the person’s journey through the service.

**Areas for improvement**

Although there were examples of good recording, we saw several examples in different care records where the level of detail gave us cause for concern, especially following incidents. We saw a lack of risk assessment and a lack of detail recorded about decisions taken by staff before, during and after incidents. We gave the service feedback about specific concerns on the final day of the inspection (see requirement 3).

We were informed that formal wound charts were not used to record wound care. Wound charts are used to trace the healing process of wounds. There were pictorial representations of the wounds in one of the wards, but the quality of the pictures could be improved. We were told that the service was looking at introducing a formal wound chart (see recommendation b).

**Requirement 3 – Timescale: 30 November 2013**

- 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.

**Recommendation b**

- We recommend that PiC Ayr Clinic should ensure that there is an accurate record of wound care.

**Quality Theme 3**

**Quality Statement 3.1**

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

**Grade awarded for this statement: 5 - Very good**

The information provided in Quality Statement 1.1 is also relevant here.

We saw that the inpatient service users survey questionnaire asked for feedback on interactions with the clinical team and individual staff members.

We were informed that patients use the informal and formal complaints procedures if they have concerns about staff. We looked at complaints and saw that concerns were being properly dealt with.
Area for improvement
We saw from the minutes of patients’ meetings that people felt that staff did their best, but communication between them and patients could be better. We have referred to this in Quality Statement 3.3.

- No requirements.
- No recommendations.

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: 5 - Very good
We looked at three recruitment files chosen at random. The files were in good order and easy to follow. We saw that all the files we looked at included:

- role descriptions
- health declaration
- previous convictions declaration
- number of Protecting Vulnerable Groups Scheme or Disclosure Scotland numbers noted
- details of experience and skills, and
- two references.

Area for improvement
While we saw that there is an induction programme in place for staff, some staff we spoke with told us that they did not feel they had been adequately prepared for working on the wards.

- No requirements.

Recommendation c
- PiC Ayr Clinic should ensure that the induction programme for staff includes training on the nature of the illnesses people present.

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: 3 - Adequate
Staff we spoke with respected the contribution and value of their colleagues and understood the difficulties of the job. They acknowledged that it was a mentally challenging role, but enjoyed working with the people who use the service.
Staff were aware and understood the role of the advocacy service and the importance of multidisciplinary working due to the complex needs of people using the service.

There were systems in place to check professional qualifications were up to date.

There is a training co-ordinator who organises mandatory and professional development training programmes for staff. We saw that the training co-ordinator maintained a training database which links to the corporate central training system where compliance with mandatory training requirements was monitored.

We were informed that staff had a personal development plan which reflected the recommendations of professional and regulatory bodies.

We were told that supervisory and clinical management structures and annual appraisals are in place for all staff disciplines. Nursing staff had access to structured supervision provided by a psychotherapist on a regular basis.

All staff had access to training programmes including:

- coping with mental illness
- personality disorders
- motivational interviewing
- new to forensics
- management of violence and aggression
- breakaway techniques
- problem solving
- wellness recovery action plan, and
- suicide training.

Training in therapeutic management of violence and aggression (TMVA) was regularly delivered in the service.

**Areas for improvement**

Interviews and discussions indicated that morale was low amongst some of the staff group. Staff told us that they did not receive regular supervision. Some staff told us that they did not see any value in receiving supervision. Supervision can be used as one method where staff can express their views, gain support and where training needs can be identified through discussing practice issues and events happening in the service. A requirement is made (see requirement 4).

During the inspection, we heard a member of staff speaking to a patient in a way we did not believe was appropriate. We spoke with the management team about this during the inspection and they confirmed that they would not support people being spoken to in the way we overheard. We also saw examples of staff on one ward shouting to each other across the ward. The service need to ensure that all wards have a culture where people are supported in a respectful way at all times. Since the inspection, the service has made us aware of some changes which took place immediately after the inspection to try to address these issues. We will follow this up at future inspections.

Staff told us that they did not now receive verbal handovers at the beginning of each shift. They were expected to read patients electronic notes to keep updated. They told us there
was not always time to do this at the beginning of each shift. A handover helps with communication and keeps staff updated on individual care needs. Staff told us it made them feel anxious if they were not aware of individual needs. We were told by the management team that they had recognised that communication could be improved and were looking at systems to improve this (see recommendation c).

**Requirement 4 – Timescale: 30 November 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 demonstrate the outcomes of the supervision and any actions to be taken.

**Recommendation d**

- We recommend that PiC Ayr Clinic should review and improve the systems of communication in relation to handover reports.

**Quality Theme 4**

**Quality Statement 4.1**

*We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.*

**Grade awarded for this statement: 5 - Very good**

The information provided in Quality Statement 1.1 is also relevant here.

We saw that there was a patient information booklet in place identifying the senior staff within the service.

During the inspection, we were told by both staff and people using the service that the management team is visible within the hospital.

While we were being shown around PiC Ayr clinic, by members of the management team, it was evident they had relationships with people using the service and were aware of their current treatment plans.

- 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: 3 - Adequate

We saw that there is a governance structure in place in the service. One of the senior nurses takes the lead for clinical governance. We saw that there is an annual governance plan in place. This sets out how the service will meet the governance objectives they have set, including:

- risk management
- staffing and staff management
- patient experience, and
- clinical audit

We saw an example of the 3-monthly report produced by the governance lead to show how the service was planning to meet the objectives. We were told that the senior management team and the multi-disciplinary team are able to make amendments to the annual plan to reflect any issues which particularly affect the service locally.

The service receives a newsletter from the wider organisation. This highlights any areas where there have been concerns picked up in other parts of the organisation. This allows learning to be spread across all the different services within the organisation.

We saw that there is a plan in place outlining the schedule clinical audits to be undertaken in the service. Audits include:

- management of medication
- patient satisfaction
- complaints
- management of self-harm, and
- carers survey.

We saw that clinical governance updates are sent to staff to keep them informed of how the service is performing and to identify areas of learning.

Areas for improvement

During the inspection, we saw that one ward in particular has had a high number of incidents recently. We looked at the minutes from two local clinical governance meetings held on 14 March and 9 May 2013. Although we saw that the number of restraints on one ward had been highlighted the minutes did not reflect discussion of the number of incidents that had been occurring on the ward (see recommendation d).

We looked at a sample of incident forms. We then looked at how these incidents had been managed by looking at the patient care record. As described in quality statement 1.5, we had some concerns about how this had been documented. While we are aware that the incident forms within the service are randomly checked, none of the issues we had identified from looking at the incident forms had been picked up by the service. This was despite a senior member of staff signing off the forms. It is important that the service review all incidents to...
ensure that they are managed correctly and that any learning from the incident is highlighted. A requirement is made (see requirement 5).

Requirement 5 – Timescale: immediately on receipt of the report

■ 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.

Recommendation e

■ 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.
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.

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<th>Quality Statement 1.3</th>
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<td>Timescale – immediately on receipt of the report</td>
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<td><em>Regulation 3(a)</em></td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<td><strong>Recommendation</strong></td>
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**Recommendation**

We recommend that PiC Ayr Clinic should:

**a** 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.

**Quality Statement 1.5**

**Requirement**

The provider must:

3 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.

**Timescale – 30 November 2013**

**Recommendation**

We recommend that PiC Ayr Clinic should:

**b** ensure that there is an accurate record of wound care.

**Quality Statement 3.2**

**Requirements**

None

**Recommendation**

We recommend that PiC Ayr Clinic should:

**c** ensure that the induction programme for staff includes training on the nature of the illnesses people present.
## Quality Statement 3.3

**Requirement**

The provider must:

<table>
<thead>
<tr>
<th>4</th>
<th>The provider must ensure that each person employed in the service receives regular performance reviews. In order to do so, the provider must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• review the content and nature of supervision to ensure that it is in line with the provider's own policy and stated aims</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td></td>
<td>• maintain accurate and detailed records of supervision which demonstrate the outcomes of the supervision, and any actions to be taken.</td>
</tr>
</tbody>
</table>

Timescale – 30 November 2013

*Regulation 3(a)*

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

### Recommendation

We recommend that PiC Ayr Clinic should:

| d | review and improve the systems of communication in relation to handover reports. |

## Quality Statement 4.4

**Requirement**

The provider must:

<table>
<thead>
<tr>
<th>5</th>
<th>ensure that all incidents within the service are reviewed. This must include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• review of the person’s health record</td>
</tr>
<tr>
<td></td>
<td>• review of the use of restraint, and</td>
</tr>
<tr>
<td></td>
<td>• review of use of as required medication.</td>
</tr>
</tbody>
</table>

Timescale – immediately on receipt of the report

*Regulation 3(a)*

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

### Recommendation

We recommend that PiC Ayr Clinic should:

| e | 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. |
Appendix 2 – Inspection process

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 the flow chart in Appendix 3.

**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 service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by 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 an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

Appendix 3 – Inspection process flow chart

Before inspection visit

Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

↓

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

↓

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff, people who use the service and their carers

Feedback with service

↓

Further inspection of service areas of significant concern identified

↓

After inspection visit(s)

Draft report produced and sent to service to check for factual accuracy

↓

Report published

↓

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to PiC Ayr Clinic was conducted on Tuesday 30 July and Friday 9 August 2013.

The inspection team consisted of the following members:

**Gareth Marr**
Senior Inspector

**Beryl Hogg**
Inspector

Observed by:

**Elizabeth Macleod**
Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

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