Announced Inspection Report: Independent Healthcare

PiC Ayr Clinic | Partnerships in Care Scotland Ltd | Ayr
21 March 2012
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This report was prepared and published by Healthcare Improvement Scotland.
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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’), 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 these standards, the Act gives us 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. You can, however, complain directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

**Healthcare Improvement Scotland**
Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

**Telephone:** 0131 623 4300

**Email:** safeandclean.his@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.”

We carried out an announced inspection to PiC Ayr Clinic on Wednesday 21 March 2012.

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

We assessed the service against two 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 ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting PiC Ayr Clinic can be found in Appendix 4.

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

**Quality Theme 1 – Quality of Care and Support: 4 - Good**

**Quality Theme 4 – Quality of Management and Leadership: 5 - Very good**

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

- participation strategy
- minutes from service user liaison subcommittee
- care and treatment questionnaire and action plan
- patient forum minutes
- intensive support plans
- training programme
- competency framework
- prescription sheets
- medication recording sheets
- controlled drug book
- medication policy
• medication audits and action plans
• rapid tranquilisation guidelines
• patient information booklet
• induction programme
• values action plan and survey results
• exit interviews
• staff surveys, and
• case records.

We had discussions with a variety of people, including:

• the registered manager
• the clinical nurse manager
• the clinical nurse practitioner
• ward managers
• registered nurses
• support staff, and
• seven people who use the service.

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

Overall, we found evidence at PiC Ayr Clinic that:

• people using the service are supported by a committed and motivated staff group
• people using the service are treated as individuals
• a multidisciplinary approach to care and support is in place, and
• care staff are aware of the individual needs of people using the service and use this information to give support.

We did find that improvement is required in some areas, which include:

• the physical monitoring of people using the service who are given high dose antipsychotic medication, and
• an increase in clinical supervision for staff within the service.

This inspection resulted in one requirement and no recommendations. The requirement is linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration. A full list of the requirements and recommendations can be found in Appendix 1.

Partnerships 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 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
During the inspection, we looked at six sets of case notes. We found good evidence of people who use the service being involved in developing their care plans. People we spoke with during the inspection told us that they felt involved in deciding the care they receive. All people who use the service had a named nurse and were able to have regular one to one time with them to discuss their care.

People who use the service showed us around parts of the hospital. They showed us projects they had been involved in to help decorate the environment in the ward. People using the service chose the colour schemes and new furniture during recent renovations in addition to jointly planning the equipment for a gym. The idea was to make a more homely environment. We were told that people using the service were able to take the lead in this project with staff support. People using the service now take responsibility for maintaining the areas and keeping them clean. They described having a sense of ownership and responsibility as they had played a major part in completing the work.

Some of the people who are in PiC Ayr Clinic have families who live some distance away. To help them remain 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 support them to use this service.

We saw that the service had distributed a questionnaire to people using the service asking about how involved they are in their care. We saw that the results of this questionnaire had been collated and an action plan had been developed to address the issues raised.

There is access to an advocacy service within the service. The contact details for the advocacy service were clearly identified within the different wards. The advocacy service also holds regular surgeries within PiC Ayr Clinic to allow people using the service to see them about any issues. We also saw evidence within people’s case notes that they are regularly advised of their right to access an advocacy service.

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

Weekly patient forums are held on the ward. We saw minutes of these during the inspection. People we spoke with told us that staff will feedback to them the outcome of any issues raised at these forums. They gave us examples of when changes had
been made from their suggestions. One example was the introduction of a multi-gym on one of the wards.

Areas for improvement
There was clear evidence that people using the service had been involved in their care planning however, this was less clear when we looked at the minutes from the weekly clinical team meeting. It was not always clear if the person using the service had been invited to the clinical team meeting or how their view is taken into account at the meeting. The service should develop these minutes to ensure the person's view point and offer of attendance is clearly noted.

The service identified in its self-assessment that they are planning to look at different ways to allow people using the service to engage with the user liaison subcommittee. This is a company-wide committee, which allows representatives of people using the service to give their views on how the company can improve the care it gives. We were told that the current teleconferencing format makes it difficult for everyone to be involved.

- No requirements.
- No recommendations.

Quality Statement 1.2
We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up-to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very good
We saw that the service has current policies and procedures in place. Where relevant company-wide policies referred to English law they had been re-written to take into account Scottish legislation. Staff we spoke with during the inspection were able to describe a number of different policies to us and where to access the information if required.

The service is developing a zoning system. This system is explained in more detail under Quality Statement 4.3. We saw that the service has taken into account current best practice guidance in developing this system. We also saw that the service had published articles in relation to its work in this area.

We saw that the service is developing a care planning system based on the recovery star model of care planning. Recovery is a key element care of people with mental health problems. We were told that recovery is central to the care given within the hospital. A member of the clinical team in the hospital sits on the steering group with the Scottish Recovery Network.

Staff we spoke with during the inspection told us that they have had access to many different training events over the past year. The training has been both internal and external.

In previous reports by the Care Commission, which regulated the service prior to Healthcare Improvement Scotland, concerns were raised about people using the
service being able to leave the hospital for outings. During the inspection, we were
told by staff and people who use the service that there were no concerns in this area.
Suspension of detention is happening as planned in the majority of cases. We were
told by people using the service that if outings are cancelled at short notice due to
unforeseen circumstances then they are rearranged as soon as possible.

Staff we spoke with during the inspection were aware of best practice guidance and
how to access it. Some of the resources they told us they would use included Mental
Welfare Commission guidance, Scottish Intercollegiate Guidelines Network (SIGN)
guidelines and nursing journals.

Areas for improvement
Although we saw that policies, which related to English legislation had been re-
written to reflect Scottish legislation there was one exception. The policy to cover
leave from hospital for people detained by the Mental Health Act did not reflect
Scottish legislation. The service should ensure that a policy is developed taking the
Scottish legislation into account.

The service has identified from exit interviews with staff that a common theme was a
lack of clinical supervision within the service. The service should develop a
supervision system to ensure staff are adequately supervised.

- No requirements.
- No recommendations.

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

Grade awarded for this statement: 4 - Good
We saw that there was a consent to treatment policy in place which took into account
the appropriate Scottish legislation.

During the inspection, we looked at 23 medicine prescription sheets. We found that
they were all completed correctly. The prescriptions included the person’s name, date
of birth and allergies. All prescriptions were legible and had been signed and dated
by the prescribing doctor. The prescriptions also identified the dose, frequency and
the method by which the medicine should be administered, for example by mouth or
injection.

The service has a policy in place regarding the use of controlled medications. We
looked at the controlled drug book in one of the wards and this had been completed
appropriately. We also saw that there was a clear policy in place outlining the process
to follow in event of a medication error. Staff we spoke with during the inspection
were aware of this process. There was best practice guidance available to staff
regarding the safe and appropriate dispensing of medications.

We saw that the service performs monthly audits of medication within the service.
This looks at things such as stock levels being correct, prescriptions being completed
appropriately and that medication being dispensed is recorded properly. We also saw that a separate audit is carried out of depot medication. Depot medication is long acting medication which is given by injection. Both audits lead to action plans being put in place to address any issues raised.

There is a competency framework in place. This is completed yearly by staff. Their practice is monitored to ensure that they remain competent in dispensing medication in a safe manner.

**Areas for improvement**

During the inspection, we saw that two people who use the service had recently been given sedating medication due to their mental state at the time. The service has a policy in place to outline the actions staff should take in these circumstances. Part of the policy relates to the monitoring of the patient in the period after the medication was given. In both cases this monitoring had not been completed and recorded on the appropriate form. A requirement is made (see requirement 1).

The service has a policy in place to monitor the physical health of patients on high dose antipsychotic medication. During the inspection we saw that this monitoring was in place for patients on Arran Ward but not for those patients who were identified as being on high doses of antipsychotics on Bellisle Ward. A requirement is made (see requirement 1).

While we saw that audits of medication do take place in the service, the action plans resulting from these differed. The action plan from the audit of depot medication clearly identifies who is responsible for the action and also records when the action is complete. The service should consider adopting this approach for the other medication audit performed to help make it clear that any issues highlighted are actioned.

During the inspection, we saw one incidence when medication was given to a person using the service by a different route than that prescribed. They had been given an injection when the prescription was for the medication to be given by mouth. The service should ensure that staff are aware of the need to always give medication by the route prescribed.

- **Requirement 1 - Timescale: Immediate on receipt of this report:** The provider is required to ensure that:
  a) 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
  b) 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.

- No recommendations.
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 statements made under Quality Statement 1.1 are also relevant to this statement.

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

The service has a complaints procedure in place. This identifies the process for people using the service to complain within the hospital, to the organisation and to Healthcare Improvement Scotland. We also saw evidence of the management team engaging with people using the service as part of the complaints process.

During the inspection, we were told by both staff and people using the service that the management team is visible within the hospital. They felt able to approach the team to discuss any concerns they have. While we were being shown around PiC Ayr Clinic, by members of the management team, it was clear they had relationships with people using the service and were aware of their current treatment plans.

Areas for improvement
The statements made under Quality Statement 1.1 are also relevant to this statement.

In its self assessment the service, had identified that it plans to develop the role people using the service play in the recruitment process.

- No requirements.
- No recommendations.

Quality Statement 4.3
To encourage good quality care, we promote leadership values throughout our workforce.

Grade awarded for this statement: 5 - Very good
Staff we spoke with during the inspection told us that they feel able to get involved in how the service runs. They told us they felt comfortable in putting their point of view across. They also felt that their views are listened to.

We saw that staff surveys have been undertaken within the service. These had led to action plans being developed to address any issues that were highlighted. Staff we spoke with during the inspection told us that changes have happened as a result of these surveys.

A number of staff within the service have been given the opportunity to develop training for trainer skills. These staff members then take responsibility for training
other staff within the organisation. Two of the management of violence and aggression tutors have been supported to achieve a professional development award for teaching and learning. Other staff provide training in a variety of areas such as:

- coping with mental illness
- personality disorder awareness
- de-escalation techniques, and
- wellness recovery action planning.

A staff member within the service has been supported to work with the University of the West of Scotland to help design and deliver part of their nurse training module on the care of patients with personality disorder.

We were told during the inspection that staff within the service will shortly be working with the Scottish Forensic Network to perform peer reviews of similar services.

During the inspection, we saw that the service has developed a zoning system. This is a risk-based system which is used to manage the caseload and target resources within the ward effectively. The level of risk is determined using the traffic light colours red, amber and green. As part of deciding the risk levels of a person using the service, the staff group meets at the beginning of every shift. All staff, regardless of grade and job role, are involved in the discussion. This is a departure from the traditional model when risk and observation levels are predominantly decided by medical staff. Staff we spoke with during the inspection told us they felt more empowered by using this system and also felt that they had more ownership over what happens on the ward they work on.

**Areas for improvement**

In its self-assessment, the service identified that staff within the service had received accountability training. During the inspection, most staff we spoke with were either unaware of receiving this training or could not describe how it had influenced their practice. The service should evaluate this training to ensure it is effective.

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

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the Act or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the 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 1.4

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<td>The provider must:</td>
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1. **ensure that:**
   a) 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
   b) 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.

Timescale – immediate on receipt of this report

SSI 2011 No. 182 - Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

National Care Standard 20 – Medicines management [Independent Hospitals]

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<tr>
<th>Recommendations</th>
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Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, 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.
- **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 both by considering the self-assessment data and inspecting 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 6 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.
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

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

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

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff and patients
- Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)
- Draft report produced and sent to service
- 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 Wednesday 21 March 2012

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Alastair McGown
Regional 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

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

**Telephone:** 0131 662 8283

**Email:** Edinburgh@blackwells.co.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.

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