

Action Plan

Service Name:	Priory Ayr Clinic
Service number:	00031
Service Provider:	The Priory Group Limited
Address:	Dalmellington Road, Ayr, KA6 6PT
Date Inspection Concluded:	25 April 2023


Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that appropriate cleaning products and processes are used to decontaminate the environment in line with national guidance. Housekeeping and decontamination policies must be updated accordingly (see page 18). Timescale – immediate	Policies: <ul style="list-style-type: none"> • IPC07 Decontamination of Medical Devices and Other Equipment • IPC02 Universal Precautions (incl. Blood Borne Viruses, Prophylaxis and Handling Specimens) • HK01 Housekeeping are at the final stage of review process (final drafts can be shared if required) and sign off scheduled July 2023	August 2023	IPC Nurse Adviser
	Once policies available appropriate training at site level will be delivered	September 2023	Director of Clinical Services (Quality)
	H&S Form: 45C Core Products List has been issued April 2023 and updated June 2023	Completed	Priory H&S Team

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should update the complaints policy and any information in relation to complaints to include the correct contact details for Healthcare Improvement Scotland (see page 12).	The contract details for Healthcare Improvement Scotland have been amended on our complaints policy, associated documentation and information leaflets.	Completed July 2023	Support Services Manager
Recommendation b: The service should continue to develop carer engagement and consider using different methods to obtain feedback (see page 12).	<p>“The triangle of care” from carers Trust .Self-assessment tool utilised to assess ward by ward on a traffic light highlighting service delivery the 6 key standards.</p> <p>1. Carer leads have been identified as the current ward managers. Ward managers have compiled a list of carers specific to each ward.</p> <p>2. Triangle of care used to make staff “care aware” with session deliveries by DoCs.</p> <p>3. Carer annual surveys will be broken down to to quarterly reporting with opportunity’s taken at key touch points eg visits to ascertain care feedback .</p>	December 2023	Director of Clinical Services (Quality)
Recommendation c: The service should further develop its risk assessment for the continued use of non-compliant clinical hand wash basins and ensure that control measures are followed (see page 18).	Risk assessment included in the IPC checklist master and ongoing refurbishment works will continue	Ongoing	Director of Clinical Services (Quality)

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Recommendation d: The service should formalise its process for updating its list of less frequently used outlets to ensure all identified outlets are routinely flushed (see page 18).	Schedules have been amended and compliance is regularly reviewed	Ongoing	Maintenance Lead
	Additionally, recent Safety Bulletin was issued by Priory H&S Manager and Head of Maintenance to ensure awareness of Legionella risks. It was highlighted that all services MUST ensure all local checks are in place, including flushing of any unused outlets.	Completed	H&S Manager and Maintenance Lead
Recommendation e: The service should ensure washing machines in the Gatehouse used to wash shared linen are calibrated to make sure they can achieve thermal disinfection temperatures or make alternative arrangements for washing linen (see page 18).	Service and appropriate documentation was requested and submitted at the time of recommendation being issued.	Completed	Support Services Manager
	Furthermore, IPC08 Laundry policy is due for review by October 2023, however first draft will be presented at the next Group IPC Committee meeting	October 2023	IPC Nurse Adviser
Recommendation f: The service should declutter and clean its domestic services rooms and ensure there are appropriate facilities in the Gatehouse (see page 18).	All unnecessary items removed, areas cleaned and included in regular cleaning schedules	Completed	Support Services Manager
	Reviewed by Cleanliness audits	Ongoing	Support Services Manager

Name	Colin Adams		
Designation	Registered Manager		
Signature		Date	03/ 07/ 2023

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In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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