

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:	13 May 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure all patient environments are fully accessible and further develop opportunities to increase independence for patients preparing for discharge back into the community (see page 27). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.1	Head of Facilities will conduct a feasibility exercise to consider where adaptations need to be made, in order to increase accessibility. This will involve engagement of Priory Estates for support for potential project development and refurb works.	September 2025	Head of Facilities
	Occupational Therapy to complete full environmental assessment for Gatehouse by August 2025 to support Head of Facilities with recommendations for environmental adaptations. Optimising independence and safety within the unit.	September 2025	Lead Occupational Therapist
	All patients are individually assessed for assistive aids, which are reviewed by occupational therapy. This will continue to be completed in liaison with the visiting physiotherapist.		
	The new occupational therapist continues to be involved with care planning for patients and is in the		
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	<p>process of reviewing interest checklists to assess for occupational need across both Gatehouse and Lochlea. A full and renewed occupational therapy activity programme will be in place by August 2025 and reviewed regularly to respond to individual patient need and interests.</p> <p>Occupational therapist newly commenced in post to begin cooking sessions within both step-down facilities, utilising the kitchen when not required by catering staff. Action complete, with occupational therapist completing same with patient in preparation to transitioning to the flat within Lochlea House. This will support with development of independent living skills whilst promoting engagement in meaningful occupation. Will be ongoing throughout practice.</p>		
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Name	<input type="text" value="Colin Adams"/>
Designation	<input type="text" value="Hospital Director"/>
Signature	<input adams"="" colin="" data-bbox="421 1109 571 1165" handwritten="" of="" signature="" type="text" value=" "/>
Date	<input type="text" value="24 / 06 / 2025"/>

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

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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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