Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Priory Ayr Clinic, Ayr

Service Provider: The Priory Group Limited

13-14 May 2025

NHS SCOTLAND

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 25-26 April 2023

Requirement

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.

Action taken

The service's housekeeping and decontamination policies had now been updated to take account of national infection prevention and control guidance. We saw appropriate processes were now in place, including the use of chlorine-releasing disinfectant and detergent products. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 25-26 April 2023

Recommendation

The service should update the complaints policy and any information in relation to complaints to include the correct contact details for Healthcare Improvement Scotland.

Action taken

The service had now updated its policy and information relating to complaints to include the correct contact details for Healthcare Improvement Scotland.

Recommendation

The service should continue to develop carer engagement and consider using different method to obtain feedback.

Action taken

The service had introduced a carers newsletter, and now telephoned carers for feedback and held carers open days at the service.

Recommendation

The service should further develop its risk assessment for the continued use of non-compliant clinical hand wash basins and ensure control measures are followed.

Action taken

The service had further developed its risk assessment for the continued use of non-compliant clinical hand wash basins. An infection prevention and control checklist had also been developed to ensure that control measures identified in the risk assessment were being followed.

Recommendation

The service should formalise its process for updating its list of less frequently used outlets to ensure all identified outlets are routinely flushed.

Action taken

The service had updated its processes for flushing water outlets to ensure all appropriate checks were in place, including flushing of any unused outlets.

Recommendation

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.

Action taken

We saw evidence that the washing machines in the Gatehouse were now being calibrated to ensure that appropriate temperatures could be maintained.

Recommendation

The service should declutter and clean its domestic services rooms and ensure there are appropriate facilities in the Gatehouse.

Action taken

We saw that the domestic services rooms were now free from clutter with appropriate storage for relevant cleaning materials, and that staff had access to hand wash basins.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an unannounced inspection to Priory Ayr Clinic on Tuesday 13 and Wednesday 14 May 2025. We spoke with a number of staff and patients during the inspection. We received feedback from 23 staff members through an online survey we asked the service to issue for us during the inspection.

Based in Ayr, Priory Ayr Clinic is a private psychiatric hospital.

The inspection team was made up of four inspectors.

What we found and inspection grades awarded

For Priory Ayr Clinic, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The vision and strategy for the service was clearly stated in the provider's corporate strategic plan and website. Governance structures and processes helped assure the quality of care delivered. Staff spoke positively of the leadership and senior management team and of being supported to deliver quality care. Career opportunities and a comprehensive training programme were available for all staff.	✓✓✓ Exceptional
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
The provider's services were benchmarked against each other to support continuous improvement. Patient, carer and staff feedback was actively encouraged through various methods and effectively used to improve the service. A comprehensive audit programme, and policies and procedures, set out the way the service was delivered and supported staff to deliver safe and person-centred care. A culture of learning from feedback, complaints, audits and incidents was evident. A range of clinical and non-clinical risk assessments was in place. A quality improvement plan and staff training programme also helped to improve how the service was delivered. A duty of candour report was published every year.	✓✓✓ Exceptional
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well maintained. Safe staff recruitment processes were in place. Patient care records were comprehensively completed and were well organised. Staff showed care and compassion with a commitment to improving patient care. The environment should be more accessible for patients with mobility issues with further opportunities to increase patients' independence.	✓✓ Good

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 can be found on our website at: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

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

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one recommendation.

Results	
Requirements	
None	
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 28). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.1

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
Find an independent healthcare provider or service – Healthcare Improvement Scotland

We would like to thank all staff at Priory Ayr Clinic for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The vision and strategy for the service was clearly stated in the provider's corporate strategic plan and website. Governance structures and processes helped assure the quality of care delivered. Staff spoke positively of the leadership and senior management team and of being supported to deliver quality care. Career opportunities and a comprehensive training programme were available for all staff.

Clear vision and purpose

Priory Ayr Clinic is a low secure hospital supporting patients with complex mental health needs. The Ayr Clinic is the main hospital site and there are two community-based step-down units (where patients are transferred to in preparation for discharge): Lochlea House and Gatehouse which are also located in Ayrshire.

The service is part of the Priory Group and a statement of purpose was available on the corporate website, as well as the vision for individual services, including the Priory Ayr Clinic.

The service's mission statement 'Live Your Life' described the service's commitment to provide patient care that was rehabilitation focussed and supportive of patients managing their own health and recovery.

The provider's vision was to become the leading European provider of high-quality mental health and rehabilitation services.

A corporate strategic plan for 2023-2025 was used by the service to develop measurable site-specific strategic objectives to inform the service's key performance indicators. These included:

- covering the whole treatment pathway from acute care to integration into the community
- offering evidence-based clinical pathways

- providing outstanding career development
- embedding a culture of openness, trust and inclusion, and
- focusing on sustainable funding and growth with effective use of resources.

We saw the service had developed site-specific key performance indicators to measure its performance against the corporate objectives. These included reviewing:

- adverse incidents
- complaints
- patient satisfaction, and
- patient interventions.

Progress against the key performance indicators was reported on a dedicated quality and risk digital software programme. This monitored compliance and produced an overview of the service's position in achieving each key performance indicator. The provider's data and analysis team managed and monitored the data and produced daily, weekly and monthly reports. These reports were reviewed at local and regional clinical governance meetings. This data was also used to benchmark (compare) the service against other services in the Priory Group. The digital platform provided clear and easily understood diagrams and graphs of the status of the key performance indicators. This showed that the service had met all of its current key performance indicators.

The service continually measured its performance against the key performance indicators to ensure a focus on quality of care. This then informed the service's quality improvement plan for the next year. This information also provided data in an easily understood format to be shared with regulators, referring NHS boards and interested stakeholders.

- No requirements.
- No recommendations.

Leadership and culture

We saw evidence of staff members contributing to a significant number of national and international forums, mental health organisations, universities and NHS partnerships. This involvement allowed the service to benchmark (compare) the care delivered with other mental health providers in Scotland, including the NHS. Some examples included:

- appointed project oversight board for the re-establishment of high secure women's services in Scotland
- providing independent clinical expert advice to the Scottish Government, including complex and high profile mental health cases
- representation of the Royal College of Psychiatrists on the Mental Welfare Commission Advisory Panel
- programme director for MSc Forensic Psychology at Glasgow Caledonian University, and
- Board member of the Risk Management Authority (RMA) improving the assessment and management of risk across Scotland.

The service had a diverse workforce of staff to reflect the specialised needs, support and specialist interventions of its patients. This included:

- psychiatrists and psychologists
- occupational therapists and physical healthcare staff
- nursing team, including a primary care nurse
- healthcare assistants, and
- support services.

The provider's quality and governance framework provided details about the overarching governance and performance monitoring systems used in the service. This included a schedule of meetings, reporting pathways, and how the risk register was reviewed and managed. This helped to support and oversee quality improvement and ensure the safe delivery of care.

A monthly clinical governance meeting took place in the service, and we saw a standing agenda with minutes and actions, including timescales and staff responsible for taking forward identified actions. Items discussed included:

- quality improvement
- accidents and incidents
- complaints

- health and safety
- risk register
- staffing, and
- patient and carer experience.

Senior management also attended a monthly regional clinical governance meeting, as well as divisional meetings within the wider Priory Group. We saw clear lines of escalation from the service to these wider organisational meetings. Information from these meetings was shared with staff to ensure they were kept informed and up to date with any changes within the organisation.

Comprehensive leadership structures were in place with clear roles and responsibilities. The hospital director, medical director, director of clinical services, head of psychology and head of facilities provided senior hospital management and support. Good processes were in place to support staff and encourage them to contribute to developing the service. Most staff we spoke with told us that the senior management team was supportive and accessible. Comments from our staff survey included:

- 'Managers and leaders are very supportive, visible and compassionate.'
- 'The senior management team are positively engaged and genuinely seek to contribute meaningfully to both patients and staff.'
- 'Our hospital director and members of the senior management team always strive for the smooth and safe running of the service. They are available if you have any issues… or advice required… .'
- 'Feel very supported by my ward manager and wider senior management… .'

We were told that several senior Priory Group managers, including the regional manager, the managing director and the chief executive officer, visited the service regularly, and were very visible in the service during these visits. These visited included quality assurance checks, support for development ideas in the service, and meeting with staff and patients.

A staffing protocol was in place to make sure appropriate staffing numbers and skill mix were on duty. Senior managers and ward managers we spoke with told us that staffing numbers would be increased depending on patient needs, if required. This included the use of bank and agency staff. The service's on-call system included a member of the senior management team and medical staff.

A variety of staff meetings and ways of sharing information helped to support effective communication with staff. Each ward held a monthly meeting with minutes from these meetings then emailed to staff. Items discussed at these meetings included patient and staff safety, operational issues and new training opportunities for staff. A range of information was also provided electronically on the staff intranet system including training opportunities, easy access to policies and procedures, organisational developments and staff achievements.

We saw effective communication was in place to ensure the day-to-day running of the service was managed safely for patients and staff. This was supported by a morning and evening handover and a mid-shift meeting in each ward. The mid-shift meeting had a set agenda which included patient risk management and staff welfare checks. Staff and managers spoke positively about this.

We attended a daily morning handover meeting which senior members of staff, including ward managers and the head of facilities, attended. This meeting discussed:

- staffing levels
- incidents reviews
- staff training
- patients' risk assessments
- planned appointments or activities for patients
- patients on special duty nursing, and
- staff with designated roles for the day, for example fire warden.

A whistleblowing policy detailed how staff could raise any concerns about patient safety. We saw the Priory Group promoted the 'freedom to speak up' initiative to promote patient and staff safety. The service had also introduced 'freedom to speak up' guardians and champions. Their role was to ensure colleagues were aware of the resources available to support them to speak up and the outcomes they could expect. Staff we spoke with were all confident in how to raise concerns about patient care, staff or procedures and felt they would be taken seriously.

The service had a 'Have Your Say' forum where staff could share their ideas and suggestions about how to improve the service and care delivered. However, we were told this forum had not met since the start of the year. Some staff we spoke with were not aware of this forum but they were all confident they could make suggestions, and they would be listened to. Recent staff suggestions that had been taken forward included use of passwords to limit access to patient

care records based on staff members' roles in the service and a new coffee machine installed in Belleisle ward for staff.

Mental health first aiders had been identified who could be the first point of contact if a member of staff was experiencing a mental health issue or emotional distress. These support staff members were trained to provide a confidential listening ear and to signpost colleagues to the most appropriate support. We spoke with a staff member who had been identified as a mental health first aider. They told us staff would often contact them to discuss their concerns or use it as an opportunity to de-brief following a stressful situation they had experienced whilst on duty.

The service provided opportunities for staff development and continued professional development. We saw that staff undertaking leadership activities had access to leadership development programmes within the Priory Group. This helped and supported them to gain further knowledge and skills within their roles and with their career progression. The service also financially supported healthcare support staff studying to become registered nurses with a guaranteed role at the end of their studies, as part of the provider's 'Grow Your Own' policy.

The service recognised and rewarded staff with themed days and a mobile barista coffee van regularly attending the site. All staff were given an additional annual leave day on their birthday and received long service awards with vouchers. The provider had developed a wellbeing app for use on staff mobile phones, gave financial support in times of hardship and had an employee counselling service. Staff could also send thank you cards to colleagues aligned with the provider's corporate values of:

- striving for excellence
- being positive
- putting people first
- acting with integrity, and
- being supportive.

We noted that the service had received The Priory Group Site of the Year Award in November 2023.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

The provider's services were benchmarked against each other to support continuous improvement. Patient, carer and staff feedback was actively encouraged through various methods and effectively used to improve the service. A comprehensive audit programme, and policies and procedures, set out the way the service was delivered and supported staff to deliver safe and person-centred care. A culture of learning from feedback, complaints, audits and incidents was evident. A range of clinical and non-clinical risk assessments was in place. A quality improvement plan and staff training programme also helped to improve how the service was delivered. A duty of candour report was published every year.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Information about the service and treatment provided was available on posters in the hospital and was also detailed on the service's website.

A patient information pack included information on:

- patients' rights about consent to care and treatment
- their stay in the hospital and discharge pathways
- access to advocacy services, and
- how to complain.

A variety of methods was used to gather feedback from patients and carers, in line with the service user and carer involvement strategy. This included patient forums and patient satisfaction surveys.

We were told the service had ongoing difficulties with gathering feedback from families and carers. However, we saw examples of how the service continued to engage carers in several ways, including telephone calls and carer events. The service now produced a carers newsletter that was sent every 3 months to update carers with events and news. The newsletter was produced in collaboration with patients who helped decide the content.

We saw minutes from patient forum meetings where patients were encouraged to discuss any concerns, ideas, suggestions or complaints. We were told that any issues or concerns from patients that could not be rectified at ward level were escalated through clinical governance meetings to the senior management team to be actioned.

We saw an analysis of the results from an annual patient satisfaction survey in April and May 2025. All actions to be taken forward had been added to the service's quality improvement plan. The survey asked patients about their experience of the service, including:

- if they felt listened to and involved in their care planning
- quality of the food
- the environment, and
- if they felt safe.

Patients were also given the opportunity to feedback through one-to-one sessions with nursing, psychology and occupational therapy staff.

We saw evidence that feedback from patients had been acted on by the service. For example, more chairs had been ordered for the dining room and quiet room following a request from patients. Patients had also requested an area to practice skills learned during therapies.

Family members and carers were also encouraged to give feedback using carer feedback forms and through an annual carer survey. They were asked for their opinions on areas such as:

- the care their family member was receiving
- the opportunities for the carer to be involved in care planning
- communication from the service, and
- the care environment.

All feedback, including surveys, emails, verbal and thank you cards, was logged on an electronic reporting management system which all staff had access to. This included details about the feedback received, the actions taken, and how the actions were fed back to staff and patients. Staff were made aware of feedback during staff meetings, handovers and by thank you cards from patients and families forwarded to relevant teams. If any actions were required, this was discussed at the clinical governance meeting and information then fed back to

teams by ward managers. Patient feedback and actions taken by the service was displayed on 'you said, we did' posters in the wards.

A yearly staff engagement survey was sent to all staff in the Priory Group. We saw results and an action plan from the 2024 survey and results from the recently completed 2025 survey. An example of a development taken forward as a result of staff engagement was the senior management team's 'open door policy' to allow staff the opportunity to raise any issues or concerns. All staff told us in our survey that their concerns would be taken seriously. Comments included:

- 'Open doors with all the senior management team to speak out and introduce ideas.'
- 'I can raise any concerns with my line manager and… will listen fully, provide me with… views and progress anything that needs progressed from my concerns.'

We saw evidence that staff were provided with the opportunity to influence operational and clinical decisions made in the service. For example, the service's new safety and security lead had further developed emergency simulation exercises and ligature awareness training for staff. We were told staff had responded positively to this training and were now applying the principles in practice.

We saw the provider had recently set up a 'lived experience' partnership. This involved a group of current patients and carers working alongside the provider and services within the wider Priory Group to help and support service improvement and development. We will follow progress with how this group develops at the next inspection.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service fully understood Healthcare Improvement Scotland's notification process and the need to inform Healthcare Improvement Scotland of certain events or incidents occurring in the service.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy, and a yearly report was available on the service's website. The service had not had any duty of candour incidents. Staff also completed training on duty of candour principles as part of their mandatory training schedule.

A process for recording and investigating incidents and accidents was in place. All incidents and accidents were recorded on the electronic reporting management system. A clear process was in place to fully investigate and review incidents, and we saw examples where incidents had been managed in line with this process. The investigation form included:

- a full description of the incident and immediate actions taken
- an action plan for improvement
- an incident review and investigation
- assigned incident category, and
- sharing lessons learned with staff.

We saw accidents and incidents were discussed at meetings, including the daily morning meeting, ward meetings and local clinical governance meetings. Serious incidents were escalated to the regional and executive teams. We saw various methods were used to inform staff of learning from any patient safety incidents. This included:

- weekly brief
- patient safety meetings
- monthly summary of learning and actions
- handovers, and
- patient safety alerts.

Governance structures and comprehensive policies and procedures helped support the delivery of safe, person-centered care. Policies were reviewed regularly or in response to legislation, national guidance and best practice. To support version control and accessibility, policies were available electronically on the staff intranet. We saw policies for:

- search procedures
- medicine management
- prohibited and restricted items

- infection prevention and control
- management of violence and aggression, and
- handling emergencies.

The complaints policy set out timeframes and expectations for how complaints would be managed. Information on making complaints to Healthcare Improvement Scotland was available in the service. We saw complaints were reported and monitored using the electronic reporting management system, and provided an opportunity for staff learning and service improvement, where appropriate. We reviewed two complaints and found they had been managed in line with the service's complaint policy.

Processes were in place to assess the suitability of patients for admission. This included a review of the patient's clinical notes and senior members of the multidisciplinary team undertaking a pre-admission assessment of the patient with the referring body.

All patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and were referred to the service by NHS boards. Appropriate legal consent and treatment documentation was in place for all patients. Consent and capacity to consent was assessed in line with relevant legislation and best practice. An up-to-date admission, transfer and discharge policy helped to ensure that the correct processes were followed throughout the patient's admission.

Patients were encouraged to complete an 'advance statement' document to express how they wished to be treated and detailed preferences for their care, values and beliefs. We saw patients had the opportunity to nominate a named person to support and represent them with decisions about their care. Patients had access to an independent advocacy service, details of which were displayed on ward noticeboards. Patients also had access to legal representation in relation to their rights under mental health legislation.

On admission, patients were assessed by a doctor and nursing staff. They were also assessed by psychology and occupational therapy staff. This included reviewing the patient's psychological, physical and emotional needs, as well as risk factors. A treatment plan and risk management plan were developed which helped to formulate the patient's 'keeping safe' care plan. This was reviewed regularly at the monthly patient's multidisciplinary review or if any concerns or incidents occurred.

Patients were allocated a named nurse and associate nurse to act as a main point of contact. Patients also met with the therapy teams and the consultant psychiatrist throughout their stay.

While in the service, patients were temporarily registered with a local GP and medication was supplied by a local pharmacy. A service level agreement was in place with the GP to attend the service every week to provide patients with general healthcare services. The service also had an advanced nurse practitioner who was able to provide assessment and care for patients' physical health needs. We were told that good working relationships had been established between the GP and the advanced nurse practitioner.

We saw clear policies in place for the prescribing, ordering and administering of medication. Standard operating procedures were also available covering all aspects of medicine management. Medicines were stored in locked cupboards and fridges, and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Emergency medicines and equipment were easily accessible and checked every week.

A contract was in place with an external pharmacy to supply a pharmacist to visit the service each week. The pharmacist worked with nursing staff to make sure thorough processes for the safe management of medicines were in place. This included:

- medicine reconciliation (checking patients' current medication to ensure their medication list is up to date)
- regular checks of medicine expiry dates
- safe storage and disposal of medicines, and
- the process of controlled drug orders (medications that require to be controlled more strictly, such as some types of painkillers).

All patients were reviewed by the multidisciplinary team every month, or if the patient's condition changed and they had to be reviewed sooner. Patients were also reviewed every 6 months under the 'care programme approach'. This involved multidisciplinary care plan meetings with the patient and health and social care professionals involved in their care.

We saw a range of activities and therapies available for patients, including access to gym equipment, walking groups, astronomy club, baking, dog walking, and arts and crafts. Therapy was delivered individually or in groups and included mindfulness, coping with mental illness, and different types of behavioural therapies, such as cognitive behaviour therapy (CBT).

Policies for the management of information were in place. Patient care records were in electronic format and were password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Policies were in place for recruitment, induction and staff development. The service had a thorough recruitment and induction process with oversight from a central Priory Group onboarding team. We were told the service was transitioning from paper to an electronic human resources records system. Processes were in place to make sure ongoing reviews of professional registration and regular Protecting Vulnerable Groups (PVG) background checks were carried out.

Permanent staff members and agency staff used by the Priory Group carried out a comprehensive 6-month induction programme with oversight from a designated line manager. Newly qualified nurses took part in a provider-wide 'preceptorship' programme with external facilitators to support their transition in becoming registered staff.

Mandatory training was aligned with staff members' roles on the Priory's online training and education portal. This enabled effective oversight of training completion rates. The annual personal development review process was also recorded on this portal. This provided staff with the opportunity to regularly discuss their development, and to identify any learning needs. In addition to mandatory training, staff could apply for funded learning opportunities relevant to their job role.

When training spaces were available, the service also invited agency staff to attend. As well as being beneficial for them, this also helped to support improved service delivery as these agency staff members could then fulfil more duties when on shift. Where appropriate, agency staff were encouraged and supported to become permanent staff members. This offered stability in how the service was delivered and for the individual staff members.

Staff were further supported to fulfil their roles and maintain their wellbeing through regular one-to-one meetings with their line manager, clinical supervision, and reflective practice sessions and incident debriefs delivered by the head of psychology.

We noted the head of psychology had contributed to a number of published forensic psychology research projects. A senior staff nurse was also nominated to represent the service on a national panel to review the 'New to Forensic' mental health manual, a key guidance document produced by the Forensic

Network in Scotland. This helped to demonstrate the service's commitment to the advancement of forensic mental health practice in Scotland and its support for the development of future clinical leaders.

- No requirements.
- No recommendations.

Planning for quality

We saw robust systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. This included:

- auditing
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risk
- risk register, and
- staff meetings.

A wide range of clinical and non-clinical risk assessments and a comprehensive risk register were in place. We saw this was regularly reviewed and discussed within local, regional and divisional clinical governance meetings.

The service had an up-to-date fire risk assessment and we saw that appropriate fire safety equipment and signage was in place. We also saw more specialist risk assessments for managing key building risks, such as legionella (a water-based infection).

Hospital quality walkrounds were carried out every month by a member of the senior management team and the head of facilities to inspect the premises for any potential hazards or areas requiring improvement. This helped to ensure the environment was clean, safe and well maintained.

We noted the head of facilities met with maintenance and estates staff every day to report and update on any maintenance work. Systems were in place for staff to log maintenance issues. Any jobs that could not be completed inhouse were assigned to external contractors. This was monitored every day by the head of facilities.

A detailed contingency plan was in place for major incidents that would affect the running of the service and, therefore, impact on patient care. Arrangements were documented for staff to follow in case of events such as a fire, or loss of the water, electrical or gas supplies.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service had a comprehensive quality improvement plan that the provider's executive team could access to review the service's progress. We saw the plan included information from:

- audits
- clinical governance
- complaints
- inspection finding from Healthcare Improvement Scotland
- feedback, and
- incident reviews.

We saw the quality improvement plan helped to define and track improvements, and included prioritisation, proposed objectives, allocation of responsibility and timeframes.

We saw planned improvements that included both staff and patient involvement. For example, a new patient information booklet about the service had been developed and new patient facilities for physical exercise were being planned, including decoration, new gym equipment and furnishings.

A comprehensive yearly programme of clinical and non-clinical audits helped to deliver consistent, safe care for patients and identify areas of improvement. Audits carried out included those for:

- infection prevention and control
- ligature and security
- health and safety
- physical health, and
- incident reporting.

Audits were recorded on the electronic reporting management system where staff could provide updates on any actions taken. The service's audit and compliance lead provided oversight of all audits carried out in the service. This helped to ensure that audits were completed appropriately, and that required action had been taken. We saw outcomes from audits were discussed at local and regional clinical governance meetings. This data was used to benchmark the hospital against other services in The Priory Group. Reports included infection prevention and control audits, staff training, supervision and use of restraints. The comparisons were broken down into region.

We also saw an electronic medicines and prescribing ‘scorecard’ was used. This allowed the service to benchmark against other services in The Priory Group for medication prescribing errors, medicines administration and medication compliance in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003. We saw evidence that actions to improve performance had been implemented, measured and the outcomes achieved.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The environment was clean and well maintained. Safe staff recruitment processes were in place. Patient care records were comprehensively completed and were well organised. Staff showed care and compassion with a commitment to improving patient care.

The environment should be more accessible for patients with mobility issues with further opportunities to increase patients' independence.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

During the inspection, we saw evidence of collaborative working across all staffing groups with a focus on rehabilitation for patients. Staff we spoke with showed care and compassion, and we saw a high standard of care was provided, including specialist knowledge in providing mental health care for patients while managing risk within a secure environment. The service was committed to sharing its knowledge, skills and expertise within the wider Priory Group and at a national level to improve patient care. This was evidenced through the ongoing contributions to various forensic forums and committees, and engagement with the Scottish Government and NHS boards.

We reviewed five patient care records and found these were comprehensive and well organised. We saw clear evidence of multidisciplinary working, as well as patient and carer involvement. We saw summaries detailing progress for each patient completed by staff and sent to the appropriate NHS board. The care plans all included person-centred strategies for improving and maintaining good physical and mental health.

Patients we spoke with were positive and complimentary about the service. They told us they found staff helpful, and enjoyed the outings and activities.

We found the environment to be clean and tidy. We saw the service used appropriate cleaning products, including chlorine-based products for sanitary fixtures and fittings. Cleaning schedules were completed and up to date. A good supply of personal protective equipment such as aprons and gloves was available.

The eight staff files we reviewed contained completed appropriate background checks to show staff had been safely recruited, including:

- professional registration checks and qualifications
- PVG status, and
- references.

Additional staff information about induction, personal development review and training status was recorded on the Priory's online training and education portal. Staff spoke positively about the induction programme and personal development review process.

We saw records of online and face-to-face staff training with consistently high rates of completion. All staff had a personal development review plan. We noted one staff member had been funded and supported to undertake postgraduate education and two healthcare assistants were shortly due to complete their undergraduate training to become registered mental health nurses.

A process was in place to ensure ongoing reviews of staff's professional registrations took place. We also saw evidence that regular PVG checks were carried out, as required, to make sure staff remained safe to continue working in the service.

The majority of staff who responded to our survey said they would recommend the organisation as a good place to work. Comments included:

- 'A diverse, rewarding and challenging environment means that there are high levels of motivation and job satisfaction.'
- 'Great team working across the service.'

What needs to improve

Some staff and patient areas in the Gatehouse step-down unit did not fully support the range of activities that were undertaken onsite. For example:

- handover meetings were carried out in the patient dining area as the duty room was too small
- access to the patient dining area was not fully accessible for people who were not independently mobile
- the garden area had different levels and surfaces which were not fully accessible for all patients, and
- patients did not have access to cooking facilities which limited opportunities for them to practice cooking skills.

We discussed these issues with the senior management team who told us a new occupational therapist had been recruited, and managers were hopeful rehabilitation opportunities in both step-down units would soon increase as a result. We were told the occupational therapist would be tasked with working with each patient to increase their independence both in the unit and in the community. This would be achieved by changes to the unit's environment, providing more access to daily living equipment such as mobility aids and engaging patients in activities (recommendation a).

- No requirements.

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.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.

Before

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.

During

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**

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.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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