

Action Plan

Service Name:	Avena Healthcare
Service number:	02990
Service Provider:	Avena Healthcare Ltd
Address:	10-12 Scott Street, Largs, KA30 9NU
Date Inspection Concluded:	03 February 2026

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that staff consistently follow protocols for the management of alcohol withdrawal (see page 24).</p> <p>Timescale – immediate</p> <p>Regulation 3 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>All nursing staff were instructed on the day of inspection to ensure consistent adherence to alcohol withdrawal protocols, including CIWA-Ar scoring. Night staff were specifically directed to review all CIWA-Ar scores during each shift and act accordingly. The CIWA-Ar documentation on Arcus Air has been updated to include clear recording of PRN medication administered and clinical response. This process has now been embedded into routine practice.</p>	<p>Immediate – implemented on the day of inspection and ongoing</p>	<p>Service Manager and senior nurses</p>

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<p>Requirement 2: The provider must ensure compliance with all standard infection prevention and control precautions as detailed in Health Protection Scotland’s National Infection Prevention and Control Manual, in particular the decontamination of equipment and the environment (see page 25).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(i)(ii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>The service reviewed all infection prevention and control practices immediately following inspection. Chlorine-based cleaning products were already available on site. Staff were instructed the following day to ensure consistent use of appropriate cleaning agents in line with national guidance. Cleaning processes and environmental decontamination have now been standardised across the service.</p>	<p>Immediate – implemented within 24 hours and ongoing</p>	<p>CEO and Domiciliary team</p>
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<p>Requirement 3: The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control guidance (see page 25).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>All sharps boxes were reviewed and correctly labelled on the day of inspection. Staff were reminded of requirements for appropriate labelling, including date, signature, and point of origin. Ongoing monitoring has been reinforced to ensure continued compliance.</p>	<p>Immediate – implemented on the day of inspection and ongoing</p>	<p>Service Manager</p>
<p>Requirement 4: The provider must review the contents of its emergency medication bag to ensure it contains appropriate medication and equipment to support staff responding to a range of medical emergencies, if required (see page 25).</p> <p>Timescale – immediate</p>	<p>The emergency medication bag was already subject to weekly checks prior to the inspection. A review was undertaken on the day of inspection to ensure full alignment with expected standards. Blood pressure, blood glucose monitoring equipment and Naloxone are available in close proximity to the emergency bag and have now been incorporated within the grab bag to ensure immediate accessibility. Ongoing weekly checks remain in place.</p>	<p>Immediate – implemented on the day of inspection and ongoing</p>	<p>Resident Doctor</p>

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<p>Regulation 3(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>			
<p>Recommendation a: The service should identify overall key performance indicators and a process for monitoring and measuring these to help it achieve its vision and goals (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The service will develop and implement key performance indicators (KPIs) to monitor admissions, discharges, incidents, and clinical outcomes. These will be reviewed regularly through governance processes.</p>	<p>Within 4 weeks</p>	<p>Service Manager</p>

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<p>Recommendation b: The service should work to build strong professional relationships and maintain effective communication with other independent hospitals across Scotland. This would help to support shared learning and development on issues that affect similar services (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The service explored membership with the Scottish Independent Hospitals Association; however, the annual fee was not feasible at this time. This has now been escalated and included within the 2026–2027 annual budget, pending approval. In the interim, the service will continue to build professional links with other independent hospitals and relevant networks to support shared learning and good practice.</p>	<p>Ongoing – budget approval pending for 2026–2027</p>	<p>CEO and Service Manager</p>
<p>Recommendation c: The service should ensure that accurate, accessible and up-to-date information about its services is available to patients, the public, and health and social care professionals (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality</p>	<p>The service already has an active website in place providing information for patients and referrers. This is kept up to date as part of routine service management. The service also works in collaboration with local recovery networks, including Largs AA, to support accessibility and community engagement.</p>	<p>Ongoing</p>	<p>CEO</p>

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<p>care and support that is right for me. Statement 1.17</p>			
<p>Recommendation d: The service should continue to develop and implement its processes for collating, evaluating and sharing improvements or actions taken as a result of patient and staff feedback to show how this was being used to improve the quality of care provided (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>A feedback system was already in place at the time of inspection using Google Forms. Feedback is collected, reviewed, and recorded on Arcus Air. QR codes have now been introduced across the service to further improve accessibility and increase response rates. In addition, a dedicated email address was established prior to inspection for staff to raise concerns or provide feedback.</p>	<p>Immediate and ongoing</p>	<p>CEO and Service Manager</p>

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<p>Recommendation e: The service should ensure that it is following its alcohol detoxification policy and ensure that only eligible patients are being considered for admission (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>	<p>The alcohol detoxification policy is currently under review to ensure alignment between policy and practice, including clear admission thresholds and clinical decision-making processes.</p>	<p>In progress – to be completed within 4 weeks</p>	<p>Consultant and Resident Doctor</p>
<p>Recommendation f: The service should ensure that staff are aware of which screening and assessment tools should be used and ensure that results from these are documented in the patient care records, in line with the service’s alcohol detoxification policy (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the</p>	<p>The triage form has been reviewed and updated to incorporate AUDIT-C scoring as part of the initial assessment process. This has been implemented immediately.</p>	<p>Immediate and ongoing</p>	<p>Resident Doctor and Service Manager</p>

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<p>organisation providing my care and support. Statement 4.14</p>			
<p>Recommendation g: The service should ensure that all multidisciplinary team meetings are documented (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27</p>	<p>All MDT discussions, particularly for admissions and readmissions, are now being formally documented. This responsibility has been assigned to resident doctors and is embedded into current practice.</p>	<p>Immediate and ongoing</p>	<p>Resident Doctors and Service Manager</p>

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<p>Recommendation h: The service should ensure that all staff have undertaken the relevant level of trauma training to ensure they can deliver a trauma-informed service at all levels (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.4</p>	<p>Prior to inspection, the Assistant Psychologists, resident doctors, and two nurses had completed trauma and substance misuse e-learning through the Scottish Drugs Forum. This training has now been added to the company's e-learning portal as mandatory training for all staff to ensure a consistent trauma-informed approach across the service.</p>	<p>Immediate and ongoing</p>	<p>Service Manager</p>
<p>Recommendation i: The service should develop and implement a quality improvement plan to formalise the way it drives and measures improvement (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>A formal quality improvement plan is currently being developed to support ongoing monitoring and service improvement. This is being led at organisational level.</p>	<p>In progress</p>	<p>CEO and Service Manager</p>

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<p>Recommendation j: The service should develop a continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>	<p>The service will develop a continuity plan to ensure patient care is maintained in the event of disruption, including clear contingency arrangements.</p>	<p>Within 2 weeks</p>	<p>CEO</p>
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Name	Fatima Niie
Designation	Service Manager
Signature	<i>Fatima Niie</i>
Date	31 /03 /2026

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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