Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Edinburgh Practice, Edinburgh

Service Provider: The Clarify Group Ltd

10–11 January 2024

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

First published March 2024

www.healthcareimprovementscotland.org

Contents

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 19 January 2022

Requirement

The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.

Action taken

The service was registered with Disclosure Scotland as a registered body. The service had implemented a system to make sure all employed staff, including staff granted practicing privileges to work in the service have appropriate level of Disclosure Scotland background checks. We saw a senior member of staff was responsible to check the disclosure status of each member of staff. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 19 January 2022.

Recommendation

The service should review its fire risk assessment.

Action taken

The service had an up-to-date fire risk assessment and appropriate fire safety and signage was in place.

Recommendation

The service should service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment (2016) guidance.

Action taken

A new employee checklist had been implemented to make sure appropriate recruitment procedures had been followed. We saw appropriate recruitment processes were in place.

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 announced inspection to The Edinburgh Practice on Wednesday 10 and Thursday 11 January 2024. We spoke with a number of staff during the inspection. We received feedback from eight service users through an online survey we had asked the service to issue for us before the inspection.

Based in Edinburgh, The Edinburgh Practice is an independent clinic providing a range of mental health services for adults and children.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Edinburgh Practice, 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 service had a clear vision and purpose, with a comprehensive strategic direction and key performance indicators for continued improvement. Governance processes were in place with visible and supportive leadership. Staff felt supported and valued.	✓✓✓ Exceptional
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient experiences and feedback were regularly sought to allow for ongoing improvement into how care was delivered. A quality improvement plan and staff training also helped to improve how the service was delivered. 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. Safer recruitment processes were in place. A duty of candour report was published every year. The service must update its infection control policy to reference of current legislation and best practice. Completed cleaning schedules should be available in the service. The quality improvement plan should be further developed.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean, tidy and welcoming. Patient care records were clear and comprehensive. Thorough assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Treatment options were discussed and consent was always obtained. Patients and their carers spoke positively about their care and treatment.	✓✓ 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:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect The Clarify Group Ltd 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 requirement and two recommendations.

Implementation and delivery	
Requirement	
1	The service must update its infection control policy to reference Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022) and standard infection control precautions (SICPs) in Health Protection Scotland's National Infection Prevention and Control Manual relevant to the service and ensure records of completed cleaning schedules are retained by the service for reference and audit purposes (see page 24). Timescale – by 30 April 2024 *Regulation 3(d)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Service) Regulations 2011*
Recommendations	
a	The service should ensure that completed cleaning schedules are available to verify that cleaning tasks have been carried out appropriately (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery (continued)	
b	The service should further develop its quality improvement plan to ensure that all improvement activity information is recorded on one document, this should include areas for improvement identified through patient feedback, audits and complaints (see page 27). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

The Clarify Group Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Edinburgh Practice 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 service had a clear vision and purpose, with a comprehensive strategic direction and key performance indicators for continued improvement. Governance processes were in place with visible and supportive leadership. Staff felt supported and valued.

Clear vision and purpose

The provider's mission statement, 'to provide a safe, comfortable and professional place that people could count on to access the mental health service they need, with assurance of privacy and clinical excellence' was stated on its website and in the patient welcome pack. A set of core values informed its strategic direction, growth, and continuous improvement. The core values were:

- compassion: providing compassionate high-quality care provided by healthcare professionals
- courage: recognising the courage of patients seeking professional help for their mental health
- integrity: clinical decision making, and treatment decisions made from a clinical-need perspective
- personal growth: continuous learning and knowledge of staff, clinicians and patients to lead an enhanced life, and
- safety: clinical risk management and providing evidence-based care.

The values were clearly stated and displayed in the service, as well as on its website and social media platforms for patients and staff.

The service measured its key performance indicators (KPIs), which included:

- audit and compliance
- complaints
- financial reports
- having skilled staff to deliver safe care and excellence in customer service
- patient waiting times and clinical waiting lists
- feedback from patients, their families, carers, stakeholders, staff, partners and the wider population
- referral rates
- reported outcomes from service users, and
- sickness absence.

We saw evidence that the senior management team regularly monitored and evaluated the KPIs to inform the service's cycle of improvement and development.

We saw a variety of examples of the service making improvements from its continuous performance monitoring, including a new premises specifically designed to meet the needs of the diverse patient and family groups. The service had significantly expanded since it first registered with Healthcare Improvement Scotland in 2018 and was now able to offer a wide range of adult and children mental health services. Some examples of the service's most recently-added services included:

- combined neurodevelopmental assessments
- occupational therapy, and
- sport and performance psychology.

We were told the service planned to develop and introduce more services soon, including an 'early years' service, community psychiatric nurse and a GP.

The new, larger premises could accommodate the growth and development of the service. We saw that the clinical director had given significant and careful consideration to the design and layout of the new premises. Staff feedback had also been considered to help make sure it met the service's vision and values and provided a warm, welcoming and safe place for patients. For example, we saw clinical rooms had been designed to cater for the needs of the wide age range of the individual needs of patients accessing care. This included a children's seated area with books and toys, separate from quieter clinical areas

required for neurodiverse or older adults' assessments. An observation room had been designed to allow parents to observe and listen as their child was being assessed.

- No requirements.
- No recommendations.

Leadership and culture

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements in place. The service had a diverse workforce to reflect the specialist mental health needs required of its patients. This included:

- administrative staff
- adult autism spectrum disorder (ASD) specialist
- assistant psychologists
- clinical psychologists
- consultant psychiatrists
- dietician
- occupational therapist
- psychotherapists
- speech and language therapist, and
- sports and exercise psychologist.

The service had a proactive approach to workforce planning. The clinical director met weekly with the practice manager to review workload management of staff. This involved review and discussions about:

- response times
- the number of phone calls
- the volume of emails, and
- turnaround times for reports and clinical letters.

From these meetings and feedback from administrative staff, we were told the service had recruited a full-time medical secretary in 2023 and five additional administrative staff. This was in response to the high administrative workload after the service had grown.

We saw evidence of continuous succession planning. For example, a member of the administrative team had recently been promoted to a newly developed role as the adult psychiatry co-ordinator. Their responsibilities included being the main point of contact for patients and clinicians in co-ordinating care, appointments and communications. We were told the service was considering developing an additional co-ordinator role for children and young person's service in 2024 after the success of this new role. Another administrative staff member had been promoted to 'quality improvement officer.' The role provided support to the management team in making sure progress with actions identified in the quality improvement plan was on track.

The service provided opportunities for staff development and continuous professional development. We saw staff performing leadership activities had access to development programmes to support them in their role. For example, the practice manager had recently been accepted to attend a business scholarship. We were told the service was reviewing a range of leadership frameworks to create its own, in line with the service's values.

Since its last inspection, the service had created two separate clinical lead roles for its services for adults and children and young people. We were told this allowed the service to provide clinical leadership for clinicians and the clinical director was able to focus on the wider development of the service.

The majority of clinical professionals were contracted to work under practicing privileges (staff who are not directly employed by the service but given permission to work in the service). The clinical leads were responsible for the oversight of all clinicians contracted to work under practicing privileges agreements. However, each clinician was responsible for arranging and carrying out their own clinical supervision.

The clinical director (the founder of the service), the clinical lead for adult services and the clinical lead for children services were clinical psychologists registered with the Health and Care Professions Council (HCPC). All had a broad range of experience delivering healthcare for patients with mental health support needs in the NHS and the independent sector.

A governance system was in place that addressed safe practice and continually improving the service, which included:

- a rolling programme of audits
- complaints
- management and staff meetings
- patient satisfaction, and
- reviewing policies and procedures.

The assistant psychologist monitored referral rates and waiting lists and shared monthly statistics for these with the management team. From minutes of management meetings we reviewed, we also saw management oversight of:

- capacity
- clinician caseloads
- incoming referrals, and
- waiting lists.

This allowed the service to make sure clinical provision, future planning and whether service demand was being met was continuously reviewed.

Good processes were in place to support staff and encouraged them to engage in the service. Staff told us that leadership was visible in the service, they felt supported in their roles and were able to influence quality improvement ideas to improve the service.

We saw the clinical director had supervision every month, with a clinical psychologist and head of psychology services for an NHS Borders. We were also told they had good working relationships with the head of psychological therapy services in NHS Lothian. The clinical director and clinical leads attended a variety of conferences and events nationally. For example, they recently attended the Alzheimer Scotland annual conference. Collectively, this helped to provide opportunities for shared learning and peer support and helped keep the service up to date with best practice.

We saw the clinical director continued to receive ongoing mentorship through monthly meetings with the ‘Future Females Business Leaders’ programme. This supported service development.

The service had recently recruited two assistant psychologists. Their role mostly focused on service development, quality improvement and keeping the service

up to date with national guidance and best practice. We were told the appointment of the assistant psychologists would also provide the service an opportunity to consider research projects that could be carried out in the service.

We were told the service was creating a new senior management role, 'head of growth and operations' to work closely with the management team. This role will focus on maintaining high standards of practice. It was intended that this role would allow the service to grow in a safe and measured way while building relationships with external stakeholders and engaging in the wider community.

- 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

Patient experiences and feedback were regularly sought to allow for ongoing improvement into how care was delivered. A quality improvement plan and staff training also helped to improve how the service was delivered. 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. Safer recruitment processes were in place. A duty of candour report was published every year.

The service must update its infection control policy to reference of current legislation and best practice. Completed cleaning schedules should be available in the service. The quality improvement plan should be further developed.

Co-design, co-production

A comprehensive participation policy detailed how the service would engage and gather feedback from patients, external stakeholders, staff and clinicians and how this would be used to inform improvement. A variety of methods were used to gather feedback, including:

- an anonymous feedback or suggestion email address for staff and patients
- client satisfaction surveys
- complaints
- external stakeholder feedback
- informal feedback
- staff surveys
- suggestion box, and
- website testimonials.

We saw evidence of feedback being reviewed regularly and a range of improvements made as result. Some examples included:

- new staff roles being developed in the service
- post-diagnosis information pack for adult neurodiverse patients
- recruitment of additional staff, and
- staff rostering and shift patterns.

We saw evidence of ongoing monitoring of improvements made to the service as a result of feedback. For example, the recruitment of a medical secretary had significantly reduced the timeframe for reports and letters being sent to patients and GPs. We saw the service provided feedback to patients following any complaints or issues raised and informed them of improvements made.

Patients who responded to our online survey spoke positively about the service and told us they well informed about their care and treatment. Comments included:

- 'We were [well informed about care and treatment], every step of the way, and not just clinically also in the reception and payment team.'
- 'At no time did I feel pressured to be treated in particular way…we talked about how treatments would be carried out, how I may feel during treatments and what the aim of the treatments were.'
- 'The environment in the practice is quiet and calming... the people I speak with are friendly, helpful and professional... I work with someone who listens to me.'
- 'Genuine care for me is being given.'

The service engaged and shared information with patients in a variety of ways, including its social media platforms and website. Information shared included:

- introducing new staff members
- mental health issues
- podcast recommendations
- self-help information
- testimonials, and
- upcoming events in the service.

The service's newly-upgraded website included a wide range of information on all treatments available, referral process and costs. Patients could access the service directly over the telephone, in email or through the website. All patients received a welcome pack once an appointment had been booked. This included a letter from the clinical director welcoming them to service and explaining the service's mission.

The service actively engaged and worked collaboratively with external stakeholders. For example, the service sent out yearly update letters to all student health centers in all Scottish Universities, outlining what the service could offer to students. We were told the service hosted workshops in schools and local events. In 2023, the service commenced a charity partnership with Alzheimer Scotland and held a city-wide art competition. As result, the service will now hold an art competition every year. We were told the service planned to host stakeholder group events in the coming year to further build relationships.

The service regularly sought feedback from its stakeholders. For example, it had recently sought feedback from schools across Scotland that are engaged with the service on school observation assessments. As result of this, the service had redesigned all assessments to accommodate a request for less in-person school observations unless deemed clinically necessary.

We saw the service had invited local people, stakeholders and patients to an opening day to visit the new premises and celebrate its opening. During the event, the service showcased an artwork competition it ran, involving the local community raising awareness about memory difficulties and dementia. The service displayed five pieces of art from the competition.

In 2018, the service introduced an information letter with leaflets to be sent out to all GP practices in Edinburgh, Fife, and Glasgow. The service had continued to send update letters every 6 months to all GPs in Edinburgh, working in the NHS and independent sector. This helped to keep stakeholders informed of the developments and additional services offered in the service. They also had a news and events section on the website informing all stakeholders of achievements and plans for the future.

We saw evidence that staff were provided with opportunity to influence operational and clinical decisions made in the service. For example, assessment processes and pathways had been reviewed following discussions with clinicians to improve the efficiency of assessments and clinical input. Following staff feedback, a separate phone room designated for staff to take enquiries from new and existing patients had been included in the design of the new premises.

The service engaged with staff in a variety of ways to communicate updates, gather feedback and discuss improvement suggestions. For example:

- a monthly staff newsletter from the clinical director, clinical leads and practice manager
- a range of staff meetings were regularly held
- staff surveys, and
- team-building days.

We saw staff feedback was regularly reviewed and fed back to staff and used to inform improvement. For example, a staff survey was sent to all clinicians asking their preference for continuous professional development (CPD) ideas. This helped the service develop its CPD programme for the year ahead.

A staff gratitude board allowed staff to share praise for their accomplishments and give thanks to each other. We saw gratitude and compliments from patients were also shared here.

The service recognised and rewarded staff for their achievements. Staff incentives included a yearly bonus at Christmas time and additional paid holidays for length of time working in the service. We saw staff wellbeing was seen as a priority and the service regularly organised and funded social gatherings.

- 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 was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland in the last year. A clear system was in place to record and manage accidents and incidents.

Governance structures and comprehensive policies and procedures helped support the delivery of safe, person-centred care. A staff handbook set out all appropriate policies and procedures and new staff members were given this as part of their induction. Policies were reviewed regularly or in response to

changes in legislation, national guidance and best practice. Examples of key policies included those for:

- clinical governance
- duty of candour
- medicines management
- risk management, and
- safeguarding.

The service had a detailed and comprehensive risk assessment and risk management policy. This helped the service to manage clinical risk for patients accessing treatment. The clinical leads triaged and risk assessed all referrals to the service with a focus on:

- complex physical or mental health needs
- risk to self and others
- safeguarding issues, and
- significant substance misuse.

Where the service considered it was not best suited to meet the patients' needs or a high level of risk was identified, patients were informed of this and signposted to the NHS or other services where appropriate.

Comprehensive procedures were in place to help make sure that patients were matched with the clinician best suited to their needs. We saw evidence of multidisciplinary working when patients' needs changed or would benefit from additional support from other clinical professionals in the service. Group peer supervision and case discussions were carried out monthly. This allowed clinicians to discuss complex cases and share learning.

Patients and their carers were asked to complete pre-assessment information and questionnaires and asked to consent to share information from their GP or other health professionals and school. This allowed the service to assess and consider all information about the patient's presentation. Consultations and treatments were appointment-only to help maintain patient privacy and dignity. Patients could choose to have their consultations carried out face-to-face or remotely over a video link.

Patients were provided with treatments options, including:

- educational resources
- medication
- physical and mental wellbeing resources, and
- self-help.

Where medication was considered an option, patients were provided with information about medications being considered. We saw patients were given time to consider treatment options. This helped patients to make an informed decision about treatment.

A clinical risk register was in place and the clinical leads reviewed this regularly. This helped make sure the service could safely monitor a patient's level of risk and provide increased support to that patient and clinician where necessary. Patients' needs sometimes changed or risk escalated to where the service was no longer suitable to meet their needs. In these instances, we saw that their GP or other services were informed to make sure the patient had the most appropriate treatment and transition of care.

The service had a shared care protocol in place for medical prescribing for patients with attention deficit hyperactivity disorder (ADHD). This is an agreement that allows a patient's care to be shared between the service and the patient's GP. We saw evidence of shared care agreements detailing the responsibilities of the service, patients and their GPs. The service's ADHD titration policy also supported this. This helped make sure patients who were prescribed medication for ADHD were monitored appropriately and in accordance with the National Institute for Health and Care Excellence (NICE) guidelines.

A comprehensive discharge policy set out procedures for staff to help make sure that patients were safely discharged, or their care transferred to other services appropriately.

No medications were stored or administered in the service. We saw that prescription pads were stored securely in a locked filing cabinet when not in use.

If needed, an external interpreting service could be accessed to promote and respect patients' diverse cultural needs.

An up-to-date complaints policy was published on the service's website and in the patient welcome pack. This included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland, if needed. We saw evidence that complaints were well managed. We saw that complaints and lessons learned were discussed at the weekly management meetings, disseminated to staff and used to improve the service where appropriate.

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 in place and a yearly report was available on its website.

All patient information was stored securely on password-protected electronic devices. This helped to protect confidential information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed appropriate date protection regulations.

The service's recruitment policies were in line with safer staffing guidance. This helped make sure that suitably qualified staff were recruited. The management team managed this process. Staff files contained a checklist to help make sure that appropriate recruitment checks had been carried out.

All new administration staff joining the service had a 2-week induction and training period with the practice manager, as well as a probationary period of 3 months. During this time, staff were regularly reviewed to help identify any training needs and given a staff handbook. A training plan, matched to individual staff needs was in place to help support staff with their role.

The service had a programme of mandatory training and the practice manager had responsibility for making sure that staff had completed this. Examples of training topics included:

- duty of candour
- equality and diversity
- fire safety
- information governance, and
- psychological first aid.

The service proactively managed its staffing complement. The practice manager was responsible for the staff rota and we saw this was prepared in advance.

A process was in place to make sure ongoing reviews of professional registrations, professional indemnity insurance and regular PVG checks were carried out for all healthcare professionals. This included those granted practicing privileges.

Yearly appraisals were carried out for all staff employed in the service. Clinicians contracted to work under practicing privileges had to provide evidence of their:

- continued professional development
- supervision arrangements, and
- yearly appraisal.

This made sure they maintained their contractual agreements.

The service provided opportunity for staff development and continued professional development. We saw staff had recently been promoted in their role. For example, a clinician had recently been promoted to clinical lead for children and younger peoples' services. A yearly continuous professional development programme (CPD) was in place, where clinicians provided presentations on clinical topics associated to their field of expertise. This provided an opportunity for peer support and helped keep the service up to date with best practice and guidance.

The clinical director met weekly with the clinical leads and practice manager to discuss standing agenda items. The meetings were minuted, with actions and responsibilities documented. From agendas and minutes with action plans, we that topics covered included:

- administrative updates
- clinical risk register
- complaints
- practice updates
- quality improvement
- staff and clinician updates, and
- stakeholder updates.

What needs to improve

The service's infection prevention and control policy did not reference Healthcare Improvement Scotland's *Infection Prevention and Control Standards (2022)*. While the policy referenced procedures for handwashing, it did not outline all standard infection control precautions (SICPs) in Health Protection Scotland's *National Infection Prevention and Control Manual* that were relevant to the service (requirement 1).

An external cleaning company regularly cleaned the service. However, completed cleaning schedules were not kept in the service. This information should be available to staff working in the service to demonstrate that appropriate cleaning had taken place (recommendation a).

Requirement 1 – timescale: by 30 April 2023

- The service must update its infection control policy to reference Healthcare Improvement Scotland's *Infection Prevention and Control Standards (*2022) and standard infection control precautions (SICPs) in Health Protection Scotland's *National Infection Prevention and Control Manual* relevant to the service and ensure records of completed cleaning schedules are retained by the service for reference and audit purposes.

Recommendation a

- The service should ensure that completed cleaning schedules are available to verify that cleaning tasks have been carried out appropriately.

Planning for quality

Systems were in place to proactively assess and manage risks to staff and patients. This included:

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

This helped to make sure that care and treatment was delivered in a safe environment. The service's business risk register was regularly reviewed and covered organisational risks and detailed actions taken to mitigate or reduce the risks. Risks on the register included:

- building failure
- IT management
- reputational business damage, and
- staffing and recruitment.

The service had an up-to-date fire risk assessment and we saw that appropriate fire safety equipment and signage was in place.

A variety of staff members, such as the clinical leads and practice manager carried out a comprehensive programme of clinical and non-clinical audits. This helped make sure the service delivered consistent safe care and treatment to patients. Examples of clinical audits carried out included:

- ADHD medication prescribing
- child ADHD audit to measure compliance with NICE guidelines
- child ASD audit to measure compliance with NICE guidelines, and
- patient care records.

Non-clinical audits included those for:

- complaints
- emails
- patient satisfaction, and
- phone calls.

We saw actions plans were developed with responsibilities highlighted where appropriate. Results were shared with staff and used to drive improvement. We were given examples of where audits had led to improvements in the service. For example, a complaints audit identified that patients thought that post-diagnosis information could be clearer. A post-diagnostic pack was created which provided information about:

- helpful resources
- services available in the clinic for patients
- shared care, and
- the titration of medication.

We were told that the number of complaints had significantly reduced after the service had introduced a post-diagnostic pack for adults.

The service had a comprehensive quality improvement plan. This helped to inform and direct improvements in the service. Examples of improvements in the plan included:

- charity partnership
- community and stakeholder engagement
- operational systems
- service development
- service user engagement
- staff training, and
- workforce planning.

The quality improvement plan was reviewed and updated regularly with any improvements or further actions required. Examples of improvements made included:

- additional treatments provided
- improved website
- moving to new premises
- promotion of staff, and
- redesign of assessments.

What needs to improve

The service had a comprehensive quality improvement plan in place. However, areas for improvement identified through patient feedback, audits and complaints were not documented in the quality improvement plan. We discussed with senior management that recording all improvement activity information in one document would help monitor and demonstrate improvements made (recommendation b).

We were told a staff member was responsible for a weekly visual audit of the environment, focusing on the condition of the environment and health safety issues. However, this audit was not documented and we discussed with senior management the importance of recording this audit in line with the rest of the audits the service carried out. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should further develop its quality improvement plan to ensure that all improvement activity information is recorded on one document, this should include areas for improvement identified through patient feedback, audits and complaints.

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, tidy and welcoming. Patient care records were clear and comprehensive. Thorough assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Treatment options were discussed and consent was always obtained. Patients and their carers spoke positively about their care and treatment.

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.

The environment was clean and tidy throughout the clinic. The building was in a good state of repair and created a warm, welcoming therapeutic environment. We saw the layout of each clinical room, reception area and waiting areas had carefully been considered to meet the needs of patients accessing the service and staff providing expertise in mental health support and treatment.

We reviewed four patient care records which were fully completed and contained comprehensive information. This included:

- consultation notes for each care episode
- information about the risks and benefits of medication and
- self-help information, and
- treatment plans.

We saw patients and their carers were asked to consent to share information with their GP, other health professional and schools where appropriate.

A consultant psychiatrist or specialty doctor assessed all patients attending the service for ADHD assessments. During these assessments, we saw the consultant assessed the patient's presenting issues, as well as their medical, psychosocial and developmental history. Consultants used relevant screening and assessment tools that patients or their carers completed. This helped make sure a full patient history was obtained and evidence to support the clinical decision as to why a patient had met the criteria for diagnosis.

We saw thorough and comprehensive documentation, such as patient reports and communication with the patient's GP and other professionals involved in their care. We saw evidence of a good standard of care with good awareness of risk and how to manage it. We saw effective multidisciplinary working between the health professionals working in the service and evidence that patients had been involved in making decisions about their care and treatment.

Patients who completed our survey told us they had confidence that the staff had the right knowledge and skills. Comments included:

- 'Clearly very knowledgeable and discussed different options, not just one course of treatment, weighing up all possibilities.'
- 'The experience has and continues to be life changing for me.'
- 'I'm treated with care and kindness in addition to the professional treatments. I don't know where I would be without them.'

We reviewed four staff files, including two for staff granted practicing privileges. We saw appropriate checks were carried out for employed staff and healthcare professionals appointed under practicing privileges. This included references, professional qualifications and registration with appropriate professional register and Protecting Vulnerable Groups (PVG).

Staff we spoke with told us it was a lovely environment to work, where everyone is supportive, with strong leadership and a great team.

- No requirements.
- No recommendations.

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: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

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

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.org