Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: New Mind Medical, Hamilton

Service Provider: New Mind Medical Ltd

20 January 2025

NHS SCOTLAND

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1 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 New Mind Medical on Monday 20 January 2025. We spoke with the service manager (practitioner) during the inspection. We did not receive any feedback from patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Hamilton, New Mind Medical is an independent clinic providing a range of treatments for alcohol and drug dependency problems.

The inspection team was made up of two inspectors and an expert advisor. A key part of the role of the expert advisor is to talk with key members of staff about their area of expertise.

What we found and inspection grades awarded

For New Mind Medical, 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 was owned and managed by a medical practitioner. The service's mission was to provide compassionate and evidence-based care. Core values helped to inform the service's approach. Information about the service's mission and values was available for patients on the service's website. Clear key performance indicators had been identified to measure the service's performance. Although a governance system had been developed, this still needed time to be effectively embedded into the service's quality and risk activity.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were provided with sufficient information to make an informed decision about accessing treatment. Policies and procedures were in place to support safe delivery of care. A proactive approach to managing risks was in place. Complaints information was easily accessible for patients, and a duty of candour report had been produced. Consent to obtaining and sharing patient information with patients' GPs ensured that medication was safely prescribed. Fire safety equipment must be regularly checked. Collating all patient feedback would help to identify trends and themes to help improve the service provided. A system to record any accidents, incidents or adverse events should be in place. An audit programme should be implemented, and the quality improvement plan should be further developed. A process for ongoing professional monitoring of staff should be implemented.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well maintained. Safer recruitment processes were followed. Patient care records must be fully completed, and appropriate information shared with patients about their care and treatment plans and	✓ Satisfactory

aftercare. Although good infection control processes were in place, the correct cleaning products should be used at all times.	

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 New Mind Medical 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 two requirements and seven recommendations.

Implementation and delivery
Requirement
1 The provider must ensure that fire safety equipment is regularly checked and replaced when required (see page 16). Timescale – immediate *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)	
Recommendations	
a	The service should collate patient feedback obtained from the various methods to provide a more structured approach. This would help when analysing feedback and demonstrating the impact of change from the improvements made (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
b	The service should develop a process of informing patients about how their feedback has been used to improve the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
c	The service should implement a system to record any accidents, incidents and adverse events (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
d	The service should develop and implement a system for ongoing professional monitoring of staff members and Protecting Vulnerable Groups (PVG) updates to ensure that staff remain safe to work in the service (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
e	The service should develop and implement a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
f	The service should further develop its quality improvement plan to include timescales and a mechanism to monitor planned improvements (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
2	The provider must ensure that patient care records are fully completed so that safe care of patients can be demonstrated. Care and treatment plans, and aftercare plans, should be shared with patients (see page 20). Timescale – immediate *Regulation 4(2)(a)(b)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
g	The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

New Mind Medical Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at New Mind Medical for their assistance during the inspection.

2 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 was owned and managed by a medical practitioner. The service's mission was to provide compassionate and evidence-based care. Core values helped to inform the service's approach. Information about the service's mission and values was available for patients on the service's website. Clear key performance indicators had been identified to measure the service's performance. Although a governance system had been developed, this still needed time to be effectively embedded into the service's quality and risk activity.

Clear vision and purpose

We saw that the provider's mission statement to 'provide compassionate, evidence-based care to individuals… offering personalised treatment that empowers… to regain control of their health and wellbeing' was available on the service's website for patients to view. This included the service's aim to 'create a supportive environment… we ensure that our services are accessible, effective and sustainable.'

The provider's vision was a statement of how the service would provide 'individualised, high-quality care that addresses both physical and emotional needs… and long-term solutions for recovery'. A set of core values helped to guide and inform the service's approach. These core values included compassion, integrity, personalisation and excellence, and were clearly stated on the service's website for patients to view.

We saw the service had recently developed clear and measurable key performance indicators to help monitor and improve the quality of the service being delivered to patients. These included:

- complaints
- staff sickness absence
- referral management
- unscheduled care episodes

- sufficient skilled staff to deliver safe care, and
- medicines management/prescribing.

What needs to improve

We were told the service had not been fully operational since its registration with Healthcare Improvement Scotland in March 2022. As a result, the service had still to implement a process for measuring its key performance indicators. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by a practitioner who was a medical doctor registered with the General Medical Council (GMC). The service also had two clinical healthcare professionals who worked under a practicing privileges contract (staff members not directly employed by the provider but given permission to work in the service). This included a registered mental health nurse and a pharmacist who was qualified to prescribe medicines.

A governance system had recently been developed to help support safe practice and make sure the service was continually improving. This included:

- an audit programme
- monthly staff meetings
- policy and procedure reviews, and
- patient feedback.

We were told that staff meetings would take place every month, and these would be minuted and action plans developed where necessary. We saw an agenda template had been developed with standing agenda items for discussion including:

- referrals
- staffing
- patient participation
- audits, and
- medicine management, including controlled drug audits (medications that require to be controlled more strictly, such as some types of painkillers).

A whistleblowing policy described how staff could raise a concern about patient safety and/or practice.

What needs to improve

We were told that the service's governance system had not yet been fully implemented due to the ongoing development of the service since its registration. For example, no audits had been carried out and no staff meetings had yet taken place. We will follow this up at the next inspection.

- 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

Patients were provided with sufficient information to make an informed decision about accessing treatment. Policies and procedures were in place to support safe delivery of care. A proactive approach to managing risks was in place. Complaints information was easily accessible for patients, and a duty of candour report had been produced. Consent to obtaining and sharing patient information with patients' GPs ensured that medication was safely prescribed.

Fire safety equipment must be regularly checked. Collating all patient feedback would help to identify trends and themes to help improve the service provided. A system to record any accidents, incidents or adverse events should be in place. An audit programme should be implemented, and the quality improvement plan should be further developed. A process for ongoing professional monitoring of staff should be implemented.

Co-design, co-production *(patients, staff and stakeholder engagement)*

The service's website provided comprehensive information on the treatments available in the service. Patients were also provided with information about the assessment process and potential costs to allow them to make an informed decision about accessing treatment with the service.

The service also provided patients with a range of additional information through its social media profiles and website. This included information about:

- mutual aid groups (Alcoholics Anonymous)
- NHS addiction support
- staff members working in the service, and
- Scottish Drugs Forum (a national charity aiming to improve Scotland's approach to drug-related issues).

Patients could access the service directly over the telephone, by email or through the website. We were told that patients would also be provided with out-of-hours contact details for the service, if needed.

A participation policy described how the service would gather and use patient feedback to continually improve. Methods used to obtain feedback included:

- patient satisfaction questionnaire (asking for views on the clinic, staff and treatments)
- posting reviews on the service's website, and
- verbal and email.

The service's staff were all experts in their individual fields and jointly contributed to the clinical governance processes to deliver safe and effective care. The team had also formed a multidisciplinary review structure to allow peer review of patient outcomes and a forum to discuss concerns.

What needs to improve

While we saw that patients had the opportunity to provide feedback about their experience in a variety of ways, collating all feedback from the various sources into one system could help when evaluating feedback to identify any trends (recommendation a).

No process was in place to inform patients about how their feedback had been used to help the service continually improve (recommendation b).

- No requirements.

Recommendation a

- The service should collate patient feedback obtained from the various methods to provide a more structured approach. This would help when analysing feedback and demonstrating the impact of change from the improvements made.

Recommendation b

- The service should develop a process of informing patients about how their feedback has been used to improve the service.

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 that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration with Healthcare Improvement Scotland in March 2022, the service had submitted appropriate notifications to keep us informed about changes and events 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 an annual report was available in the service.

A complaints policy detailed the process for managing a complaint and provided information on how patients could also make a complaint to Healthcare Improvement Scotland. Complaints information was displayed in the clinic for patients to view. We were told the service had also not received any complaints since registration.

Patients were encouraged to have an initial free consultation to discuss their expectations and concerns before deciding to go ahead with treatment. All consultations were carried out in a private consultation room and were on an appointment-only basis to maintain patient privacy and dignity. We were told that, before any treatment took place, an assessment was carried out to assess any risks to the patient and if the service was suitable to meet their needs. This included a review of the patient's medical history and current medication.

We were told a multidisciplinary approach was used for treating patients to make sure that they were matched with the clinician best suited to their needs.

The service had recently reviewed and updated its key policies used to help support the safe delivery of care. This helped to keep them up to date and in line with current legislation and best practice guidance. These policies included:

- safeguarding (public protection)
- infection prevention and control
- medicines management, and
- controlled drugs.

A consent policy detailed how the service would ensure that informed consent was obtained from patients before any treatments took place. This included seeking consent to contact patients' GPs, particularly when prescribing medication. The policy stated that controlled drugs would not be prescribed without obtaining medical information from patients' GPs and their GPs would be informed about any medication prescribed by the service. This ensured the service had sufficient knowledge of the patient's health, allowing medicines to be safely prescribed. This information was also available on the service's website.

The service had also developed a range of policies specific to the care and treatment it provided, such as guidance on medication used to treat opioid use disorder and alcohol detoxification. We noted these policies were person-centred and in line with current national guidance and best practice.

Patient care records were stored securely in a locked filing cabinet. 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.

The service had an up-to-date infection prevention and control policy, which included guidance on hand hygiene, sharps management and the use of personal protective equipment (such as aprons and gloves).

Policies that detailed safe recruitment processes were in place, including for staff working under a practicing privileges arrangement. We saw the service had implemented a practicing privileges checklist to ensure that the necessary pre-employment and background checks would be carried out for those staff members. These checks included:

- indemnity insurance cover
- identification
- references
- registration with professional body, and
- Protecting Vulnerable Groups (PVG).

The practitioner was a registered doctor with the GMC. This requires them to register with the GMC every year and complete a revalidation process every 5 years, where they gather evidence of their competency, training and feedback. We were told the practitioner had regular supervision sessions with another registered doctor and annual appraisals.

Staff working in the service also continued to work in NHS addiction services. We saw staff provided the service with evidence of their completed mandatory NHS training such as basic life support, safeguarding (public protection), infection prevention and control, and safe information handling. This helped to ensure staff were up to date with best practice and any changes to legislation.

What needs to improve

Although the service had an up-to-date fire risk assessment, and a fire safety plan and signage was displayed, the fire extinguisher had expired (requirement 1).

Although the service told us there had been no accidents or incidents since it was registered in March 2022, we noted no system was in place to record any accidents, incidents or adverse events (recommendation c).

Although pre-employment checks were carried out for staff granted practicing privileges, a process should be developed for carrying out specific ongoing checks to ensure that staff remain safe to work in the service. These should include:

- continued professional registration and revalidation
- appraisal and supervision
- professional indemnity insurance, and
- PVG checks (recommendation d).

We were told the service would regularly review the training needs of staff to identify training opportunities to meet the needs of the service, for example training on the latest drug and alcohol interventions. We will follow this up at the next inspection.

We were told the service's duty of candour annual report would be uploaded onto its newly constructed website. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must ensure that fire safety equipment is regularly checked and replaced when required.

Recommendation c

- The service should implement a system to record any accidents, incidents or adverse events.

Recommendation d

- The service should develop and implement a system for ongoing professional monitoring of staff members and Protecting Vulnerable Groups (PVG) updates to ensure that staff remain safe to work in the service.

Planning for quality

The service's risk register covered operational and clinical risks to patients and staff, as well as detailing actions taken to mitigate or reduce identified risks. Risk assessments included those for:

- lone working
- staffing levels
- slips, trips and falls
- fire safety, and
- business contingency.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. We saw improvement activities to influence the service's quality improvement plan had been identified, including:

- patient feedback
- audits
- engaging with local services such as drug testing and mental health organisations
- learning from incidents, and
- training.

We noted that action plans were produced, where appropriate.

What needs to improve

Due to the service not being fully operational since its registration, an audit progamme had not yet been implemented and no audits had been carried out. The service had identified a number of areas that would be audited, including:

- prescribing practices (including controlled drugs)
- medication management, and
- hand hygiene.

We discussed with the service the need to expand the areas to be audited to include patient care records, environmental checks, and health and safety (moving and handling equipment). The audit programme should also detail the frequency of audits taking place and improvement actions plans should be developed, where necessary (recommendation e).

The service's quality improvement plan could be further developed to include timescales, completion dates and a mechanism to monitor planned improvements and record whether they had been carried out. This would allow the service to continually evaluate its performance, monitor actions and demonstrate where improvements are being made (recommendation f).

- No requirements.

Recommendation e

- The service should develop and implement a programme of audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation f

- The service should further develop its quality improvement plan to include timescales and a mechanism to monitor planned improvements.

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. Safer recruitment processes were followed. Patient care records must be fully completed, and appropriate information shared with patients about their care and treatment plans and aftercare. Although good infection control processes were in place, the correct cleaning products should be used at all times.

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 satisfactory self-evaluation.

The environment and patient equipment was clean and well maintained. We saw cleaning schedules were completed to show that cleaning had been carried out. The service had a good supply of personal protective equipment, and single-use equipment was available and used to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste.

We reviewed the staff files for the two staff members who were granted practicing privileges. We saw appropriate recruitment processes had been followed to make sure the necessary background and identity checks were carried out, including:

- professional qualifications
- PVG checks
- references, and
- registration with professional registers.

What needs to improve

At the time of our inspection, the service had only treated one patient in 2023, due to the ongoing development of the service. We reviewed this patient's care record and found it had not been comprehensively completed. For example, we found no information documented about:

- patient's next of kin and GP details
- patient's past medical history
- clinical risk assessments
- consent, and
- medication dose or tablets administered.

We also found limited information was recorded about the patient's alcohol history, planned alcohol reduction and an assessment of whether the patient's identified goals had been achieved. There was also no detailed care and treatment plan for this patient to help measure their progress. This should be shared with patients along with a written aftercare plan (requirement 2).

The correct cleaning product for cleaning sanitary fittings, including clinical wash hand basins, was not being used (recommendation g).

Requirement 2 – Timescale: immediate

- The provider must ensure that patient care records are fully completed so that safe care of patients can be demonstrated. Care and treatment plans, and aftercare plans, should be shared with patients.

Recommendation g

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins.

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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