

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** Edinburgh Psychiatry, Edinburgh

**Service Provider:** EP Collective Ltd

27 June 2023

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected Edinburgh Psychiatry on 12 December 2022. That inspection resulted in six requirements and 12 recommendations. As a result of that inspection, EP Collective Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

## About our follow-up inspection

We carried out an announced follow-up inspection to Edinburgh Psychiatry on Tuesday 27 June 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the six requirements and 12 recommendations from the last inspection. This report should be read along with the December 2022 inspection report.

We spoke with the manager (clinical lead) during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

Key quality indicators inspected	
Domain 2 – Impact on people experiencing care, carers and families	
Quality indicator	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	✓ Satisfactory
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.1 - Safe delivery of care	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership	
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Edinburgh Psychiatry can be found on our website.

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

We found that the provider had addressed all the requirements made at our previous inspection. It had also taken steps to act on the majority of recommendations we had made.

### **What action we expect EP Collective Ltd to take after our inspection**

This inspection resulted in one recommendation which remains outstanding, and four new recommendations. See Appendix 1 for a full list of the recommendations.

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Edinburgh Psychiatry for their assistance during the inspection.

## 2 Progress since our last inspection

**What the provider had done to meet the requirements and recommendations we made at our last inspection on 12 December 2022**

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

#### **Domain 2 – Impact on people experiencing care, carers and families**

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### **Our findings**

#### **Quality indicator 2.1 - People's experience of care and the involvement of carers and families**

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##### **Recommendation**

*The service should further develop its patient participation policy to provide a more structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.*

##### **Action taken**

Following the December 2022 inspection, the service had further developed its participation policy. The policy now described how patient feedback would be obtained, reviewed and acted on, where appropriate, to help the service continually improve. We saw that patient satisfaction questionnaires had also been implemented, allowing patients to provide anonymous feedback and make suggestions for improvement.

##### **Recommendation**

*The service should ensure that information about how to raise a concern or a complaint about the service is readily available to patients.*

##### **Action taken**

A complaints policy was now available on the service's website. The policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

**Recommendation**

*The service should publish a duty of candour report every year and ensure staff receive training on the principles of duty of candour.*

**Action taken**

A duty of candour report had now been published on the service's website. Staff either employed directly by the service or contracted to work under practicing privileges were provided with the service's duty of candour policy and received training in this.

## Service delivery

This section is where we report on how safe the service is.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

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##### Requirement – Timescale: immediate

*The provider must complete and keep records of a fire risk assessment and a fire action plan and this should be communicated with staff.*

##### Action taken

An up-to-date fire risk assessment and action plan was now in place and accessible for staff. **This requirement is met.**

##### Requirement – Timescale: immediate

*The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.*

##### Action taken

We saw evidence of quality assurance processes to help the service effectively manage risk. This included reviewing policies, formalising staff meetings and the introduction of audits. We saw risk assessments such as lone working, infection prevention and control, fire and business continuity were now in place and stored in a risk register folder. This now helped the service to record and effectively monitor all of its risks in one place. We saw risk assessments were reviewed and action plans developed when needed.

**This requirement is met.**

We discussed with the service the benefit of further developing the risk register to include clinical risks such as the management of patients at risk of disengaging with the service and medication stock/supplies shortages. **A new recommendation has been made** (see Appendix 1).



### **Requirement – Timescale: by 30 March 2023**

*The provider must review and update its infection prevention and control policy and systems to make sure it is in line with current national guidance, in particular Healthcare Improvement Scotland's Infection prevention and control standards (2022) and Health Protection Scotland's National Infection Prevention and Control Manual.*

#### **Action taken**

The service had now reviewed and updated its infection prevention and control policy and this was now in line with Scottish guidance. **This requirement is met.**

#### **Recommendation**

*The service should develop cleaning schedules in line with current guidance.*

#### **Action taken**

Staff were responsible for cleaning the service every day and an external cleaner also cleaned the service every week. Although a cleaning schedule had now been developed, this only covered the service's toilet facilities. The consultation room, patient waiting room and staff kitchen were not included in the cleaning schedule. **A new recommendation has been made** (see Appendix 1).

#### **Recommendation**

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

#### **Action taken**

We saw the service had now introduced a programme of audits. This included patient care records, prescriptions, fire safety, infection prevention and control (cleaning schedules checks) and checking professional requirements for healthcare staff. However, no outcomes or action plans from these audits were being documented. **A new recommendation has been made** (see Appendix 1).

#### **Recommendation**

*The service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a more consistent way.*

#### **Action taken**

A Health and Safety Executive compliant accident and incident book had still not been implemented (see Appendix 1).

### Recommendation

*The service should review its policies and procedures to ensure they are in line with current legislation and reflect the service provided.*

### Action taken

We noted a range of policies had now been reviewed and updated, including:

- patient participation
- fire safety
- duty of candour
- feedback and complaints, and
- infection prevention and control.

We found the policies we reviewed were in line with current legislation. We were told the provider was in the process of reviewing all policies in the service to ensure they accurately reflect the service provided.

### Our findings

#### Quality indicator 5.2 - Assessment and management of people experiencing care

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### Recommendation

*The service should carry out regular audits of patient care records.*

### Action taken

We saw that patient care records were now included in the service's programme of audits, and these were audited every 3 months. We reviewed a recent patient care record audit and saw this was only an audit of record keeping standards. We discussed with the service the benefit of expanding the range of information audited. For example, ensuring that assessment guidelines were being followed and best practice was being adhered to. **A new recommendation has been made** (see Appendix 1).

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

##### Requirement – Timescale: immediate

*The provider must ensure that guidelines on safer recruitment are followed for all staff, including those with practicing privileges, working in a registered healthcare service.*

##### Action taken

We saw the provider had now implemented recruitment processes in the service, such as pre-employment checks. We reviewed a staff file for a member of staff that had recently been employed in the service. We saw that all appropriate recruitment processes had been followed. This included:

- professional qualifications
- Protecting Vulnerable Groups (PVG) background checks
- references
- identification, and
- contract of employment.

**This requirement is met.**

##### Requirement – Timescale: immediate

*The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service. A process should also be in place to obtain a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.*

##### Action taken

We saw the provider had now obtained PVG background checks for staff employed in the service, including those granted practicing privileges. We saw the service had also implemented processes to ensure ongoing review of professional registrations, professional indemnity insurance and regular PVG checks, as required. **This requirement is met.**

**Recommendation**

*The service should ensure that each staff member has a file containing up-to-date qualifications, registration with professional bodies (where applicable) and training certificates, in line with safe staffing best practice.*

**Action taken**

We saw staff files were now in place for each member of staff. We reviewed a staff file and found appropriate documentation was in place. This included up-to-date qualifications and training certificates.

**Recommendation**

*The service should develop a formal annual training programme for staff and record all training in staff's personnel files.*

**Action taken**

We saw the service had developed a staff training log. We saw training had been identified for the year ahead for all staff directly employed in the service.

**Recommendation**

*The service should develop and implement a practicing privileges policy.*

**Action taken**

A practicing privileges policy had now been developed.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

##### Requirement – Timescale: 30 March 2023

*The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement.*

##### Action taken

We saw evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service had now been introduced. This included reviewing patient feedback, reviewing policies, formalising staff meetings and the introduction of audits to help make sure the quality of the service delivered met patient needs.

A quality improvement plan had also been developed. We saw this included requirements and recommendations made from the previous inspection we carried out in December 2022, and what action had been taken against these to inform and direct improvement in the service. **This requirement is met.**

##### Recommendation

*The service should introduce a programme of formal staff meetings. These should include any actions taken and those responsible for the actions.*

##### Action taken

We saw staff meetings and management meetings were now carried out more formally. We saw minutes of these meetings, as well as actions plans where any action to be taken forward, and by whom, were documented, where appropriate.

## Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should further develop its risk register to include clinical risks such as the management of patients at risk of disengaging with the service and medication stock/supply (see page 8).</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>
<b>b</b>	<p>The service should include cleaning the consultation room, patient waiting room and staff kitchen in its cleaning schedule (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</p>
<b>c</b>	<p>The service should ensure that audits have outcomes and any improvement action plans documented (see page 9).</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>

## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

- d** The service should implement a Health and Safety Executive compliant accident and incident book to ensure information is recorded in a more consistent way (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

This was previously identified as a recommendation in the December 2022 inspection report for Edinburgh Psychiatry.

- e** The service should expand the range of information audited as part of the audit of patient care records (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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](http://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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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](mailto:his.ihcregulation@nhs.scot)

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