

# Announced Follow-up Inspection Report: Independent Healthcare

**Service:** ADHD Direct Ltd, Glasgow

**Service Provider:** ADHD Direct Ltd

19 June 2023

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# 1 A summary of our follow-up inspection

## Previous inspection

We previously inspected ADHD Direct Ltd on 7 November 2022. That inspection resulted in six requirements and ten recommendations. As a result of that inspection, ADHD Direct 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 ADHD Direct Ltd on Monday 19 June 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the six requirements and 10 recommendations from the last inspection. This report should be read along with the November 2022 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of one inspector and a clinical expert.

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	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for ADHD Direct Ltd 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 complied with all of the requirements made at our previous inspection. It had also taken steps to act on the recommendations we made.

Of the six requirements made at the previous inspection on 7 November 2022, the provider has:

- met six requirements.

### **What action we expect ADHD Direct Ltd to take after our inspection**

We would like to thank all staff at ADHD Direct Ltd 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 7 November 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 update its complaint procedure to include the full name, address telephone number and email address for Healthcare Improvement Scotland.*

##### Action taken

The complaints policy and procedure had been updated and referred to Healthcare Improvement Scotland. Patients were sent an email link to the provider's policies. This was also accessible to patients on the service's website.

##### Recommendation

*The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.*

##### Action taken

A participation policy had been developed which described how patient feedback would be obtained, reviewed and acted on. Patients could complete a patient experience questionnaire to give their feedback and results were shared on the service's website. We saw the service was implementing a yearly patient participation group meeting to discuss results of past surveys and service improvements. Patients were also emailed a monthly newsletter with updates about the service, information about neurodevelopmental mental health conditions and self-help.

## 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

##### Requirement – Timescale: 7 January 2023

*The provider must develop cleaning schedules which include details on cleaning products, including Control of substances Hazardous to health (COSHH) products, processes and records of completion of cleaning.*

##### Action taken

Appropriate systems had been introduced to make sure the clinic environment was kept clean, tidy and well maintained. Cleaning schedules had been developed for all cleaning tasks. We saw completed schedules which showed that appropriate cleaning had been carried out. A designated member of staff had reviewed the schedules we saw. A daily checklist had also been introduced that included a review of cleanliness of the service. **This requirement is met.**

##### Requirement – Timescale: by 7 January 2023

*The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, and monitors the quality of and safety of the service.*

##### Action taken

Quality assurance systems had been introduced to review the quality of care and treatment provided in the service. This included reviewing policies, staff meetings and the introduction of audits to help make sure the quality of the service delivered met patients' needs.

Risk assessments had been carried out and the service had a system in place to record and review accidents and incidents. Risk assessments were stored in a risk register folder to record and effectively monitor all of the service's risks in

one place. We saw risk assessments were reviewed and action plans developed when needed. This included:

- managing risks associated with COVID-19
- patient safety screening, misdiagnosis and patient with comorbidities
- prescribing of stimulant medication for attention deficit hyperactivity disorder (ADHD), and
- slips, trips and falls.

**This requirement is met.**

### **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 that a programme of audits had been developed. This included audits for:

- administrative processes
- adherence of the diagnosis, assessment and management of ADHD with NICE guidelines
- clinical assistant record keeping with nurse specialist supervision
- infection prevention and control (cleaning schedules)
- prescribing, and
- recording-keeping (clinical letter standards).

We saw evidence of completed audits, which were reviewed and actions plans developed when needed. Audit outcomes and action plans were discussed at staff meetings.



## Our findings

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

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#### Requirement – Timescale: immediate

*The provider must ensure a record is made on the patient care record, as closely as possible to the time of the relevant event, of the following matters:*

- (a) the date and time of every consultation with, or examination of, the service user by a health care professional and the name of the health care professional, and*
- (b) the outcomes of that consultation or examination.*

#### Action taken

The service had introduced neurodevelopmental assessment proformas. This helped to make sure the service followed best practice and guidance.

We reviewed six patient care records and saw assessment consultations were carried out over two appointments. During these appointments, the clinicians assessed the patient's presenting issues, as well as their medical, psychosocial and developmental history. Patients or their carers completed appropriate screening and assessment tools. We saw evidence that clinicians gathered further information where required. This helped make sure a full patient history was obtained and documented evidence to support the clinical decision of why a patient had met the criteria for diagnosis.

All patient care records we reviewed contained comprehensive information. This included:

- detailed consultation notes for each care episode
- information about the risk and benefits of any prescribed medications
- self-help information for the patient's diagnosis, and
- treatment plans.

Clinicians had signed and dated all entries on the patient care records we reviewed.

Thorough and comprehensive diagnostic report letters had been developed for all patients and were in line with NHS guidance. These detailed the findings from assessments and the clinical decision whether a patient had met the criteria for diagnosis. Patients were provided with a copy of their diagnostic

report and management plan. This was also shared with the patient's GP. **This requirement is met.**

#### **Requirement – Timescale: immediate**

*The service must update its consent process to include consent to treatment and this must be documented in the patient care record.*

#### **Action taken**

Consent processes had been updated and included consent for patients starting medication. Patients were asked for their consent to share their information with their GP and for commencing medication were necessary. Medication was not prescribed unless consent was provided. **This requirement is met.**

#### **Requirement – Timescale: immediate**

*The service must have appropriate systems, processes and procedures for all aspects of care and treatment. Clinical and medication review appointments should be provided in line with best practice and guidance timescales.*

#### **Action taken**

Patient care records we reviewed showed that clinical and medication review appointments were provided in recommended timeframes in line with best practice and guidance. Internal processes to manage clinicians' diaries had been implemented, which helped to manage clinicians' availability for patient assessments and review appointments. The service also sent reminder alerts to patients for review appointments. **This requirement is met.**

#### **Recommendation**

*The service should implement a formal clinical risk assessment for each individual, allowing all practitioners access to the information on risk.*

#### **Action taken**

From the patient care records we reviewed, we saw that the service had implemented processes to manage clinical risk for patients accessing treatment. Patients were asked to complete initial screening questions about their psychosocial history and background before attending the service. We saw that clinical staff reviewed and explored this further where necessary to identify potential risks. We saw evidence that was risk was assessed with a focus on:

- co-morbidities
- self harm or suicide
- substance misuse, and
- violence and aggression.

We saw that any risks identified were documented in the patient care record and in assessment report letters shared with the patient's GP.

## **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**

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##### **Requirement – Timescale: immediate**

*The provider must make sure that clinical staff have oversight of the clinical information sent to external clinical professionals.*

##### **Action taken**

Processes had been introduced to help make sure that clinical staff approved and signed documentation the clinical assistant had completed. An audit had also been introduced as part of the service's audit programme to check clinical-assistance record-keeping. **This requirement is met.**

##### **Recommendation**

*The service should ensure that all staff files include all necessary recruitment documents, induction and appraisal processes.*

##### **Action taken**

We reviewed four staff files, including two administrative staff the service had recently employed. An induction programme and checklist had been implemented. We saw weekly training plans in place for newly-employed administrative staff. Each staff member had a record of appraisal and the service had implemented a process to identify when staff appraisals were due for renewal.

##### **Recommendation**

*The service should ensure that training is through externally accredited courses.*

##### **Action taken**

The service had implemented a continuous professional development policy. Each staff member had a record of training that had been completed. We saw evidence that staff had completed a variety of external accredited training. For

example, every member of staff had completed or was in the process of completing the Open University training course, 'Understanding ADHD'. We also saw evidence of external accredited training for:

- ADHD training
- blood pressure monitoring
- data protection, and
- safeguarding (public protection) for adults and children.

Some clinicians were completing non-medical prescribing training and we were told that the clinical governance lead was completing a diploma in clinical psychiatry.

### **Recommendation**

*The service should ensure that all staff have the opportunity to meet with their manager regularly.*

### **Action taken**

Formal supervision arrangements were in place for all staff to meet with their line manager and we saw a process in place to record when this had been carried out. The clinical nurse manager had weekly protected time allocated to carry out supervision with nursing staff. The office manager had weekly meetings with administrative staff and carried out regular one-to-one supervision. We were told the clinical nurse manager and director of the service had introduced an 'open door' session every day to allow the staff the opportunity to raise any issues or concerns.

### **Recommendation**

*The service should ensure that there is a process in place to check staff professional registration, revalidation and PVG checks every year or every 3 years.*

### **Action taken**

A process was in place to record and review professional registration, revalidation and Protecting Vulnerable Groups (PVG) background checks.

## 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

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##### Recommendation

*The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.*

##### Action taken

A quality improvement plan had been implemented, which highlighted service improvements in the last year and improvements planned for the future.

Examples of the quality improvement plan included:

- administrative processes
- clinical audits
- communication with staff
- ongoing review of policies
- patient feedback
- review of screening questions for patients accessing the service, and
- staff training.

##### Recommendation

*The service should ensure a documented processes is in place to review policies.*

##### Action taken

The clinical governance lead had reviewed policies and a process was in place to review policies every year or in response to best practice and guidance.

## 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.

This inspection resulted in no requirements and no recommendations.
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## 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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