

Announced Inspection Report: Independent Healthcare

Service: Glasgow Alcohol and Drug Crisis Service

Service Provider: Turning Point Scotland

19 September 2023

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

© Healthcare Improvement Scotland 2023

First published December 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	11
<hr/>		
	Appendix 1 – About our inspections	29
<hr/>		

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 Glasgow Alcohol and Drug Crisis Service on Tuesday 19 September 2023. We spoke with a number of staff and service users during the inspection. We did not receive any feedback from service users 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 Glasgow, Glasgow Alcohol and Drug Crisis Service is an independent clinic providing non-surgical treatments. This service is a social care service with residential accommodation for 20 service users that is regulated by Care Inspectorate.

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 to key members of staff about their area of expertise.

What we found and inspection grades awarded

For Glasgow Alcohol and Drug Crisis Service, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service had a clear vision and purpose, with a comprehensive strategy and defined objectives for continued improvement. Governance processes were in place with visible and supportive leadership. Staff felt supported and valued. Discussions reviewing aims and objectives should be documented.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>The service actively sought patient feedback and used this information to continually improve. Clear governance structures were in place, with systems and processes to monitor and improve the quality of the care delivered. A quality improvement plan was in place and regular staff meetings were held.</p> <p>Notifications must be made to Healthcare Improvement Scotland when required. A service participation policy should be developed. The service complaint policy and complaint information should be updated to include Healthcare Improvement Scotland. The service must review and amend existing policies to make sure clear guidance is in place to support the safe delivery of care. The staff training file should be kept up to date and completed training recorded in staff personnel files.</p>	Satisfactory

Results	How well has the service demonstrated that it provides safe, person-centred care?
Summary findings	Grade awarded
The environment was clean and in a good state of repair. Staff spoke positively about working in the service and patients were satisfied with their care and treatment. National guidance for cleaning should always be followed. Appropriate cleaning equipment must be used and cleaning schedules must be accurately completed. Patient care records must be fully and accurately completed. Guidance for the assessment and monitoring of withdrawal symptoms should be further developed.	Satisfactory

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 Turning Point Scotland 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 five requirements and nine recommendations.

Direction
Requirements
None
Recommendation
<p>a The service should record the outcomes of all discussions when reviewing its aims and objectives to measure whether these are being achieved (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>

Implementation and delivery
Requirements
<p>1 The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in specified timeframes (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<p>2 The provider must review guidance on seizure management to ensure staff are able to follow clear and specific guidance and allow them to manage these situations safely, including the administration of emergency medication (see page 22).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Recommendations

b	<p>The service should develop a patient participation policy that includes a structured approach to gathering and analysing feedback to demonstrate the impact of improvement (see page 17).</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>
c	<p>The service should develop its systems to ensure it engages and captures feedback from staff on a range of issues (see page 17).</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>
d	<p>The service should update its complaints policy and poster with Healthcare Improvement Scotland's contact details and make it clear that patients have the right to contact Healthcare Improvement Scotland at any time (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
e	<p>The service should ensure that all staff training is up to date and recorded in staff's personnel files (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
f	<p>The service should review and update its infection control policy to ensure it aligns with Healthcare Improvement Scotland's <i>Infection Prevention and Control Standards (2023)</i> (see page 22).</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>
g	<p>The service should consider reviewing its clinical management and procedures guidance for staff to ensure it is concise and relevant to the service with reference to external guidance as appropriate (see page 22).</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>

Results	
Requirements	
3	<p>The provider must risk assess the availability of hand wash basin and sinks in the cleaning services room against current guidance, and a risk based refurbishment plan should be developed to reduce any risks identified to minimise the spread of infection (see page 27).</p> <p>Timescale – by 19 January 2024</p> <p><i>Regulation 3(d)(i)(ii)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
4	<p>The provider must:</p> <p><i>(a) only use appropriate cleaning equipment, including single use disposable mop heads, and</i> <i>(b) ensure cleaning schedules are accurately and fully complete to demonstrate all cleaning tasks have been carried out (see page 27).</i></p> <p>Timescale – by 19 January 2024</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>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:</p> <p><i>(a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the health care professional</i> <i>(b) the outcome of that consultation or examination, and</i> <i>(c) details of every treatment provided to the service users including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it (see page 28).</i></p> <p>Timescale – by 19 January 2024</p> <p><i>Regulation 2(a)(b)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Recommendations	
h	<p>The service should ensure that clear and specific guidance for observations during withdrawal (or assessment for withdrawal) should be developed, this should include frequency, duration and reasons for stopping (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
i	<p>The service should consider developing a discharge policy with clear guidance on reducing the risks of unplanned discharges (see page 28).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

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

Turning Point Scotland, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Glasgow Alcohol and Drug Crisis Service 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service had a clear vision and purpose, with a comprehensive strategy and defined objectives for continued improvement. Governance processes were in place with visible and supportive leadership. Staff felt supported and valued. Discussions reviewing aims and objectives should be documented.

Clear vision and purpose

The clinic was situated in a crisis residential unit and comprised of 20 beds. Its main purpose was to support people experiencing crisis due to alcohol or drugs. This included:

- 24-hour injection equipment provision
- addiction harm reduction advice
- naloxone training
- signposting, and
- wound care.

The provider's vision was that 'everyone we support has a safe place to call home, positive relationships, a sense of belonging to their community and the opportunity to have valued roles.' We saw that this was clearly set out in a new 5-year strategic plan (2023-2028), which outlined the provider's mission and values statement. The plan consisted of four areas of focus, which were:

- our development
- our people
- our services, and
- our voice.

We saw that the service had comprehensive measurable objectives for each focused area.

All staff were provided with a copy of the organisation's vision and mission statement as part of their induction.

The service had its own aims and objectives, which fed into the provider's vision. The service's aims and objectives were to:

- provide an equal and non-judgmental service
- provide person-centered support, and
- support patients to achieve their short-term goals and aspirations.

We saw these displayed in the clinic and included in patient welcome packs.

What needs to improve

We were told the service's senior management team and the provider's leadership team met regularly to monitor and evaluate the aims and objectives. However, we did not see any documented evidence of these discussions or action plans in place to measure progress against them (recommendation a).

- No requirements.

Recommendation a

- The service should record the outcomes of all discussions when reviewing its aims and objectives to measure whether these are being achieved.

Leadership and culture

The service is part of Turning Point Scotland, a Scottish health and social care charity organisation. The provider's board was responsible for setting future strategies, finance and monitoring the performance of the service. It was comprised of an executive team, operational managers and a group of volunteer trustees.

As part of the Glasgow City Alcohol Drug Partnership, the service worked with other agencies, such as Glasgow Alcohol and Drug Recovery Service (GADRS), third sector organisations and recovery hubs. Regular meetings were held with these organisations and the service had formal links in place with them. This provided opportunities for shared learning and peer support from other specialist addictions services. It also helped the service keep up to date with best practice, new Scottish Government strategies and changes in legislation.

The service had a diverse workforce of staff to reflect the complex needs, support and specialist interventions required of its service users. This included staff for:

- administration
- catering
- domestics
- registered nurses
- security and maintenance, and
- social care.

Other external professionals contributed to the service, including health and social care partners, such as:

- liver specialist nurse
- medical staff and prescribing pharmacist
- opticians
- podiatrists, and
- sexual health nurse.

The senior management team formed the clinical governance group with input from the medical officer and pharmacist. This clinical governance group met every 3 months and discussed areas such as nurse development, clinical audits and policy review. The senior management team also held an infection prevention and control group meeting every 2 months. The focus of this group was to review current guidance against best practice, training and to review the results of the 6-monthly infection control audit.

We found that the service had a clear governance structure, effective leadership and accountability in place. The service manager attended a meeting every 3 months with the provider's head of service executive team along with other alcohol and drug service managers in the provider's organisation. This allowed the service manager to keep up to date with changes in the organisation, have access to peer support and share service updates with the provider.

A leadership programme was in place and we saw the service manager had completed this as part of their role. We were told this was being proposed to service co-ordinators and assistant co-ordinators. Leadership resources were available to all staff in the service.

Staff we spoke with told us that the senior management team was very approachable and visible. Staff said they felt valued, respected and well supported. They told us they would feel comfortable raising any concerns and were aware of how to do so with management.

The service manager met with co-ordinators, deputy co-ordinators and senior nurses weekly to review staffing levels, budget and standing agenda items. The meeting was minuted and reviewed at the next meeting. Staff team meetings were held every week. Minutes from this meeting were shared on the service's shared drive. We saw that the meetings had an agenda and minutes with actions were recorded.

Minutes of weekly staff meetings and safety briefs (carried out at the beginning and end of each shift) showed that staff could express their views freely and contribute to improvements in the service.

Clinic staff attended a weekly multidisciplinary team meeting with external professionals, such as a prescribing pharmacist and medical officer. This meeting discussed possible admissions to the service and reviewed patients currently receiving treatment. The pharmacist and medical officer told us they felt valued and listened to in the service.

- 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service actively sought patient feedback and used this information to continually improve. Clear governance structures were in place, with systems and processes to monitor and improve the quality of the care delivered. A quality improvement plan was in place and regular staff meetings were held.

Notifications must be made to Healthcare Improvement Scotland when required. A service participation policy should be developed. The service complaint policy and complaint information should be updated to include Healthcare Improvement Scotland. The service must review and amend existing policies to make sure clear guidance is in place to support the safe delivery of care. The staff training file should be kept up to date and completed training recorded in staff personnel files.

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

Patients who were admitted to the service were given a service handbook with what to expect during their admission, including:

- advice about treatment plans
- discharge processes, and
- what they could expect from their key worker.

The service used a variety of methods to collect patient feedback, such as patient forums, anonymous suggestion boxes and feedback forms. The service displayed a 'you said, we did' poster, which detailed service improvements made as a result of patient feedback. These included:

- arts and crafts equipment being made available
- introduction of a hairdressing service, and
- introduction of refreshments for patients, such as tea and coffee.

We saw that the service manager and quality manager reviewed, recorded and audited local results from patient satisfaction survey-audits. Results of the

feedback was discussed at the senior management and staff meetings. This meant the service could quickly identify and make changes decided at senior management meetings to improve patients' experience of the service.

Patients were asked to complete a discharge questionnaire to provide feedback on the service. We saw that this was reviewed regularly and patient feedback reports were produced monthly. We were told the service used this information to identify areas where it could further improve the patient experience. Comments we saw from a recent survey included:

- 'Staff are amazing, this is the best thing I've done to help my recovery.'
- 'I feel well prepared, had my review and have good support network in place.'
- 'I'm so grateful for the staff support and help.'

Patients were referred to the service by a wide range of stakeholders or had self-referred. We saw well established working relationships with community case managers and other services.

External partners, such as community drug workers were encouraged to complete feedback forms. Results were reviewed and discussed at the senior management meetings.

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

- a range of staff meetings were regularly held, and
- we saw staff received a monthly newsletter from the provider which shared the latest news and updates, and upcoming events.

Staff were encouraged to attend or provide suggestions to the provider's clinical care and governance forum group that was held remotely.

Staff could be nominated through a staff recognition scheme, which awarded achievements, such as for going above and beyond their job role. The service encouraged and motivated its staff by recognising and rewarding long service with extra days off and financial awards.

What needs to improve

Although we saw that the service actively sought, reviewed and audited feedback for patients and external agencies, this did not include an evaluation of how effective the improvement had been. A participation policy would

provide a structured approach to evaluating and measuring the impact of improvements (recommendation b).

We saw the service sought staff feedback about particular topics in the service, such as through workshops or support and development activities. However, we did not see any methods in place, such as a staff survey to gather opinions on the service's development, areas for improvement or their job satisfaction (recommendation c).

- No requirements.

Recommendation b

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

Recommendation c

- The service should develop its systems to ensure it engages and captures feedback from staff on a range of issues.

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.

A clear governance structure and policies set out the agreed ways of working and supported the service to deliver safe, compassionate, person-centred care. We saw appropriate policies, systems and processes in place for:

- complaints
- duty of candour
- information management, and
- safeguarding.

The service also attended 3-monthly alcohol and drug partnership group meetings chaired by a NHS specialist consultant.

The service also had a range of local policies and procedures for the care and treatment it provided. For example, we saw guidance for managing withdrawals and stabilisation of opiates, alcohol and benzodiazepines. Policies and procedures were regularly reviewed or in response to changes in legislation or best practice guidance.

Processes were in place to help make sure patients were safely admitted and discharged. Before admission, an assessment was carried out to assess risk and if the service was suitable to meet the patient's needs. Patients could not be admitted to the service unless this assessment had been completed. On admission, support staff, nursing staff and the medical officer or prescribing pharmacist assessed patients. Comprehensive medication reconciliation procedures were in place to make sure the service had an accurate list of patient's medication before treatment started. Facilities were available for physical examinations to be conducted and appropriate investigations, such as routine blood tests and electrocardiogram (ECG).

Staff we spoke with had a good awareness of the service's safeguarding policy and understood their responsibilities and how to implement it, if needed.

Incidents and accidents were recorded and managed using an electronic incident management system, available to all staff on the internal staff intranet. The service manager reviewed these and reported to the provider's head of clinical governance where necessary. We tracked a medication incident and saw:

- a full description of the incident and immediate actions taken
- an incident review and investigation
- an action plan for improvement, and
- sharing lessons learned with staff.

During the inspection, we discussed a number of medication errors reported to Healthcare Improvement Scotland in the months before the inspection. We saw an audit of all medication errors from September 2022 to September 2023 had been carried out and the service had held meetings with healthcare staff. New procedures had been implemented to help mitigate the risk of medication errors. We spoke with staff and the head of clinical governance who told us the implementation of these procedures had helped make sure that medication was administered safely.

A maintenance and servicing programme included the maintenance of electrical equipment, patient equipment and regular water checks. We saw that any maintenance work that the service could not carry out was assigned to external contractors. We saw records of appropriate safety checks on equipment and facilities, such as water flushing and fire safety. An external company supported the service with water flushing and the maintenance of the boilers in the building. Maintenance contracts were in place for fire safety equipment and the fire detection system.

The complaints procedure was displayed in the waiting area, leaflets were available and the service's website signposted patients to the procedure. We saw that the complaints policy detailed the process for managing a complaint and provided information on how patients could make a complaint to the service. The practice and quality manager managed written complaints and monitored themes, response times and outcomes. We saw evidence that complaints made to the service had been concluded satisfactorily in line with the service's complaints policy.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy in place and had displayed a yearly duty of candour report in the waiting area.

Patient care records were stored electronically on a secure password-protected database. The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

The provider had a Home Office license in place for controlled drugs which was reviewed every year. This allowed the service to stock controlled drugs. We saw the service last had its compliance visit in January 2023 and a new license had been issued.

The service had a comprehensive recruitment policy in place. The provider's human resources team was responsible for making sure all pre-employment checks were completed for new staff before they could work in the service. Recruitment checks included PVG checks.

All support workers were registered with The Scottish Social Services Council (SSSC) and professional healthcare staff were registered with their professional body, such as Nursing Midwifery Council (NMC). We saw that the administration department had checklists to make sure registrations were checked and up to date.

On review of the staff files held in the service, we saw pre-employment checks had been completed for:

- Disclosure Scotland background checks
- the professional registration status for all clinical staff, and
- proof of ID.

The senior management team had carried out a service practice audit in February 2023. We were told that after this review, a service co-ordinator had been allocated responsibility as an induction manager. The induction manager role was introduced to make sure that all new staff were given an induction period with shadowing opportunity and mandatory training to complete. The induction manager would tell the staff member's line manager when this had been completed. The line manager would then continue with ongoing, role-specific induction.

In line with the provider's training and development policy, the service had mandatory and optional staff training. All staff were allocated mandatory and role-specific online learning modules to complete. This included training on:

- adult support and protection
- introduction to trauma, and
- overdose prevention, intervention and naloxone.

The service co-ordinator was responsible for making sure that staff completed mandatory training and updating the service's training database.

Staff performance and personal development was monitored through supervision and yearly appraisals. Appraisals had been carried out for all staff for the previous year and 2023 staff appraisals had started at the time of our inspection.

The service held a variety of staff workshops for development and improvement. Examples of recent workshops we were told about included those for line managers, for inductions, support and development-and-value-based appraisals. Others included a 'search workshop' to help staff understand the service's expectations when searching patients' belongings on their admission.

We were told a number of staff were completing further education and development as part of their specific role. For example, a number of support staff were completing Scottish Vocational Qualification (SVQ) level three. A senior nurse was in the process of completing an independent nurse prescribing course and another was scheduled to start in the near future.

What needs to improve

We reviewed the service's medicines administration local guidance and standard operational procedure (SOP). The SOP did not make it clear that if controlled drugs were stolen, unaccounted for or critical controlled drug incidents occurred it should be reported to Healthcare Improvement Scotland.

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland, in specified timescales. During the inspection, we noted instances where notifications required to be reported to Healthcare Improvement Scotland and were not (requirement 1).

Patients accessing treatment for alcohol or drug detoxification are at risk of experiencing seizures. While the service had guidance available to support staff in the management of seizures, this was provided in two separate documents (management of seizures policy and an epilepsy situation-background-assessment-recommendation (SBAR) tool) that signposted staff to Scottish Intercollegiate Guidelines Network (SIGN). The guidance we reviewed did not outline specific guidance for the medication and medication dose to be used when a seizure lasts more than 5 minutes. This could cause confusion for staff and increase risk to patients while dealing with an emergency (requirement 2).

While the service had very detailed complaint processes and a complaint policy in place, Healthcare Improvement Scotland was not consistently mentioned in all areas (recommendation d).

The staff training records should be updated with dates of all completed training (recommendation e).

While the service had an infection prevention policy that was in line with Healthcare Improvement Scotland's Healthcare Associated Infection Standards (2015). This guidance has now been superseded by Healthcare Improvement Scotland's Infection Prevention and Control Standards (2023) (recommendation f).

Medical, pharmacy and nursing prescribers worked in the service. The service had appropriate specific guidance in place for managing withdrawal and stabilisation of opiates, alcohol and benzodiazepines. However, the service-specific guidance referred to other guidance, such as NHS Greater Glasgow and Clyde Alcohol and Drugs Recovery service documents. These documents are large, detailed and contain large sections not relevant to this service. Where staff are asked to reference several guidance documents, there is a risk of confusion (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in specified timeframes.

Requirement 2 – Timescale: immediate

- The provider must review guidance on seizure management to ensure staff are able to follow clear and specific guidance and allow them to manage these situations safely, including the administration of emergency medication.

Recommendation d

- The service should update its complaints policy and poster with Healthcare Improvement Scotland's contact details and make it clear that patients have the right to contact Healthcare Improvement Scotland at any time.

Recommendation e

- The service should ensure that all staff training is up to date and recorded in staff's personnel files.

Recommendation f

- The service should review and update its infection control policy to ensure it aligns with Healthcare Improvement Scotland's *Infection Prevention and Control Standards (2023)*.

Recommendation g

- The service should consider reviewing its clinical management and procedures guidance for staff to ensure it is concise and relevant to the service with reference to external guidance as appropriate.

Planning for quality

The service's risk management process included a corporate and local risk register. These detailed actions taken to mitigate or reduce risk, these included:

- lone working
- manual handling
- slips, trips and fall
- violence and aggression.

An up-to-date fire risk assessment was in place. We also saw more specialist risk assessments for managing key building risks, such as legionella (a water-based infection).

A comprehensive programme of audits helped to ensure the service delivered consistent safe care and treatment for patients. We saw action plans were

produced with responsibilities highlighted where appropriate. Results were shared with staff and discussed in team meetings.

Senior nurses carried out regular clinical audits, including those for:

- infection prevention and control
- medicine prescription and administrations, and
- the clinical room, including emergency drugs.

These audits were carried out every 3 months. Results were shared with the healthcare team and reported to the head of clinical governance. We saw action plans were produced with responsibilities highlighted where appropriate. Results were benchmarked against other services in the organisation and reported in the provider's clinical and infection control audit report 2022 -2023.

We saw the head of clinical governance and senior managers of the service carried out a compliance audit in January 2023. This looked at key aspects, such as medicines management, environment and organisational policy compliance. This was used to assess the service's performance with key areas relating to its registration with Healthcare Improvement Scotland and quality assurance activity. This audit identified areas of strengths, good practice and areas to be addressed for improvements.

A quality improvement plan monitored and reviewed the progress of the service's quality improvement work. The provider's strategy was embedded in the quality improvement plan with each identified area of improvement linked to the strategy. This provided the service with a structured approach to continuous quality improvement. Recent improvements had been made to the assessment process and this had resulted in patients having a significantly reduced time on the waiting list for admission.

The service also detailed improvements it had made as a result of patient feedback. This included:

- barbecues
- family fun days
- introduction of tea and coffee for patients in the waiting area, and
- 'you said, we did' poster display.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major

incident. An arrangement was in place with another service in the provider's wider organisation in case evacuation of patients became necessary.

What needs to improve

A recent audit had been introduced to check auxiliary tasks (such as whether reported faults had been followed up) and tasks in the clinical treatment and consulting rooms (such as whether cleaning schedules were fully completed). We were told the service manager was developing a programme of regular audits. We will follow this up at future inspections.

- No requirements.
- No recommendations

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and in a good state of repair. Staff spoke positively about working in the service and patients were satisfied with their care and treatment. National guidance for cleaning should always be followed. Appropriate cleaning equipment must be used and cleaning schedules must be accurately completed. Patient care records must be fully and accurately completed. Guidance for the assessment and monitoring of withdrawal symptoms should be further developed.

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 and patient equipment was clean and well maintained. We saw 'I am clean' green labels were dated and applied to equipment after cleaning so that staff knew it was ready to use again. Adequate supplies of cleaning products were available and the service had a good supply of personal protective equipment (such as gloves, masks and aprons). Single-use equipment was used to prevent cross-infection.

In the vulnerable and at-risk population that the service supports, we saw evidence of a good standard of clinical care with good awareness of risk and how to manage it. Staff we spoke with showed care and compassion as well as a high level of specialist knowledge. They demonstrated a good understanding of their role, told us they enjoyed working in the service and received good opportunities for ongoing training and development. They told us they felt listened to and were encouraged to give feedback about how the service should continue to improve. Comments included:

- 'I cannot imagine working anywhere else.'
- 'I get so much job satisfaction.'
- 'Senior management very approachable and always see around.'

Comments from patients we spoke with during the inspection included:

- 'Really happy with the care and treatment we received here.'
- 'Everyone is very helpful.'
- 'They always have time to listen.'

In the four patient care records we reviewed, we found the assessment, documentation and validated assessment tools used were in line with current guidance. Medicines were clearly prescribed with appropriate recording of dispensing in place. We saw evidence of good practice, such as appropriate investigations carried out (for example, for routine bloods and blood borne virus screening). We saw treatment options were explored and relapse prevention medications were considered where necessary. We saw that patients were asked to consent to treatment and sharing of information.

Evidence of discharge-planning with effective communication with the patient's primary care team and community supports. This helped make sure that patients were safely discharged, with appropriate supports in place including continuity of prescribed medication.

What needs to improve

Handwashing facilities or sinks with draining boards were not available in the cleaning services rooms to allow non-disposable cleaning equipment to be thoroughly cleaned after use (requirement 3).

During the inspection, we saw some instances where the service did not comply with national infection prevention and control guidance for cleaning. For example:

- domestic staff used re-usable mop heads to clean the floor, and
- not all cleaning schedules were always completed and some schedules had multiple dates recorded, which made it difficult to know which schedule was accurate (requirement 4).

Some areas in the patient care record we reviewed had not been fully completed. For example:

- initial assessments from the medical officer or pharmacist
- withdrawal symptom records were not always dated or signed, and
- observations were discontinued without documented clinical rationale (requirement 5).

During the inspection, we did not see detailed guidance on the use of withdrawal scales, though there was evidence that these were in use. The clinical pathway document (alcohol management guidance) suggested 'half-hourly checks initially', though what should be checked was not detailed. While there is direction on the use of symptoms rating scales in the service, it was not clear and necessarily aligned to practice (recommendation h).

Patients who choose to leave the service in an unplanned way may present at higher risk, especially if patients are discharged at the weekend or with short notice to the service, when there are gaps in the provision in terms of patients accessing medication (recommendation i).

During the inspection, the service told us they had experienced ongoing recruitment difficulties with current vacancies. This resulted in the service using a number of agency staff. Staff we spoke with told us they felt this put a strain on the staff working in the service. Senior management acknowledged this and told us they are continuing to recruit additional staff. We will follow this up at the next inspection.

Requirement 3– Timescale: by 19 January 2024

- The provider must risk assess the availability of hand wash basin and sinks in the cleaning services room against current guidance, and a risk based refurbishment plan should be developed to reduce any risks identified to minimise the spread of infection.

Requirement 4 – Timescale: by 19 January 2024

- The provider must:

- (a) only use appropriate cleaning equipment, including single use disposable mop heads, and*
- (b) ensure cleaning schedules are accurately and fully complete to demonstrate all cleaning tasks have been carried out.*

Requirement 5 – Timescale: by 19 January 2024

- 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 healthcare professional and the name of the health care professional*
 - (b) the outcome of that consultation or examination, and*
 - (c) details of every treatment provided to the service users including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it.*

Recommendation h

- The service should ensure that clear and specific guidance for observations during withdrawal (or assessment for withdrawal) should be developed, this should include frequency, duration and reasons for stopping.

Recommendation i

- The service should consider developing a discharge policy with clear guidance on reducing the risks of unplanned discharges.

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
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org