

Announced Inspection Report: Independent Healthcare

Service: SMARTS For Life, Dunning

Service Provider: SMARTS For Life Limited

6 April 2023

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – Requirements and recommendations	16
	Appendix 2 – About our inspections	17
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to SMARTS For Life on Thursday 6 April 2023. We spoke with the director (clinical lead) during the inspection. We received feedback from 37 patients through our online survey we asked the service to issues for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

What we found and inspection grades awarded

For SMARTS For Life, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were fully informed of the service and treatments available. Patient feedback received was positive and regularly reviewed. A yearly duty of candour report was published on the service's website.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was a clean and safe environment for patients. Systems and processes were in place to maintain and manage safety, including a programme of audits. The audit programme should be further developed. Cleaning schedules should be introduced.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The practitioner kept up to date with best practice guidance and legislation through its membership of professional organisations and ongoing training and education. The service was committed to quality improvement across a number of areas and had developed a comprehensive quality improvement plan.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Consultations were recorded in electronic patient care records, along with associated documents and records of communication. Thorough assessments were carried out for each patient. Treatment options were discussed and consent was always obtained.

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 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

What action we expect SMARTS For Life Limited to take after our inspection

This inspection resulted in two 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

We would like to thank all staff at SMARTS For Life for their assistance during the inspection.

2 What we found during our inspection

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

Patients were fully informed of the service and treatments available. Patient feedback received was positive and regularly reviewed. A yearly duty of candour report was published on the service's website.

The service's website contained web links to policies and forms and an overview of the therapy model. Following an initial enquiry, patients were given written information about the assessment process, treatments and potential costs. This information allowed patients to make an informed decision about accessing treatments in the service. We were told that it had many returning patients, with new patients using the service from word-of-mouth recommendations.

Patients or their carers were asked to complete pre-assessment questionnaires and asked to consent to share information from their GP, other health professionals and school. This allowed the service to assess and consider all information about the patient's presentation.

Consultations and treatments were appointment-only to maintain patient privacy and dignity. Patients could choose to have their consultation carried out face-to-face or remotely over a video link. Patients were given a copy of their assessment report, which was also sent to the patient's GP and other health professionals.

The service had a comprehensive up-to-date participation policy in place. We saw patient feedback was regularly obtained, including through:

- completion of Royal College Psychiatrist consultant evaluation questionnaire
- a recent research pilot project where both qualitative and quantitative information was gathered from patients
- verbal feedback after each session, and
- a yearly patient survey.

We saw that patients were invited to attend a final session relating to the pilot project and provided with a slide show and video of the feedback obtained.

We were told the service was developing an electronic patient feedback questionnaire. This would allow patients to provide anonymous feedback to the service and we saw this identified in the service's quality improvement plan.

We saw improvements had been made to the service after receiving feedback from patients. For example, the service had started to send care plans and review appointments to patients after each session. This had been added to the service's audit programme as a standing item.

We were told the service met regularly and worked with local NHS health boards, social work, other health professionals and schools to support patients. For example, the service would engage with Team Around the Child (TAC) meetings to share information about the patient's treatment with the service.

The service provided individual parent support. We were told the service was working with a partnership organisation to offer support to this parent group. Clinicians would provide support on topics, such as pre-diagnosis and working with complex younger people as part of this partnership.

The service had an up-to-date complaints policy in place, with contact details for Healthcare Improvement Scotland. Information about how to make a complaint was emailed to patients and was available on the service's website. The provider was also a member of Independent Sector Complaints Adjudication Service (ISCAS).

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy in place and we were told that no instances had required the duty of candour principles to be implemented. A yearly duty of candour report had been published on the service's website.

The majority of patients who responded to our online survey felt well informed about their treatment. Comments included:

- ‘Fully supported in treatment planning and always included in correspondence with other health professionals. Excellent communication.’
 - ‘The practitioner took us through all of the information we needed to know and has been a source of continuous advice, guidance and information.’
 - ‘Thorough explanation at all steps of the way.’
-
- No requirements.
 - No recommendations.

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

The service was a clean and safe environment for patients. Systems and processes were in place to maintain and manage safety, including a programme of audits. The audit programme should be further developed. Cleaning schedules should be introduced.

The environment was clean, warm and welcoming. We were told the consultation room was cleaned at the beginning and end of each day. The practitioner would also clean the consultation room between patient appointments. Antibacterial hand gel was available. As the service only carried out mental health assessments, no clinical waste was generated.

The service's medication policy referenced the National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN) and General Medical Council (GMC) standards and best practice guidelines for prescribing. We were told that the GP prescribed medications for most patients after an assessment and recommendation from the practitioner. No medications were stored or administered in the service. Prescription pads were securely stored in a locked filing cabinet when not in use. Prescriptions were delivered directly to patients and signed for.

Appropriate policies and procedures were set out to help support the safe delivery of care. We saw all policies and procedures were reviewed regularly to keep them up to date and in line with current legislation and best practice guidance.

These policies and procedures included:

- consultation and consent policy
- information management policy, and
- safeguarding policy.

Policies and procedures, for example for clinical governance and health and safety were place to manage risks in the service. A system was in place for recording and reviewing accidents and incidents. No accidents had occurred since the service was registered.

The service's audit programme covered patient care records, review appointments and a clinical audit (height for weight for prescribing purposes). We saw information from the audits was used to inform and improve the service.

Comments from patient who completed our online survey included:

- 'The facilities made for a relaxed environment where we felt comfortable to be open to discuss our concerns.'
- 'Relaxing environment and child friendly.'
- 'The clinic space is lovely and well equipped.'

What needs to improve

While the service carried out some audits, other key aspects of the service were not audited For example, audits for:

- completed private prescriptions
- environmental checks, and
- infection prevention and control.

Adding these audits to the service's audit programme would help make sure best practice was being adhered to (recommendation a).

We were told the consultation was room was cleaned daily and between patient appointments. However, we saw no documented evidence of cleaning schedules to monitor that appropriate cleaning was taking place (recommendation b).

Recommendation a

- The service should further develop its audit programme to cover additional key aspects of care and treatment.

Recommendation b

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

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Consultations were recorded in electronic patient care records, along with associated documents and records of communication. Thorough assessments were carried out for each patient. Treatment options were discussed and consent was always obtained.

A specialist consultant provided consultations and prescribing of medication, if appropriate. They also provided equine-assisted growth learning therapy sessions to treat a wide range of mental health and neuro-developmental difficulties, including attention deficit hyperactivity disorder (ADHD).

Patient care records were stored securely on a password-protected electronic database. Entries on patient care records were made directly onto the electronic record.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to help make sure confidential patient information was safely stored.

We reviewed five patient care records and found all contained comprehensive information. We saw detailed consultation notes for each appointment, including evidence of:

- consent
- consultation notes
- the risks and benefits of any prescribed medication, and
- treatment plans.

We also saw associated documentation, such as patient reports and communication with other health professionals involved in the care of the patient.

A multidisciplinary approach was used for neurodevelopment assessments. For example, patients attending for an ADHD assessment. We saw evidence of joint working with health professionals from other organisations, such as psychologists and speech and language therapists to make clinical decisions around whether patients had met the diagnosis criteria. We saw comprehensive and thorough diagnostic reports developed for patients. Patients were given a copy of their treatment plans and diagnostic report. This was also sent to the patient's GP.

Patients who responded to our online survey said:

- 'We felt empowered to make decisions as a result of our sessions.'
 - 'We were given options with the right amount of information to come to our own conclusions.'
 - 'Options explained openly with pro and cons discussed extensively with an opportunity to ask further questions.'
-
- No requirements.
 - No recommendations.

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

The practitioner kept up to date with best practice guidance and legislation through its membership of professional organisations and ongoing training and education. The service was committed to quality improvement across a number of areas and had developed a comprehensive quality improvement plan.

The specialist consultant is a lone practitioner, registered with the General Medical Council (GMC) as consultant psychiatrist. They had a broad range of experience delivering healthcare to patients with mental health support needs in the NHS and the independent sector. As well as working in this service, they provided sessions in the NHS as a clinical lead consultant psychiatrist in child and adolescent mental health services.

We saw evidence of continued professional development, annual appraisal and revalidation through the GMC. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC.

We were told the practitioner provided training and education to health care professionals. Formal links were established with other mental health professionals in the independent sector, NHS and third sector organisations. This provided opportunities for peer support and helped the practitioner to keep up to date with best practice, changes in mental health legislation and opportunities for shared learning.

The practitioner was a member of professional organisations, such as the Royal College of Psychiatrists and Equine Assisted Growth and Learning Association. She belongs to Eye Movement Desensitisation and Reprocessing (EMDR)

network, Scottish Autism Diagnostic Observation Schedule (ADOS) and focus group for National Autism Implementation Team (NAIT).

We were told the practitioner was an equine-assisted growth and learning mental health practitioner. We were told that 'SMARTS' methods were taught as part of the Scottish Qualifications Authority (SQA) for a diploma in equine-facilitated learning. We were told the practitioner wished to develop different equine-focused therapies to help drive improvement in patients' experience, such as attachment-based equine-facilitated EMDR and equine-facilitated polyvagal regulation skill development. This was reflected in the service's quality improvement plan.

We were told the service was formalising SMARTS training programmes through Scottish Credit and Qualifications Framework (SCQF) to provide help to other health and social professionals, education and parents. We saw that NHS Education for Scotland (NES) had approached the service to provide training to professionals working with people with complex neurodevelopmental conditions. We will follow this up at future inspections.

The service had submitted a comprehensive self-evaluation, which demonstrated a commitment to quality improvement in a number of areas. The quality improvement plan highlighted service improvements in the last 12 months and improvements planned for the future. We saw plans to further develop patient focus groups, encouraging more feedback from patients, further training and education and development of equine-based therapies.

- No requirements.
- No recommendations.

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	
a	The service should further develop its audit programme to cover additional key aspects of care and treatment (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should develop cleaning schedules in line with current guidance (see page 12). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

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

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

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

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