

Announced Follow-up Inspection Report: Independent Healthcare

Service: Moving Minds, Glasgow

Service Provider: Moving Minds Ltd

3 August 2023

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Contents

1	A summary of our follow-up inspection	4
<hr/>		
2	Progress since our last inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	15
	Appendix 2 – About our inspections	19
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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Moving Minds on 28 February 2023. That inspection resulted in six requirements and ten recommendations. As a result of that inspection, Moving Minds 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

About our follow-up inspection

We carried out an announced follow-up inspection to Moving Minds on Thursday 3 August 2023. The purpose of the inspection was to follow up on the progress the service has made in addressing the six requirements and ten recommendations from the last inspection. This report should be read along with the February 2023 inspection report.

We spoke with the director (clinical lead) and manager of the service during the inspection.

The inspection team was made up of one inspector.

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

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

Domain 9 – Quality improvement-focused leadership	
Quality indicator	Grade awarded
9.4 - Leadership of improvement and change	✓ Satisfactory

The grading history for Moving Minds 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

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

We found that the provider had complied most of 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 February 2023, the provider has:

- met four requirements, and
- not met two requirements.

What action we expect Moving Minds Ltd to take after our inspection

This inspection resulted in two requirements and six recommendations which remain outstanding, and two new requirements and seven new recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and 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

Moving Minds Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Moving Minds 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 28 February 2023

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

Recommendation

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

Action taken

The service had reviewed its duty of candour policy. A duty of candour report had been published and was accessible to patients in the service. We saw evidence of staff training in the principles of duty of candour.

Recommendation

The service should ensure that information about how to raise a concern or complain about the service is accessible to patients.

Action taken

Information on how to raise a complaint was accessible to patients on the service's noticeboard. However, Healthcare Improvement Scotland's contact details were incorrect and it did not make it clear that patients could contact Healthcare Improvement Scotland at any stage of the complaints process. **A new recommendation has been made** (see appendix 1)

Recommendation

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

Action taken

Following the February 2023 inspection, the service had further developed its participation policy. The policy described how patient feedback would be gathered, reviewed and acted on to help the service improve. Patient satisfaction questionnaires had also been developed, allowing patients to provide anonymous feedback and suggestions for improvement.

While the participation policy had been updated, it did not describe how the service would inform patients of any actions taken as a result of their feedback.

A new recommendation has been made (see appendix 1).

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: immediate

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

Action taken

We were told relevant staff members had been provided with Healthcare Improvement Scotland’s *Independent Healthcare Regulation Notifications Guidance*. We saw that an incident reporting policy had been developed and an accident and incident reporting system was being developed. Staff we spoke with were familiar with the guidance and their responsibility to notify Healthcare Improvement Scotland of certain matters, in specified timescales.

While an incident reporting policy was in place, it did not include a description of the service’s responsibilities to inform Healthcare Improvement Scotland of any incidents as outlined in the guidance. **Although this requirement is met, a new recommendation has been made** (see appendix 1).

Requirement – Timescale: by 29 May 2023

The provider must ensure a system is in place to confirm that all clinical and non-clinical equipment is maintained and serviced regularly to reduce any risk to patients and staff.

Action taken

We saw an external contractor had serviced clinical and non-clinical equipment and that the service had in place a contract to ensure that specialist clinical was serviced routinely. However, the provider must ensure that a system is in place to confirm that all non-clinical equipment is maintained and serviced regularly to reduce any risk to service users. **This requirement is not met** (see appendix 1).

Requirement – Timescale: by 29 May 2023

The provider must develop cleaning schedules to ensure the environment is clean and safe for use by implementing a structured approach to cleaning the environment. This should detail all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately in line with HPS's National Infection Prevention and Control Manual.

Action taken

A daily cleaning schedule had been developed and we were told staff were responsible for cleaning tasks. However, we saw the service did not stock the correct cleaning products for cleaning sanitary fittings including the clinical wash hand basin. **Although this requirement is met, a new recommendation has been made** (see appendix 1).

Recommendation

The service should develop effective systems and processes that demonstrate the proactive management of risks to patients and staff, and monitor the quality of and safety of the service.

Action taken

We saw evidence of quality assurance process in place to help the service effectively manage risk and monitor the quality of the service. This included the introduction of policy reviews, formal staff meetings and an audit programme.

Recommendation

The service should ensure that policies are reviewed and updated regularly and in line with Scottish legislation.

Action taken

The service had developed a process to review its policies and we noted a range of policies had been reviewed and updated, including those for:

- duty of candour
- information management
- patient participation, and
- safeguarding (public protection).

However, we saw that some policies referenced English legislation rather than Scottish legislation. For example, the safeguarding policy (public protection), incident reporting policy and infection prevention and control policy. **A new recommendation has been made** (see appendix 1).

Recommendation

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

Action taken

The service had developed a programme of audits, which included audits for infection prevention and control (cleaning schedules), patient feedback and patient care records. However, we could not view completed audits or action plans as the service had not been in operation since the February 2023 inspection. We will follow this up at future inspections.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Recommendation

The service should review the patient care records to ensure a structured and organised approach is used to file documentation.

Action taken

The service had ceased operation since the February 2023 inspection. This meant patient care records were not available to be reviewed. **A new recommendation has been made** (see appendix 1).

Domain 7 – Workforce management and support

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

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Requirement – Timescale: by 29 May 2023

The provider must review and implement its recruitment and induction policy to ensure safe and consistent recruitment guidelines are followed for all staff working in a registered healthcare service.

Action taken

The service had reviewed and updated its recruitment and induction policy. This detailed recruitment and induction processes the service would follow, such as pre-employment checks and the service's induction procedure. The service had not employed any new members of staff since the last inspection in February 2023 inspection. **This requirement is met.**

Requirement – Timescale: by 29 May 2023

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

Action taken

The service could not provide evidence to demonstrate that Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks had been carried out on staff employed in the service. **This requirement is not met** (see appendix 1).

Recommendation

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

Action taken

In the staff files we reviewed, we saw evidence of training staff members had completed, such as duty of candour. We saw evidence of training that the clinical lead (a specialist consultant) had completed to support their continued professional development and professional registration. However, the service had not developed a formal annual training programme for staff. **A new recommendation has been made** (see appendix 1).

Vision and leadership

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

Domain 9 – Quality improvement-focused leadership

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

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Requirement– Timescale: by 29 May 2023

The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients.

Action taken

We saw evidence that quality assurance systems for reviewing the quality of care and treatment provided in the service had been introduced. This included reviewing policies and procedures, formalising staff meetings and the development of an audit programme to help make sure the quality of the service delivered could meet patient's needs. **This requirement is met.**

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 developed. We saw this included planned improvements, such as improving patient feedback, recruitment and staff engagement with action plans and staff responsibilities.

Recommendation

The service should introduce formal staff meetings with standing agenda items. These should include documented action plans highlighting those responsible for the actions.

Action taken

We saw evidence of formal meetings between the director (clinical lead) and the service manager, including minutes and actions plans with names of those responsible for completing actions. We were told the service was proposing to hold staff meetings every 3 months to discuss the vision and values of the service and business performance. We will follow this up at future inspections.

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 2 – Impact on people experiencing care, carers and families

Requirements

None

Recommendations

- a** The service should update its patient information for handling complaints with up-to-date Healthcare Improvement Scotland contact details and make it clear that patients can contact Healthcare Improvement Scotland at any time to raise a complaint (see page 7).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

- b** The service should update its participation policy to include how it will inform patients how their feedback has been used to improve the service (see page 8).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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

Requirements

- 1** The provider must ensure that a system is in place to confirm that all non-clinical equipment is maintained and serviced regularly to reduce any risk to service users (see page 10).

Timescale – immediate

Regulation 13(2)(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the February 2023 inspection report for Moving Minds.

Recommendations

- c** The service should update its incident reporting policy to outline its responsibilities to notify Healthcare Improvement Scotland of any incident outlined in the *Independent Healthcare Regulation Notifications Guidance* (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

- d** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of sanitary fittings, including the clinical wash hand basin (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** The service should ensure that all policies are reviewed and in line with Scottish legislation (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

- f** The service should review the patient care records to ensure a structured and organised approach is used to file documentation (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing me care and support. Statement 4.27

This was previously identified as a recommendation in the February 2023 inspection report for Moving Minds.

Domain 7 – Workforce management and support

Requirement

- 2** The provider must ensure that all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service. A process should also be in place to obtain a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 13).

Timescale – immediate

Regulation 9

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the February 2023 inspection report for Moving Minds.

Recommendation

- g** The service should develop a formal annual training programme for staff and record all staff training in staff's personnel files (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

This was previously identified as a recommendation in the February 2023 inspection report for Moving Minds.

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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