

Announced Inspection Report: Independent Healthcare

Service: The Purple House Clinic, Glasgow

Service Provider: Munizco Ltd

25 May 2023

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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 The Purple House Clinic on Thursday 25 May 2023. Although Munizco Ltd is the provider for this Scottish service, the provider is part of Purple House Franchising Ltd which has a number of services across the UK. During the inspection, we spoke with a number of staff and the director (clinical lead) of the service. We received feedback from 11 patients through our online survey we asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

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 The Purple House Clinic, 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 told us they were well informed about the treatments, assessments and interventions provided. Although feedback from patients was gathered and reviewed, the service should continue to develop how it informs patients of the impact of their feedback. A yearly duty of candour report was published on the service's website.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The environment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe. A programme of audits was carried out reviewing key aspects of care and treatment. All policies should be in line with Scottish legislation.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Clear governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. This included a quality improvement plan and regular staff meetings.	✓✓ Good

The following additional quality indicators were 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	Patient care records were clear and comprehensive, and included a thorough assessment to establish a formal diagnosis and inform future treatment. Patients told us they felt involved in decisions about their care and treatment. The range of information audited as part of the clinical record keeping audit should be expanded.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Up-to-date recruitment and practicing privileges policies helped the service to safely recruit staff. Staff files were comprehensively completed. Yearly appraisals were carried out.

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 Munizco Ltd to take after our inspection

This inspection resulted in six 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 The Purple House Clinic 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 told us they were well informed about the treatments, assessments and interventions provided. Although feedback from patients was gathered and reviewed, the service should continue to develop how it informs patients of the impact of their feedback. A yearly duty of candour report was published on the service's website.

The service's website provided comprehensive information on the mental health assessments and treatments available in the service. Patients could access the service directly by telephone, email or through the service's website. Following an initial enquiry, patients were emailed with information about the assessment process, treatments and costs. This information allowed patients to make an informed decision about accessing treatment with the service.

Patients were asked to complete information about their concerns before attending the service. This information was reviewed by the service and patients were matched to the most suitable clinician based on the information provided.

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

Consultations and treatments were by appointment only to help maintain patient privacy and dignity. Patients could choose to have their consultations carried out face to face or remotely over a video link. Patients were given a copy of their assessment reports, which were also sent to the patient's GP.

The service's participation policy described how the service would gather and use patient feedback and how this would be used to improve the service. Patients had the opportunity to provide feedback to the service in a number of ways, including a suggestion box in the patient waiting area and anonymous patient feedback questionnaires provided when their treatment was completed. We also saw patient testimonials published on the franchise organisation's website. Feedback was audited and reviewed at senior management meetings. We were told the service had purchased new toys for the patient reception area in response to patient feedback.

We saw evidence of the service engaging with patients and the public on its social media pages and website. For example, information was shared on current and general psychological interests, therapeutic models and self-help links.

The service's complaints policy and information about how to make a complaint was available on the service's website. We saw that complaints had recently been introduced as a standing agenda item at the directors and staff meetings held every month. We were told the service had not received any formal complaints since it registered with Healthcare Improvement Scotland in April 2021.

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 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.

Patients who responded to our online survey told us they felt well informed and treated with dignity and respect:

- 'I have never been made to feel more comfortable and listened to by anyone in healthcare.'
- 'The clinician was very informative and helpful with how they explained everything to us and our son. It gave us all we needed to discuss and make a choice.'
- 'Always respectful and listened to me and my daughter.'

What needs to improve

While a number of methods were used for patients to provide feedback about their experience, the service should consider ways of informing patients of any action taken as a result of their feedback (recommendation a).

Although information about how to make a complaint on the service's website included Healthcare Improvement Scotland details, the service's complaints policy did not include full contact details of Healthcare Improvement Scotland. It was also not clear that patients can complaint to Healthcare Improvement Scotland, as the regulator, at any time (recommendation b).

- No requirements.

Recommendation a

- The service should develop a process of informing patients about how their feedback has been used to improve the service.

Recommendation b

- The service should update its complaints policy to include full contact details of Healthcare Improvement Scotland and clarify that patients can complain directly to Healthcare Improvement Scotland at any time.

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 environment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe. A programme of audits was carried out reviewing key aspects of care and treatment. All policies should be in line with Scottish legislation.

Appropriate systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. We saw completed cleaning schedules to show that appropriate cleaning had been carried out. Anti-bacterial hand gel was available throughout the service. As the service only carried out mental health assessments, no clinical waste was generated.

The service had an up-to-date fire risk assessment, and appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the heating systems and electrical appliances.

A system was in place for recording and reviewing accidents and incidents. We reviewed a recent incident involving a patient and saw evidence of this being appropriately managed. This included:

- a description of the incident and immediate actions taken
- an incident review at a clinical governance meeting
- an action plan developed for the patient involved, and
- sharing lessons learned with all staff, where appropriate.

The service's risk register covered operational and clinical risks as well as detailing actions taken to mitigate or reduce the risks. Risks included IT management, succession planning, staffing and work distribution, and decontamination of hands. We noted the risk register was reviewed regularly.

Patients who responded to our online survey agreed the environment was clean and welcoming. Comments included:

- 'Premises are comfortable and relaxing.'
- 'The environment was nice and settling for our son.'
- 'The facilities are great and easy to access.'

Appropriate policies and procedures helped support the safe delivery of care. We saw policies and procedures were reviewed regularly to keep them up to date, including those for:

- consent
- confidentiality and sharing information
- infection prevention and control
- safeguarding (public protection), and
- neurodevelopmental assessment protocols.

No medications were prescribed, stored or administered in the service. A shared care protocol was in place for medical prescribing for patients. This is an agreement that enables patient care to be shared between the service and the patient's GP. Patients were told to discuss this with their GP before attending for assessment, in case medication was to be considered as part of a treatment option. This allowed patients to make an informed decision about accessing treatment with the service.

Patients were informed the service was unable to offer crisis or emergency support for mental health. However, the service's website provided a list of services and charities that could be contacted in an emergency.

The service's audit programme was clearly documented with areas for improvement highlighted and action plans developed. Audits carried out included clinical record keeping, infection prevention and control, environmental checks and professional requirements for healthcare staff. We saw information from these audits was used to inform the service's quality improvement plan to help the service continue to develop and improve.

What needs to improve

The service's infection prevention and control policy did not reference Healthcare Improvement Scotland's *Infection Prevention and Control Standards* (2022) (recommendation c).

Policies for the protection of vulnerable adults and children referred to English legislation rather than Scottish legislation (recommendation d).

- No requirements.

Recommendation c

- The service should update its infection prevention and control policy to reference current legislation and best practice guidance.

Recommendation d

- The service should ensure that safeguarding policies for both vulnerable adults and children are reviewed and are in line with Scottish legislation.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were clear and comprehensive, and included a thorough assessment to establish a formal diagnosis and inform future treatment. Patients told us they felt involved in decisions about their care and treatment. The range of information audited as part of the clinical record keeping audit should be expanded.

Consultations were recorded on paper and electronic devices. We found all patient care records were stored securely in lockable filing cabinets or on password-protected electronic devices. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

We reviewed three patient care records and found all contained comprehensive information. This included detailed consultation notes for each care episode, treatment plans, and information about the risks and benefits of medications. We saw patients were asked to consent to share information with their GP and this was also signed by the practitioner.

All patients attending the service for neurodevelopmental assessments were reviewed by a specialist consultant to determine if a full diagnostic assessment was appropriate. During these appointments, the consultant assessed the patient's presenting issues, medical, psychosocial and developmental history, using relevant screening and assessment tools completed by patients and/or their carers. This helped to ensure a full patient history was obtained and evidence to support the clinical decision as to why a patient had met the criteria for diagnosis.

We saw thorough and comprehensive documentation such as patient reports and communication with the patient's GP and other health professionals involved in their care. We saw evidence that patients had been involved in making decisions about their treatment.

From the patient care records we reviewed, we saw patients that had attended the service for neurodevelopmental assessments were provided with treatment options including:

- educational resources
- input from third sector organisations
- psychosocial approaches to managing attention deficit hyperactivity disorder (ADHD)
- physical activity, and
- medication.

Where medication was considered an option, patients were provided with information and this was also available on the service's website. We saw patients were given time to consider treatment options. This helped patients to make an informed decision about treatment.

Assessment protocols were in place for patients attending the service for neurodevelopmental disorders such as ADHD and autism. This helped to ensure the service adhered to Scottish Intercollegiate Guidelines Network (SIGN) and National Institute for Health and Care Excellence (NICE) best practice and guidance.

Patients who completed our online survey told us they were involved in decisions about their care and treatment. Comments included:

- ‘My son and I were involved in decisions about his medication.’
- ‘Everything was discussed and agreed together.’
- ‘Opinions were sought at all appointments.’

What needs to improve

Clinical records were audited every 6 months. This was an audit of record keeping standards, ensuring each contact with the patient was recorded, dated and signed, and ensuring documentation was legible with no abbreviations. We discussed with the service the benefit of expanding the range of information audited as part of the clinical record keeping audit. For example, ensuring that assessment protocols were being followed and best practice was being adhered to could form part of the audit (recommendation e).

- No requirements.

Recommendation e

- The service should expand the range of information audited as part of the clinical record keeping audit.

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

Up-to-date recruitment and practicing privileges policies helped the service to safely recruit staff. Staff files were comprehensively completed. Yearly appraisals were carried out.

We were told the service had significantly expanded since it was first registered in April 2021 and had continued to employ a range of health clinicians. This included clinical psychologists, consultant psychiatrists, neurodevelopmental practitioners, speech and language therapists, occupational therapists and specialist nurses. The majority of clinical professionals were contracted to work under practicing privileges (staff who are not directly employed by the service but given permission to work in the service).

Policies and procedures were in place for recruitment, induction and for staff granted practicing privileges. We saw that recruitment and induction checklists were completed to ensure recruitment processes were followed.

We reviewed four staff files, including those for staff granted practicing privileges, and found all were well organised. We saw appropriate recruitment processes were in place to make sure the necessary background and identity checks were carried out, including:

- professional qualifications
- Protecting Vulnerable Groups (PVG) checks
- references, and
- registration with professional registers.

We saw a process was in place to ensure ongoing reviews of professional registrations, professional indemnity insurance and regular PVG checks were carried out, as required.

Clinicians contracted to work under practicing privileges agreements were responsible for arranging and carrying out their own clinical supervision. We saw the service had recently implemented a process for associate clinicians to declare their supervision arrangements, continued professional development and professional registration. This ensured they were maintaining their contractual agreements. We were told this process would be included in the service's audit programme. We will follow this up at the next inspection.

Employees received an induction, regular supervision and yearly appraisal. New members of staff received a staff handbook which included details of the induction process, policies and procedures, and the provider's vision statement and priorities.

The service provided opportunities for staff development and continued professional development. We saw personal development plans were discussed every 6 months to explore training needs and were told staff could access external training for particular areas of interest if suitable to meet the needs of the service. We saw a senior associate clinician had been promoted to the senior management team.

We saw a recent staff survey was carried out asking staff about their experience of working in the service and suggestions for improvements. We saw improvements had been made in the service as a result of this. For example, senior clinical staff had developed training to support administrative staff to deal with challenging conversations and patient queries. A staff suggestion box had also been introduced to allow staff to share their opinions and ideas anonymously.

- 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

Clear governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. This included a quality improvement plan and regular staff meetings.

The clinical director of the service was a consultant clinical psychologist registered with the British Psychological Society and the Health and Care Professions Council. They had a broad range of experience delivering healthcare for patients with mental health support needs in the NHS and the independent sector.

Formal links were established between the clinical director and other mental health practitioners. The clinical director also attended a national conference held by the franchise organisation every year. This provided an opportunity for peer support, networking and helped the service keep up to date with best practice and guidance.

The service had good working relationships with local GPs and NHS mental health services. The service had also secured service level agreements for providing neurodevelopmental assessments in two local NHS boards.

We found well-defined systems and processes that focused on continually improving the service. This included a rolling programme of audits, reviewing policies and procedures, patient satisfaction and complaints.

We saw regular senior management meetings and staff meetings took place. We saw minutes of these meetings and were told minutes and any action plans were emailed to staff.

The franchise organisation held national clinical governance meetings every 3 months which the clinical director attended. This provided an opportunity to share information, learn from incidents, and implement additional governance monitoring and strategies for improvement. Information from these meetings was shared with staff through meetings and email. This ensured staff were updated with the latest guidance and any changes in the organisation.

We saw new quality assurances processes had been implemented by the franchise organisation. This included an inspection by the franchise organisation of the service's clinical governance structures every year. We saw the first inspection of the service was scheduled to take place in August 2023.

The service's quality improvement plan helped to inform and direct improvements in the service. We saw the most recent plan included planned improvements for clinical, operational and financial performance and skill development. For example, additional clinical audits were to be introduced, policies and procedures would be reviewed every year, and learning needs and activities had been identified for administrative staff. The service also benchmarked and evaluated how it was performing in comparison with other services within the franchise organisation and similar external organisations across Scotland.

We noted the service had won best service within the franchise organisation in 2021.

What needs to improve

The service's quality improvement plan should be further developed to include outcomes from patient feedback and complaints. This would demonstrate how patient feedback and complaints are used to drive and inform improvement in the service (recommendation f).

- No requirements.

Recommendation f

- The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service.

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	<p>The service should develop a process of informing patients about how their feedback has been used to improve the service (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
b	<p>The service should update its complaints policy to include full contact details of Healthcare Improvement Scotland and clarify that patients can complain directly to Healthcare Improvement Scotland at any time (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
c	<p>The service should update its infection prevention and control policy to reference current legislation and best practice guidance (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 4.11</p>
d	<p>The service should ensure that safeguarding policies for both vulnerable adults and children are reviewed and are in line with Scottish legislation (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 4.11</p>
e	<p>The service should expand the range of information audited as part of the clinical record keeping audit (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
f	<p>The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service (see page 18).</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>

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

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

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