Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: ADHD Direct Ltd, Glasgow

Service Provider: ADHD Direct Ltd

10 June 2025

NHS SCOTLAND

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

First published August 2025

www.healthcareimprovementscotland.scot

Contents

1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 19 June 2023.

2 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 ADHD Direct Ltd on Tuesday 10 June 2025. We spoke with a number of staff during the inspection. We received feedback from 38 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, ADHD Direct Ltd is an independent clinic offering consultations and treatment for neurodevelopmental mental health conditions, including attention deficit hyperactivity disorder (ADHD) and autism.

The inspection team was made up of two inspectors and one clinical expert.

What we found and inspection grades awarded

For ADHD Direct Ltd, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
Vision and mission statements were available on the service's website. Governance processes and reporting structures were in place to support staff delivering care. Performance against identified key performance indicators was monitored to help continually improve the service. Clear leadership was in place and staff felt supported in their roles. A range of development opportunities were available to staff.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Staff, patient and external stakeholder feedback was regularly sought and used to improve the quality of the service provided. A culture of learning from feedback, complaints, audits and incidents was evident. Policies and procedures set out the way the service was delivered and, alongside risk management and quality assurance processes, including an audit programme and quality improvement plan, helped the service to deliver person-centred care. The service worked with national organisations to contribute towards the development of neurodiversity awareness and education.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean, tidy and welcoming. Patient care records were comprehensively completed. Thorough assessments were carried out to inform patients' future care and treatment. Patients and families spoke positively about the care received.	✓✓ Good

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: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect ADHD Direct Ltd 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 no requirements and no recommendations.

We would like to thank all staff at ADHD Direct Ltd for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

Vision and mission statements were available on the service's website. Governance processes and reporting structures were in place to support staff delivering care. Performance against identified key performance indicators was monitored to help continually improve the service. Clear leadership was in place and staff felt supported in their roles. A range of development opportunities were available to staff.

Clear vision and purpose

The service's vision was 'to create an environment where every individual with ADHD or autism is empowered to reach their full potential… by providing exceptional clinical services, fostering community education, and advocating for change… to build a more inclusive society where every person can thrive'.

A mission statement to 'provide comprehensive, compassionate, and evidence-based assessment and treatment services for individuals with ADHD and autism' was available on the service's website for patients to view, alongside the vision statement. A set of core values helped direct the service to deliver care and treatment. These were:

- person-centred care
- transparency, and
- inclusion.

The service had identified key performance indicators to help measure the effectiveness of the quality of service delivered to patients. This included collecting and evaluating data such as:

- access to, and timeliness of, assessment and diagnosis
- clinical quality and safety
- patient outcomes and experience, and
- how well the service was performing.

The service's digital software system was used to monitor compliance in achieving its key performance indicators. We saw the senior management team regularly monitored and evaluated the key performance indicators to help the service to continually improve.

We saw that priorities had been identified for the next 12-24 months. Some examples included:

- reducing waiting times
- improving access for underserved groups
- enhancing staff development, and
- leading in education.

- No requirements.
- No recommendations.

Leadership and culture

The service had a clear leadership structure with defined roles and responsibilities. The chief executive officer and manager was a registered mental health nurse, and the service's clinical lead was a registered medical practitioner. Both had a broad range of experience providing care and treatment in the NHS and the independent sector. A range of clinical healthcare professionals worked in the service, including staff granted practicing privileges (staff not directly employed by the service but given permission to work in the service). Staff included:

- medical practitioners
- registered mental health nurses
- psychologists, and
- administrative staff.

The service provided opportunities for staff development and continuous professional development. For example, we saw nursing staff were encouraged to complete a non-medical prescribing course.

Since the last inspection in 2023, we saw a member of staff had been promoted to clinical service manager. They supported the clinical lead in overseeing the work of other clinicians, providing support and guidance, and managing complaints. We spoke with the clinical service manager who told us they were well supported in their role and were encouraged to suggest improvements in the service. For example, they had developed a positive diagnosis letter that included information about the service, self-help and support links.

We noted that the clinical service manager and chief executive officer delivered training for the University of Wales as part of a postgraduate certified programme in neurodiversity-inclusive healthcare, which was led by the service's clinical lead. We also noted a nurse from the service had been given funding to complete this training. This helped staff gain further knowledge and skills to support their practice.

Governance systems and processes were in place to help support staff deliver care safely and make sure the service was continually improving. This included:

- policy and procedure reviews
- staff meetings
- an audit programme
- staff and patient feedback, and
- complaint reviews.

Staff were supported and kept informed in a variety of different ways. This included:

- monthly business meetings
- internal online communication channel
- email, and
- a staff development day.

The senior management team met every month to discuss developments in the service, staffing, and updates to policies and procedures. We saw information from these meetings was shared with staff, where appropriate. This ensured staff were kept up to date with any changes in the service.

A 'daily clinical enquires' had been introduced which gave clinicians the opportunity to seek support and advice from the clinical lead and clinical service manager with any clinical enquiries. We were told staff had fed back that this was a positive initiative and had a positive impact on clinical decision making.

Administrative staff met together frequently throughout the day to review workloads, raise any administrative issues and request support. We were told this ensured that day-to-day administrative operations were responsive and staff were supported in their role. A monthly administrative team meeting was also held to provide updates about the service, complaints analysis, training and provide an opportunity to raise any concerns or issues.

All clinical staff were invited to a weekly online clinical team meeting to ensure staff working remotely were able to attend. This meeting provided staff with updates about the service, medication availability, complaints, complex patient discussions and suggestions for improvement. This kept staff up to date with any changes in the service and provided an opportunity for shared learning.

We saw all staff meetings that took place were minuted, with documented outcomes and actions, with staff responsible for taking forward actions documented.

The service regularly held staff development days. We noted that the most recent event included a guest presentation by a specialist occupational therapist, along with opportunities for staff to present on topics related to neurodevelopment and to share patient feedback. We saw this provided an opportunity for team building, shared learning and keeping up to date with best practice.

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

Our findings

Staff, patient and external stakeholder feedback was regularly sought and used to improve the quality of the service provided. A culture of learning from feedback, complaints, audits and incidents was evident. Policies and procedures set out the way the service was delivered and, alongside risk management and quality assurance processes, including an audit programme and quality improvement plan, helped the service to deliver person-centred care. The service worked with national organisations to contribute towards the development of neurodiversity awareness and education.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service engaged, supported and shared information with patients in a variety of ways, including its social media platforms, website and webinars. Information included:

- introducing staff members
- post-diagnosis support and information
- self-help information
- treatment options, and
- upcoming events in the service.

The service also produced a magazine for families whose child had recently been diagnosed with ADHD. This included helpful information about supporting their child, information about medication and the next steps.

The service had a participation policy and used a variety of methods to obtain feedback from patients, staff and external stakeholders, including:

- complaints
- informal patient feedback
- the 'Ideas Hub' (a shared online message board for staff)
- patient and staff surveys, and
- website testimonials from patients.

We saw evidence of feedback being reviewed regularly and a range of improvements introduced as a result. Some examples included:

- assessment tools were now in a format that was easy for patients with a neurodevelopmental diagnosis to read and understand
- appointment and medication prescription reminders were issued to patients, and
- information about the assessment process and documentation needed by the service had been made clearer on the website.

We saw evidence of the service producing a 'you said, we did' report for patients. This helped to keep patients informed of any improvements made to the service as result of patient feedback.

Patients who completed our online survey told us they felt fully informed about their treatments. Comments included:

- 'Everything was communicated clearly in a way I understood… all options explained to allow me to make decisions on treatment.'
- 'Everything was explained in person, leaflets and follow up documentation.'
- 'We were provided {with} all the evidence based information so we could make an informed and educated decision.'

We saw staff feedback was actively sought, and staff were provided with an opportunity to influence improvements in the service. This included staff surveys, meetings, development days and the online ideas hub. Some examples of improvements included:

- changes to the prescribing system
- environmental adaptations in the service to support patients and staff with a neurodevelopmental diagnosis, and
- hybrid working to allow staff to work both remotely and in the service.

- No requirements.
- No recommendations.

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.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since the last inspection in 2023, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy and a yearly report was available on its website. We saw staff received training on the principles of duty of candour.

A process for reporting any incidents and accidents that may occur in the service was in place. We saw these had been managed appropriately and lessons learned were shared with staff.

An up-to-date complaints policy was published on the service's website and was also provided with information given to patients. This included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland. We saw that complaints were discussed at staff meetings, with lessons learned disseminated to staff and used to improve the service, where appropriate.

Policies and procedures helped support the delivery of safe, person-centered care. Policies were in electronic format to protect version control and ensure staff were accessing the most up-to-date policy. Examples of key policies included:

- safeguarding (public protection)
- medicine management, and
- infection prevention and control.

Patients and their families completed pre-assessment information and questionnaires, and were asked to consent for the service to obtain and share information with their GP before medication, such as controlled drugs, would be prescribed by the service. Controlled drugs are medications that require to be controlled more strictly, such as stimulant medication used to treat ADHD. This ensured the service had information about a patient's medical history before making a diagnosis and controlled drugs were prescribed.

Consultations and treatments were 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.

Assessment consultations were carried out by a nurse or medical practitioner who used a range of screening tools to assess the patient's medical and psychosocial history (mental, emotional, environmental and cultural factors that can influence an individual's wellbeing and behaviour) to determine if a diagnosis was appropriate. Patients were given a copy of their assessment report, and this was also sent to the patient's GP.

Patients were provided with treatment options, including:

- educational resources
- medication
- wellbeing resources and self-help, and
- ADHD coaching (to help patients manage their symptoms and improve their daily functioning).

Patients were provided with additional information when medications were being considered as a treatment option. We saw patients were given time to consider options to help them make an informed decision about their treatment.

All patient information was stored securely on password-protected electronic devices, helping to protect confidential information. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed appropriate data protection regulations.

The service's recruitment policies were in line with safer staffing guidance. This helped make sure that suitably qualified staff were recruited. The senior management team managed the recruitment process. Staff files were held on an electronic human resources platform. This meant relevant information was secure but easily accessible and identifiable, as needed. All staff were subject to a 6-month probation to ensure they were competent to fulfil job roles.

All GPs granted practicing privileges had to adhere to the Royal College of General Practitioners guidance for 'GPs with extended roles'. All clinical staff received a comprehensive induction process which included shadowing and observed practice. Staff had to be signed off as competent by the clinical lead before carrying out patient assessments independently. This helped to ensure the service had a consistent approach to patient assessments and report writing.

A nursing competency framework had been developed which all nursing staff were evaluated against. This ensured that nursing staff had clear expectations of what the service expected from them and highlighted any areas identified for development. We saw this was reviewed with staff annually by the manager. This ensured that staff remained competent within their role to provide safe patient care.

All staff were line managed by the practice manager. This meant they had oversight of leave, rosters, and allocation of roles and responsibilities. Clinical staff could engage in group clinical supervision sessions every 2 weeks, with clinicians encouraged to lead and raise topics for discussion. Examples of these sessions included case discussions, challenges in medication management and the delivery of diagnosis. This provided the opportunity for peer support, shared learning and keeping up to date with best practice.

The service used an external agency to carry out annual appraisals for its nursing staff, as well as the manager carrying out an annual review with them. Administrative staff had an annual appraisal with the practice manager. This allowed them to develop their role and focus on areas of interest or skill. Staff were supported and encouraged to engage in all internal and external training provided, as appropriate.

The senior management team had oversight of appraisal dates, professional revalidation of clinical staff and training compliance through an internal electronic system. This was colour coded to highlight when staff had completed for ease of reference.

The service formally worked with Glasgow Caledonian University to support nursing student placements. All nursing staff had undertaken their mentorship training in order to support nursing students. The service had a set induction programme, and was linked to the university student feedback processes.

- No requirements.
- No recommendations.

Planning for quality

Systems were in place to proactively assess and manage risk to staff and patients. This included:

- auditing
- reporting systems
- risk assessments, and
- risk register.

The service's risk register covered operational and clinical risk to patients and staff, as well as detailing the actions to mitigate or reduce risks. We saw this was reviewed and updated regularly by the senior management team.

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

The service had an up-to-date fire risk assessment and we saw that appropriate fire safety equipment and signage was in place. We also saw more specialist risk assessments for managing key building risks, such as legionella (a water-based infection).

A comprehensive yearly programme of clinical and non-clinical audits helped to deliver consistent, safe care for patients and identify areas of improvements. Example of audits included:

- medication management
- assessment documentation
- staff training and compliance, and
- record keeping.

We saw actions plans were developed where necessary, and improvement actions were discussed with staff. We saw additional audits were completed following a change in operational activity or when issues were identified by staff or patients. For example, when the service had to temporarily operate remotely due to issues with their previous premises, audits were completed to assess the impact on staff and service delivery. This identified that staff could effectively work remotely with no impact on how the service was delivered.

We saw that improvements were made as a result of the findings from audits. Some examples were:

- the implementation of standard address documentation for prescriptions, and
- increased oversight of administration processes by creating a senior administration role.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. This included results from audits, improvement priorities, objectives and goals with actions plans to achieve these. Improvements included:

- staff development and training
- patient experience, and
- governance and record keeping.

We noted the clinical lead had co-authored the development of a specialist framework for GPs with extended roles in ADHD. The framework had been approved by the Royal College of General Practitioners and provided a guide for GPs looking to expand their role in providing care for patients with ADHD.

We were also told the clinical lead had participated in a peer support group with other medical practitioners across the UK. This group had contributed to work supporting neurodivergent doctors in training who require adaptations for exams and studying. This included collaborating with an organisation which facilitates and supports educational governance within the General Medical Council (GMC) regulatory framework.

We were told the service was developing educational and training programmes aimed at staff working in the service and to wider groups such as schools, workplaces and families. We were told the service's criminal justice ADHD awareness course had recently received continuing professional development (CPD) accreditation and was due to launch later this year.

- No requirements.
- No recommendations.

Key Focus Area: Results

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

Our findings

The environment was clean, tidy and welcoming. Patient care records were comprehensively completed. Thorough assessments were carried out to inform patients' future care and treatment. Patients and families spoke positively about the care received.

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 was clean, tidy and well maintained, and a contract was in place with an external cleaning company. We saw appropriate cleaning equipment and products were used, and cleaning schedules were in place to show that appropriate cleaning was carried out.

Consultations room created a warm, therapeutic and considered environment to meet the needs of patients accessing the service and staff providing neurodevelopmental assessments. Staff we spoke with showed specialist knowledge in neurodevelopmental disorders. Senior staff were committed to sharing their knowledge, skills and expertise with other professionals through peer support groups and educational training.

We reviewed five patient care records and found that all were comprehensive and well organised. All patient records we reviewed included:

- consultation notes for each care episode
- information about medication provided to patients
- self-help information, and
- recommendations for treatments.

We saw patients' presenting issues were assessed, as well as their medical, psychosocial and developmental history, during their consultation. Relevant screening and assessment tools were used to evidence and inform a clinical diagnosis as to why a patient had met the criteria for diagnosis.

We saw thorough and comprehensive documentation in the patient care records we reviewed, such as patient reports and communication with other professionals involved in patients' care. We saw evidence that patients and their families had been involved in making decisions about their care and treatment.

The majority of patients who responded to our online survey told us they were treated with dignity and respect, and were satisfied with the care and treatment they received from the service. They were confident about the skills and abilities of the clinical staff. Comments included:

- '… everything was handled smoothly, professionally, and with genuine care… I felt heard, supported and never rushed.'
- '… I felt supported throughout… the team were highly professional, easy to communicate with and always clear about the next steps… everything was handled with care and efficiency… .'
- '… felt listened to and respected.'
- 'Our assessor explained everything well which gave me confidence in [their] abilities… .'

We reviewed seven staff files, including two for staff granted practicing privileges. We saw appropriate background and identity checks were carried out during their recruitment for employed staff and healthcare professionals appointed under practicing privileges. This included references, professional qualifications, registration with an appropriate professional register and Protecting Vulnerable Groups (PVG) background checks. We also saw evidence that regular checks were carried out, as required, to make sure staff remained safe to continue working in the service.

Staff we spoke with told us they had received a thorough induction into the service and had access to relevant training. One staff member was being supported to undertake a master's qualification. Staff said the work environment was supportive and they felt safe to raise concerns. We also spoke with a student who said they had an excellent well-planned induction and placement experience in a supportive learning environment. They felt this had enabled them to further increase their opportunities for career development.

- No requirements.
- No recommendations.

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: [The quality assurance system and framework – Healthcare Improvement Scotland]

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

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	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot