

Announced Inspection Report: Independent Healthcare

Service: SMARTS For Life, Dunning

Service Provider: SMARTS For Life Limited

3 June 2025

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 6 April 2023

Recommendation

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

Action taken

We saw the service had further developed its audit programme to include environmental checks, completed private prescriptions and patient care records, including care planning.

Recommendation

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

Action taken

A cleaning schedule was in place.

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 SMARTS For Life on Tuesday 6 June 2025. We spoke with the two directors (clinical lead and manager) during the inspection. We received feedback from 15 patients through our online survey we asked the service to issues for us before the inspection.

Based in Dunning, SMARTS For Life is an independent clinic providing a range of mental health services for children and families.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For SMARTS For Life the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
A medical practitioner led the service. The service's mission was shared on the service website and a process was in place to measure its success. Governance processes were in place to help support safe practice and continuous improvement.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patient feedback was regularly sought to inform improvements in care delivery. Policies and procedures set out the way the service was delivered and supported the practitioner to deliver person centred care. A duty of candour report was published every year.</p> <p>Processes must be in place for patients to consent to obtain and share information with patients' GPs to safely prescribed medication. A fire risk assessment should be carried out every year.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean, tidy and welcoming. Patient care records were comprehensive. Thorough assessments were carried out for each patient to inform future care and treatment. Patients and the parents spoke positively about their care.	✓✓ 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 SMARTS For Life Limited 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 one requirement and one recommendation.

Implementation and delivery	
Requirement	
1	<p>The provider must implement a system to ensure that:</p> <p><i>(a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.</i></p> <p><i>(b) All relevant information about the consultations and treatment is shared with the patient's NHS GP when the consultation or episode of care is completed (see page 15).</i></p> <p>Timescale – by 3 September 2025</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
a	<p>The service should ensure a fire risk assessment is carried out every year (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

SMARTS For Life Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at SMARTS For Life 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

A medical practitioner led the service. The service's mission was shared on the service website and a process was in place to measure its success. Governance processes were in place to help support safe practice and continuous improvement.

Clear vision and purpose

The service's mission statement was available on the website and in patient information.

The service aimed to help its patients and their parents understand how the brain works, using the SMARTS approach to get through their day as successfully as possible. The SMARTS approach was described as:

- 'Skills – ideally for your age or situation.'
- 'Motivation – to use your skills.'
- 'Awareness – of when to use your skills.'
- 'Regulated – staying calm or relaxed to use the skills.'
- 'Thinking – ability to give up control, problem solve and select the right skill at the right time.'
- 'Stuff – what comes up when you are not smart.'

The service measured key performance indicators to help it assess how successful it was in achieving its aims. The key performance indicators were:

- clinical outcomes – improved clinical presentation
- feedback outcomes – verbal feedback for each session and patient satisfaction surveys, and
- process outcomes – SMARTS neurodevelopmental profile agreed with each patient and care planning for each session.

The service used an electronic system to record all patient data and activities, which provided an overview of the service's progress in achieving each outcome. We saw the service had met all of its key performance indicators. The service's directors met weekly to discuss any outstanding tasks identified and monitor compliance to make sure the service kept its focus on quality of care. We saw this information was used to inform the quality improvement plan.

- No requirements.
- No recommendations.

Leadership and culture

Both company directors worked in the service. One was the registered manager and the other was a specialist consultant psychiatrist.

The consultant psychiatrist had broad experience of delivering specialist mental health and neurodevelopmental healthcare for patients in the NHS and independent sector.

Governance processes were in place to help support safe practice and make sure the service was continuously improving. This included:

- a weekly directors meeting
- an audit programme
- an improvement plan meeting held every 3 months
- patient feedback, and
- policy and procedure reviews.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient feedback was regularly sought to inform improvements in care delivery. Policies and procedures set out the way the service was delivered and supported the practitioner to deliver person centred care. A duty of candour report was published every year.

Processes must be in place for patients to consent to obtain and share information with patients' GPs to safely prescribed medication. A fire risk assessment should be carried out every year.

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

The service's participation policy detailed how it would engage and gather feedback from patients and their families. The policy also set out how the feedback would be used to plan patient care and improvements in the service. Methods used to collect feedback included:

- patient satisfaction questionnaires
- the completion of Royal College Psychiatrist consultant evaluation questionnaires, and
- verbal feedback at the end of each session to agree a plan of care.

The service's website provided weblinks to policies and forms. The website also had an overview of the SMARTS therapy model, including information about potential costs for medication and extra sessions with the practitioner. This allowed patients to make an informed decision about accessing treatments in the service.

We saw that patient engagement and gathering patient feedback was a priority for the service. The service worked collaboratively with young people and their families, from their initial assessment and ongoing sessions with the service. Patients and parents were asked to provide feedback to determine whether they understood the session's discussions and agreed with the planned care at the end of each session. The practitioner would then email a written copy of the care plan to the patient and parent.

An anonymous evaluation survey was also sent to parents after each session asking them for feedback about:

- the premises
- understanding the child's profile
- understanding the SMART approach
- whether information had been shared professionally
- whether the appointment met their needs
- whether the care plan made sense
- whether the care received was helpful, and
- whether the sessions helped the patient to get through the day successfully.

We saw all patients who completed the service's evaluation survey had provided positive feedback. We were told that this feedback provided reassurance that the service was delivering care that met the needs of patients.

We were told that this had led to a collaborative approach and shared understanding of the needs of both the patients and their parents. This was a key part of how the SMARTS method worked.

Patients who responded to our online survey told us they felt fully informed. Comments included:

- 'Everything is explained well and clearly with accompanying written information to review.'
- 'Detailed verbal discussion followed by written information regarding the assessment and treatment.'
- 'Very thorough in her approach, a treatment plan is always agreed on by all and information of the plan shared in writing and by email.'
- 'Costs are well detailed prior to sessions. Benefits/drawbacks of medications well explained...decision making felt well supported.'

■ 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 fully understood Healthcare Improvement Scotland's notification process and the need to inform Healthcare Improvement Scotland of certain events or incidents occurring 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 in place and a report was published on the service website every year.

We saw a process in place for managing incidents and accidents, which was easily accessible for all staff. We noted that the service had experienced no incidents and accidents since its registration with Healthcare Improvement Scotland.

The service had recently reviewed and updated its key policies used to help support the safe delivery of care. This helped to keep the policies up to date and in line with current legislation and best practice.

A complaints policy was available on the service website, detailing the process for managing a complaint. The policy also provided information on how patients could also make a complaint to Healthcare Improvement Scotland. We were told the service had not received any complaints since registration. The provider was also a member of Independent Sector Complaints Adjudication Service (ISCAS).

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.

The practitioner was a registered doctor with the General Medical Council (GMC). This requires them to register with the GMC every year and complete a revalidation process every 5 years, where they gather evidence of their competency, training and feedback. We saw evidence of continued professional development, supervision sessions with another registered doctor and yearly appraisals.

Formal links were established with professional networks, such as The Scottish Autism Diagnostic Observation Schedule (ADOS) consortium. As part of this consortium, the practitioner participated in research and provided training to other healthcare professionals through NHS Education for Scotland (NES). The practitioner also had working relationships with other mental health organisations and mental health professionals. This provided opportunities for peer-support and shared learning, including keeping up to date with best practice in mental health and neurodevelopment disorders. The practitioner also kept up to date with mandatory training through their substantive post in the NHS.

The practitioner continued to provide training and education to mental health professionals in the independent sector, NHS and third sector organisations.

Patients accessed the service through self-referral or referrals from healthcare professionals in other organisations, such as speech and language therapists and psychologists. Consultations were appointment-only and patients could choose to have their consultations carried out face-to-face or remotely using a video link. Patients who chose to attend face-to-face consultations could take part in equine-assisted growth and learning sessions (a therapeutic approach that uses horses to promote physical, emotional and mental wellbeing), with access to a private woodland area and a safe place to interact with horses. We were told this approach helped patients to actively engage in consultation sessions.

Patients or their parents were asked to complete an initial enquiry and received a telephone consultation to determine if the service was suitable to meet the needs of young people and their families. Patients were asked to consent to share information with their GP, other health professionals and school. This allowed the practitioner to share information about patients' presentations and diagnosis with other professionals involved in the care and educational support needs.

Patients and parents were asked to complete a SMARTS neurodevelopmental history questionnaire before attending their initial assessment consultation. We were told this information helped the practitioner to tailor their approach to meet the needs of the patient. During the initial SMARTS consultation, the practitioner worked together with the patient and parents to create a SMARTS profile and develop support strategies and an agreed care plan. While diagnosis would be provided if appropriate, we were told that SMARTS sessions emphasised patients' strengths rather than focus on diagnosis. We saw evidence of multidisciplinary working when a patient would benefit from additional support from other clinical professionals from other organisations.

Where medication was considered an option as part of a patient's care, patients were provided with written information about the medication. This was also discussed with the practitioner and helped patients to make an informed decision about treatment.

What needs to improve

During our inspection, we noted that the service did not routinely request GP summaries of patients' medical records before prescribing controlled drugs. We were told that treatment had been prescribed without having access to this. This made it difficult for the service to have adequate knowledge of the patient's health before providing treatment. The General Medical Council (GMC)'s guidance *Good practice in prescribing and managing medicines and devices (2021)* states:

- 'If you don't have access to relevant information from the patient's medical records you must not prescribe controlled drugs of medicines that are liable to abuse, overuse or when there is a risk of addiction and monitoring is important' (requirement 1).

Requirement 1 – Timescale: by 3 September 2025

- The provider must implement a system to ensure that:

- (a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.*
- (b) All relevant information about the consultations and treatment is shared with the patient's NHS GP when the consultation or episode of care is completed.*

- No recommendations.

Planning for quality

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

- audits
- reporting systems
- risk register, and
- staff meetings.

This helped to make sure that care and treatment was delivered in a safe environment. The service's risk register covered operational and clinical risks to patients and staff, including business continuity, as well as detailing actions to mitigate or reduce identified risks.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. The service had a comprehensive improvement plan that helped to inform and direct its improvement activities and we saw this was reviewed regularly. Examples of improvements in the plan included:

- breakout areas for patients and families
- improved clinical documentation, and
- training programmes for patients and their families and other professionals.

The service had an audit programme in place, which included audits for:

- environmental checks and cleaning
- patient care records, and
- prescribing.

We saw audits were documented, with improvement plans implemented where necessary.

What needs to improve

The service's fire risk assessment for the service had not been updated since 2021 (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a fire risk assessment is carried out every year.

Key Focus Area: Results

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

Our findings

The environment was clean, tidy and welcoming. Patient care records were comprehensive. Thorough assessments were carried out for each patient to inform future care and treatment. Patients and the parents spoke positively about their care.

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 and tidy. The building was in a good state of repair and created a warm, welcoming therapeutic environment. We saw the consultation room had been carefully considered to meet the needs of patients accessing the service. The practitioner showed compassion and we saw a high standard of care was provided, including specialist knowledge in mental health and neurodevelopmental disorders. The practitioner was committed to sharing their knowledge, skills and expertise with other professionals. We saw evidence of this through ongoing contributions to the NHS and other mental health organisations.

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

- consultation notes for each care episode
- information about the risks and benefits of medication
- self-help information, and
- treatment plans.

During the consultations, we saw the practitioner assessed the patients' presenting issues, as well as their medical, psychosocial and developmental

history. 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, such as patient reports and communication with other professionals involved in patients' care. We saw evidence of a good standard of care, awareness of risk and how to manage it. We saw evidence that patients and their parents had been involved in making decisions about their care and treatment.

Patients who completed our survey told us they were treated with dignity and respect and had confidence that the practitioner had the right knowledge and skills. Comments included:

- 'The practitioner had a wealth of knowledge and expertise.'
- 'The practitioner is an expert in her field. We feel very fortunate to be able to access her services.'
- 'The practitioner is very professional...listens carefully...always considerate, thoughtful, polite and respectful.'
- 'Person centred approach...patience in understanding our position. Fair, respectful and informed engagement.'

■ 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.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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