Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Glasgow Alcohol and Drug Crisis Service

Service Provider: Turning Point Scotland

26 August 2025

NHS SCOTLAND

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Contents

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 19 September 2023

Requirement

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

Action taken

The service had updated its guidance for notifying Healthcare Improvement Scotland. The manager understood the Healthcare Improvement Scotland notification process and incidents had been reported appropriately. **This requirement is met**.

Requirement

The provider must review guidance on seizure management to ensure staff are able to follow clear and specific guidance and allow them to manage these situations safely, including the administration of emergency medication.

Action taken

A seizure policy had been developed and the clinical pathway and procedures document had been updated. However, staff guidance for safely managing these situations, including the administration of medicines was unclear. **This requirement is not met** and is reported in Domain 4: Quality improvement.

Requirement

The provider must risk assess the availability of hand wash basin and sinks in the cleaning services room against current guidance, and a risk based refurbishment plan should be developed to reduce any risks identified to minimise the spread of infection.

Action taken

A risk assessment for the availability of hand wash basins and sinks had been carried out. Processes to minimise the spread of infection had been implemented. **This requirement is met**.

Requirement

The provider must:

(a) only use appropriate cleaning equipment, including single use disposable mop heads, and
(b) ensure cleaning schedules are accurately and fully complete to demonstrate all cleaning tasks have been carried out.

Action taken

Appropriate cleaning equipment was used and mop heads were laundered correctly. Cleaning schedules were fully completed. **This requirement is met**.

Requirement

The provider must ensure a record is made on the patient care record as closely as possible to the time of the relevant event, of the following matters:

(a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the health care professional
(b) the outcome of that consultation or examination, and
(c) details of every treatment provided to the service users including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it.

Action taken

Patient care records we reviewed were completed. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 19 September 2023

Recommendation

The service should record the outcomes of all discussions when reviewing its aims and objectives to measure whether these are being achieved.

Action taken

The senior management and the provider's leadership team met regularly to monitor and evaluate the aims and objectives of the organisation.

Recommendation

The service should develop a patient participation policy that includes a structured approach to gathering and analysing feedback to demonstrate the impact of improvement.

Action taken

The service had developed a participation policy and gathered patient feedback in a variety of ways.

Recommendation

The service should develop its systems to ensure it engages and captures feedback from staff on a range of issues.

Action taken

Systems were in place to gather staff feedback.

Recommendation

The service should update its complaints policy and poster with Healthcare Improvement Scotland's contact details and make it clear that patients have the right to contact Healthcare Improvement Scotland at any time.

Action taken

The service's complaints policy and poster included Healthcare Improvement Scotland contact details and informed patients that they could contact Healthcare Improvement Scotland at any time.

Recommendation

The service should ensure that all staff training is up to date and recorded in staff's personnel files.

Action taken

Training was up to date and recorded in staff files.

Recommendation

The service should review and update its infection control policy to ensure it aligns with Healthcare Improvement Scotland's Infection Prevention and Control Standards (2022).

Action taken

The service's infection control policy had been updated to reference and include information on Healthcare Improvement Scotland's *Infection Prevention and Control Standards (2022).*

Recommendation

The service should consider reviewing its clinical management and procedures guidance for staff to ensure it is concise and relevant to the service with reference to external guidance as appropriate.

Action taken

The service had reviewed and updated its clinical pathway and procedures guidance for staff.

Recommendation

The service should ensure that clear and specific guidance for observations during withdrawal (or assessment for withdrawal) should be developed, this should include frequency, duration and reasons for stopping.

Action taken

The provider had developed an 'observations in residential services' policy and a local observations standard operating procedure was in place.

Recommendation

The service should consider developing a discharge policy with clear guidance on reducing the risks of unplanned discharges.

Action taken

We were told the service was developing a discharge policy. However, this had not been implemented at the time of our inspection. This recommendation is reported in Domain 4: Quality improvement (see recommendation c on page 24).

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 unannounced inspection to Glasgow Alcohol and Drug Crisis Service on Tuesday 26 August 2025. We spoke with a number of staff and patients during the inspection.

Based in Glasgow, Glasgow Alcohol and Drug Crisis Service is an independent clinic providing non-surgical treatments. This service also comprises a social care service with residential accommodation for 20 patients that is regulated by Care Inspectorate.

The inspection team was made up of two inspectors and an expert advisor.

What we found and inspection grades awarded

For Glasgow Alcohol and Drug Crisis Service, 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**
The provider had a clear vision and strategic plan with measurable objectives to measure its performance and to support continuous improvement. Governance structures and leadership helped staff to deliver care and meet the needs of patients. Staff felt supported and development opportunities were available.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient participation and feedback was regularly sought and used to improve the quality of the service. Policies and procedures set out the way the service was delivered. Risk management and quality assurance processes, including an audit programme and quality improvement plan helped the service to deliver person-centred care. A duty of candour report was published every year. The provider must review existing seizure management guidance to make all the relevant information available in one place. A discharge policy should be implemented.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well maintained. Safe recruitment processes were in place. Staff showed care and compassion in providing care. Patient care records were comprehensively completed and patients spoke positively about the service. Processes must be implemented to monitor medication grab used in an emergency. Guidelines must be followed for the management of sharps.	✓✓ 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 Turning Point Scotland 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 three requirements and two recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should develop a system to measure its progress with aims and objectives set out (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery

Requirement

1 The provider must review guidance on seizure management to ensure staff are able to follow clear and specific guidance and allow them to manage these situations safely, including the administration of emergency medication (see page 24).

Timescale – immediate

Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the September 2023 inspection report for Glasgow Alcohol and Drug Crisis Service.

Recommendation

b The service should continue to develop and implement a discharge policy with clear guidance on reducing the risks of unplanned discharges (see page 24).

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

Results

Requirements

2 The provider must implement a clear process for monitoring medication grab gabs and remove medication grab bags that are no longer in use (see page 28).

Timescale – immediate

Regulation 3(a)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)
Requirements
3 The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control guidance (see page 29). Timescale – immediate *Regulation 3(d)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations
None

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

Turning Point Scotland, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Glasgow Alcohol and Drug Crisis Service 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

The provider had a clear vision and strategic plan with measurable objectives to measure its performance and to support continuous improvement. Governance structures and leadership helped staff to deliver care and meet the needs of patients. Staff felt supported and development opportunities were available.

Clear vision and purpose

Glasgow Alcohol and Drug Crisis Service is part of Turning Point Scotland, which is a Scottish health and social charity organisation. The clinic was located within a residential unit, providing support and detoxification treatment for patients in crisis with alcohol and drug use. This included 24-hour injection equipment provision (needle exchange) wound care and harm reduction advice.

The provider had a clear vision of making sure everyone it supported had:

- a safe place to call home
- a sense of belonging to their community
- positive relationships, and
- the opportunity to have valued roles.

The provider's mission statement focused on supporting people facing complex and challenging situations with 'skilled and passionate staff' and providing 'high quality services, leadership and innovation.' All staff were given a copy of the provider's vision and mission statement as part of their induction.

A set of core values informed the strategic direction direct and helped the service to deliver care and treatment, which were:

- compassion
- inclusion
- integrity, and
- respect.

A strategic plan (2023-2028) set out four areas of focus as:

- 'Our development'
- 'Our people'
- 'Our services', and
- 'Our voice'.

Each focus area included clear, measurable objectives and progress against each objective was monitored through regular meetings with senior management and the provider's leadership team. A strategic progress report monitored progress and achievements against the strategic plan.

We saw the service clearly displayed the strategic plan in the service and on its website, which included the provider's vision, mission statement and values for patients and staff to see.

The service also had its own aims and objectives, in line with the provider's vision. Some examples included:

- design support plans around patient needs
- encourage positive changes to be made
- involve people and their representatives in decision-making
- provide person-centred support.

What needs to improve

We saw no evidence that the service measured its progress against the stated aims and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should develop a system to measure its progress with the aims and objectives set out.

Leadership and culture

The provider's board was responsible for setting future strategies, finance and monitoring the performance of the service.

The service had a clear leadership structure with defined roles and responsibilities. The registered manager and lead nurse were experienced in providing care and treatment to patients experiencing alcohol and substance misuse and dependence.

Staff in the service included external professionals to reflect the specialist needs, support and specialist interventions required of its patients. For example:

- a liver specialist nurse
- a pharmacist
- a sexual health nurse
- a visiting medical officer (VMO)
- registered nurses, and
- social care staff.

Governance systems and processes were in place to help staff deliver safe care and support continuous improvement, including:

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

The head of clinical and care governance, pharmacist and visiting medical officer attended a clinical governance subgroup held every 8 weeks. From minutes we reviewed, we saw that these meetings discussed changes to policies and clinical care processes, as well as outcomes from audits. Staff could also raise clinical care issues to this group. For example, we saw that the service manager had raised issues about medicine shortages and the impact on patient care. Where appropriate, information from the clinical governance subgroup was shared at a

3-monthly care governance forum with the provider's senior staff and head of clinical and care governance.

The service manager attended a meeting every 3 months with the provider's head of service executive team and its other alcohol and drug service managers. This allowed the service manager to keep up to date with changes in the organisation, have access to peer support and share service updates with the provider.

The service actively participated in the Glasgow City Alcohol Drug Partnership, community recovery services and third sector organisations. The service manager and clinical care and governance lead attended regular meetings with these organisations, which helped keep up to date with best practice, Scottish Government strategies and legislation changes.

The service held regular compliance meetings with health and social care partners across Glasgow, sharing information and knowledge. For example, the service engaged with NHS Glasgow Alcohol and Drug Recovery Service about drug errors in 2024 and implemented improvements after input from the practice development nurses.

Staff were supported and kept informed in a variety of different ways, including:

- all-staff meeting
- emails
- healthcare staff meetings
- management meetings
- senior nurse meetings
- staff development days, and
- the staff intranet.

Each shift started with a handover, where staff provided an update on patients' presentations, changes in care needs and any incidents that had occurred.

Clinical staff attended a weekly multidisciplinary meeting with the visiting medical officer and prescribing pharmacist. This meeting discussed possible admissions to the service and an update on patients currently admitted to the service. The multidisciplinary meeting allowed staff to review and respond to any changes in care needs.

Following our last inspection on 19 September 2023, staff development days had helped gather staff feedback and develop team objectives, including:

- communication as a top priority
- clear processes and procedures
- develop staff
- recognise staff, and
- support patients.

The service had outlined the tasks that would help it achieve these objectives in line with the organisational values and strategic plan.

The service provided opportunities for staff development, leadership and continuous professional development. Leadership resources were available on the staff intranet and two senior staff had applied for the leadership programme, which had recently been made available for senior nurses. We saw examples of staff promotions, including a nurse recently promoted to senior nurse.

Staff representatives from the provider's services could raise concerns directly to the provider's executive team at the 'people matter' forum. Minutes from these meetings and action plan logs were available for staff electronically.

Staff we spoke with told us the service had an open culture where they felt safe to speak up and share ideas. Staff were confident that concerns raised would be listened to and acted on.

The provider had recently introduced private healthcare plans for all staff in the service as an incentive and staff we spoke with told us this had been positively received.

- 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

Patient participation and feedback was regularly sought and used to improve the quality of the service. Policies and procedures set out the way the service was delivered. Risk management and quality assurance processes, including an audit programme and quality improvement plan helped the service to deliver person-centred care. A duty of candour report was published every year.

The provider must review existing seizure management guidance to make all the relevant information available in one place. A discharge policy should be implemented.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service engaged with patients and encouraged feedback in a variety of ways, included service forums and anonymous suggestion boxes, as well as discharge questionnaires.

Patients could discuss issues in the service and make suggestions for improvements at a weekly patient forum. For example, a Monday morning check-in meeting had been introduced after receiving feedback from the forum. The check-in meeting allowed patients to discuss plans for the week, understand what to expect from the service, and what was expected of them. Managers from the service, including senior healthcare staff facilitated the forum and check-in meetings, which meant patients could have their questions answered immediately and issues could be acted on promptly. Actions from these meetings were displayed in a 'you said, we did' format in the dining room.

A variety of wellbeing groups supported patients during their admission, such as those for:

- art and relaxation
- harm reduction
- identifying strengths and stress management, and
- walking and exercise.

Patients due to be discharged were given a survey requesting feedback about their experience in the service. This included feedback on the accommodation, catering and the clinic. We reviewed a sample of the questionnaires and saw that most feedback was very positive. Patient feedback was a standing agenda item for the monthly management meeting, where issues raised from patient feedback were discussed and improvement ideas were actioned. Staff members were told when patients named them in their feedback.

A recent event celebrated 30 years of the service, with previous staff and patients returning to share their experiences. Representatives from other organisations, such as from the Scottish Drug Forum and community services also attended the event. Staff and patients were involved in planning the event and facilitated discussions on the day, including patients creating a drama scene with the help of a local drama group.

The service carried out staff engagement surveys asking about different topics every 4 months, such as communication and team groupings. Satisfaction with management was the planned topic for the next survey. Suggestions for change were displayed in 'you said, we did' format and we saw one example of adding 'good news' stories to the Monday check-in meeting agenda. This encouraged a focus on positive things patients achieved over the week.

A QR code had recently been introduced to allow stakeholders and external services to provide feedback. This was displayed in different areas and the service planned to consider how to promote further engagement with this.

What needs to improve

While the service had a participation policy and had implemented processes to obtain staff, patient and stakeholder feedback, it did not have a structured approach to collating and analysing feedback gathered. Developing the service's approach to analysing feedback would enable them to share their learning and help them to use it to inform service improvements. We will follow this up at future inspections.

- 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 our last inspection, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Governance structures and comprehensive policies and procedures helped support the delivery of safe, person-centered care. Policies were reviewed regularly or in response to legislation, national guidance and best practice. We saw policies in place for:

- duty of candour
- infection prevention and control, and
- safeguarding (public protection).

The service also had a range of policies and procedures for the care and treatment it provided, such as for managing withdrawals and helping patients to reduce their use of alcohol and or drugs.

The service updated its clinical pathway and procedures document after our previous inspection to provide more focused and specific guidance for staff, including guidance on key areas. For example, use of withdrawal assessment and symptom monitoring tools, as well as guidance for staff carrying out welfare and clinical observations.

An up-to-date complaints policy was in place and accessible to patients. This included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland.

Incidents and accidents were recorded and managed using an electronic incident management system, on the internal staff intranet. The service manager reviewed these and reported to the provider's head of clinical care and governance.

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 yearly report was available in the service. The service had not experienced any duty of candour incidents. Electronic patient care records were stored on a secure password-protected database and paper records were stored securely. The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

The service had a controlled drugs accountable officer and Home Office license in place, as this is required for prescribing and holding controlled drugs. These are medications that require to be controlled more strictly, such as some types of painkillers.

We saw comprehensive reconciliation of patients' medication to ensure the service had an accurate list of the patient's medication. This included cross-checking medication that patients brought into the service with what they had prescribed in the community. Additional checks of any controlled drugs were carried out with the patients' pharmacy.

Stock balance checks for controlled drugs were carried out at each shift changeover twice a day and the senior nurse carried out further checks. We saw good compliance by staff on carrying out the controlled-drug checks.

Processes were in place to assess the suitability of patients for treatment prior to admission, which included a multidisciplinary meeting with healthcare staff and prescribers. This meeting was used to carry out a risk assessment and determine whether the service was suitable to meet the needs of the patient. On admission healthcare practitioners, nursing staff and the medical officer or pharmacist assessed patients. Individual support plans were developed, including prescribing regimes and clinical interventions required to safely support the patient during admission.

The service held a variety of mutual aid group meetings for patients during their admission, such as Alcoholic Anonymous, Cocaine Anonymous and Narcotics Anonymous. This gave patients an opportunity to engage in recovery support and networking after discharge. Family Addiction Support Service (FASS) also attended the service weekly to support family members of patients. We were told the feedback from these meetings had been positive for patients and their families.

Close working relationships were maintained with case managers for patients known to community recovery services. We saw that case managers were kept up to date with information about patients during admission and in preparation for discharge.

The service had a comprehensive recruitment policy in place. A centralised recruitment department provided support to the service with recruitment processes. Systems were in place to make sure all staff had up-to-date Protecting Vulnerable Groups (PVG) background checks.

All support workers were registered with The Scottish Social Services Council (SSSC) and professional healthcare staff were registered with their professional body, such as Nursing Midwifery Council (NMC).

All new staff received an induction, which included a handbook, a range of standard online learning and shadowing opportunities. Online training included that for:

- duty of candour
- fire safety, and
- safeguarding (public protection).

Staff we spoke with were very positive about the induction process.

A competency framework helped to support staff in their role, make sure they knew what the service expected of them and highlighted any areas identified for development.

Staff received regular professional supervision from their line manager, which included feedback on their performance in line with the competency framework, as well as discussions about learning and development. We saw evidence of supervision carried out for all clinical staff and were told staff appraisals were completed every year.

Staff had access to a wide range of online learning courses through the service's intranet system and TURAS (a digital platform for facilitating professional development). We saw evidence that mandatory training was up to date for clinical staff and training opportunities were available outside of the service. For example, the service was supporting a healthcare practitioner to complete an open university course in a healthcare-related subject.

The service formally worked with local colleges and universities to support students completing Higher National certificate and nursing qualifications.

What needs to improve

Patients accessing treatment for alcohol or drug detoxification are at risk of experiencing seizures. While the service had guidance available to support staff in the management of seizures, this was provided in two separate documents (clinical pathway document and the recently-developed seizure policy). The seizure policy included a standard operating procedure which set out the guidelines for the management of seizures. However, prescribing guidelines were outlined in separate medication protocols embedded in the policy and these protocols referred to medicines that we were told the service did not

prescribe or administer. While the clinical pathway document did provide guidance for staff on the dose of medication to be administered, it did not provide guidance on when this should be administered. This could cause confusion for staff and increase the risk to patients while dealing with an emergency (requirement 1).

During our inspection, we were told the service had experienced a decrease in the number of patients completing the planned 21-day admission, we were told this may be because of changes in drug trends. Patients leaving in an unplanned way may present at higher risk with health complications, such as delirium tremens (the rapid onset of confusion). While we were told the service was developing a discharge policy, this had not been implemented at the time of our inspection (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must review guidance on seizure management to ensure staff are able to follow clear and specific guidance and allow them to manage these situations safely, including the administration of emergency medication.

Recommendation b

- The service should continue to develop and implement a discharge policy with clear guidance on reducing the risks of unplanned discharges.

Planning for quality

We saw systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. This included:

- a risk register
- auditing
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risk, and
- staff meetings.

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

A maintenance and servicing programme was in place and external contractors were used for jobs that could not be completed in-house.

Environmental walk-rounds were carried out every month to inspect the premises for any potential hazards or areas requiring improvement. This helped make sure the environment was clean, safe and well maintained.

A programme of audits helped to deliver safe care for patients and identify areas of improvement, including audits of:

- clinical rooms
- health and safety
- infection prevention and control
- medicine prescription and administrations, and
- the pharmacy.

Action plans were produced with responsibilities highlighted where appropriate. Results were shared with staff and discussed in team meetings.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A comprehensive site improvement plan was in place and we saw the provider's strategic plan was embedded in the service's improvement plan, with each area of improvement linked to the strategy. The service had also identified areas of improvement from the previous Healthcare Improvement Scotland inspection carried out on 19 September 2023.

The service had identified a significant area of improvement following a number of medication errors that had occurred in 2024. An action plan had been developed and a programme of quality improvement activities were implemented to address this. This included:

- a change in layout of the clinical room where medicine was dispensed
- a large drug cabinet to reduce congestion of medicines
- a system in place for key access to clinic room and controlled drug keys
- a waiting room for patients, and
- controlled drugs checked twice daily.

We were told the number of medication errors had significantly reduced as a result of the changes made.

Managers carried out a service practice audit every year. The audit reviewed different aspects of the service, including:

- patient care records
- patient engagement
- service processes
- staff support and development, and
- team communication.

Improvements from this audit were included in the service's improvement plan, such as identifying a family champion and development support role.

We saw that the service's head of clinical governance and senior managers carried out a compliance audit in October 2024, which looked at key aspects, such as:

- medicines management
- organisational policy compliance, and
- the environment.

This audit was used to assess the service's performance with key areas of its registration with Healthcare Improvement Scotland and quality assurance activity. This audit identified areas of strength and good practice, as well as those for improvement.

What needs to improve

A clinical audit had been introduced in 2025 to monitor the standard and compliance of staff carrying out observations of the physical and mental wellbeing of patients. The audit had identified gaps in compliance and an action plan had been developed. However, the service could consider reviewing the frequency of the audit to provide assurance that gaps identified and improvement actions have been addressed. We will follow this up at the next inspection.

- No requirements.
- No requirements.

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 and well maintained. Safe recruitment processes were in place. Staff showed care and compassion in providing care. Patient care records were comprehensively completed and patients spoke positively about the service.

Processes must be implemented to monitor medication grab used in an emergency. Guidelines must be followed for the management of sharps.

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.

During our inspection, we saw evidence of collaborative working across all staffing groups with a focus on supporting patients who presented in crisis concerning alcohol and drug use. Staff we spoke with showed care and compassion. We saw a high standard of care provided, including specialist knowledge in providing care for patients while managing risk.

The environment was clean and tidy. The service used appropriate cleaning products, including chlorine-based products for sanitary fixtures and fittings. Cleaning schedules were completed and up to date. A good supply of personal protective equipment, such as aprons and gloves was available.

We reviewed five patient care records and the majority were comprehensively completed, including validated assessment tools. Medicines were clearly prescribed with an appropriate record of dispensing. We saw treatment plans were explained to patients and consent to treatment and share information was obtained from patients.

Patients we spoke with were very positive about their experience of receiving healthcare from the clinic. They said staff spoke to them with dignity, respect and that their health needs were appropriately assessed and met.

We reviewed five staff files and found all required background checks had been carried out to show staff had been safely recruited, including:

- professional registration checks and qualifications, where appropriate
- PVG status, and
- references.

The staff files also included information on each staff member's induction, training and qualifications. The service had a process in place to help make sure professional registrations were regularly reviewed.

What needs to improve

Medication grab bags were kept in the residential treatment room, the clinic room used for admissions and in the nurse's office. We noted a number of issues during our inspection, including:

- medication grab bags no longer in use were still present in the clinic room, with no label to show they had been decommissioned
- no record of staff checking the contents of medication grab bag was kept in nurse's office, and
- staff did not record that the medication grab bag had been opened and re-sealed with new tamper-proof tag.

This could cause confusion for staff and increase the risk to patients during emergency situations (requirement 2).

Labels on sharps boxes (used for the safe disposal of used needles and other sharp medical instruments) were not completed. Sharps boxes must be labelled with the date of assembly and point of origin and be signed before use (requirement 3).

Requirement 2 – Timescale: immediate

- The provider must implement a clear process for monitoring medication grab gabs and remove medication grab bags that are no longer in use.

Requirement 3 – Timescale: immediate

- The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control guidance.

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

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