Unannounced Inspection Report: Independent Healthcare

Service: Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation

Service Provider: Turning Point Scotland

3 November 2025

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

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1   Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 14-15 November 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. We were assured that the service manager now understood Healthcare Improvement Scotland's notification process, and that relevant incidents and events were being reported to us. **This requirement is met.**

Requirement

The provider must review its policy for managing seizures and make sure staff are trained in the policy to allow them to manage these situations safely, including the administration of emergency medication.

Action taken

The service's seizure policy had been further developed, and the clinical pathway and procedures guidance document had also been updated to provide clear guidance on the management of seizures. This included the administration of emergency medicine, including type and dose of medication. We saw staff had also received training in the management of seizures. **This requirement is met.**

Requirement

The provider must ensure that systems are in place to ensure emergency equipment and medication is always in place.

Action taken

A checklist was in place for staff to record that the contents of the emergency medication grab bag had been checked and were in date. We were told an audit had been implemented to ensure these checks were completed. From the checklists we reviewed, we saw good compliance showing that these checks had been carried out. **This requirement is met.**

Requirement

The provider must amend its complaints procedure to include the full contact details of Healthcare Improvement Scotland and make it clear that service users can contact Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

The service's complaints policy and poster now included Healthcare Improvement Scotland's contact details and informed service users that they could contact Healthcare Improvement Scotland at any time. **This requirement is met.**

Requirement

The provider must implement a more effective stock control system for medicines to make sure they remain in-date.

Action taken

Systems and processes had been implemented to carry out and document stock checks of medication. This included identifying medication that was nearing its expiry date. **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 completed to demonstrate all cleaning tasks have been carried out.*

Action taken

Appropriate cleaning equipment was now being used, including disposable mop heads. Cleaning schedules were now in use in all appropriate areas and were being fully completed. **This requirement is met.**

Requirement

The provider must ensure a record is made on the patient care records 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 healthcare 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

We reviewed four service user care records. Although assessments, clinical discussions and continuation notes were now being documented, we found other gaps with record keeping. **This requirement is not met.** A new requirement has been made and is reported in Domain 7 (Results) (see requirement 2 on page 27).

What the service had done to meet the recommendations we made at our last inspection on 14-15 November 2023

Recommendation

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

Action taken

We saw that the service manager had carried out a documented review to measure the service's progress in achieving its aims and objectives.

Recommendation

The service should develop a participation policy to document its approach to gathering and using feedback to demonstrate the impact of improvement.

Action taken

A participation policy had now been developed, and service user feedback was being gathered and used in a variety of ways to help improve the service.

Recommendation

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

Action taken

We saw that the service actively engaged and sought feedback from staff in a variety of ways, including staff surveys, workshops and development days.

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 now reviewed and updated its clinical pathway and procedures guidance for staff.

Recommendation

The service should ensure that audits are fully completed with improvement action plans and those responsible documented.

Action taken

From the audits we reviewed, we found that these had been fully completed, with action plans developed and those responsible for taking forward any actions identified.

Recommendation

The service should further develop its service improvement plan to include areas for improvement identified through feedback, audit, complaints and incidents.

Action taken

The's service improvement plan had been updated and now included comprehensive information from audit outcomes, staff and service user feedback, incidents and complaints.

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

An 'observations in residential services' policy had been developed and a local observations standard operating procedure was also in place. These helped staff to carry out welfare and clinical observations of service users.

Recommendation

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

Action taken

A discharge standard operating procedure had been developed, which included guidance for staff on how to manage unplanned discharges of service users.

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 Residential Recovery Service - Stabilisation on Monday 3 November 2025. We spoke with a number of staff and service users during the inspection.

Based in Glasgow, Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation comprises an independent clinic providing non-surgical treatments for people with drug or alcohol dependency related problems and residential accommodation for 16 service users that is regulated by the Care Inspectorate.

The inspection team was made up of one inspector and a pharmacist.

What we found and inspection grades awarded

For Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation, 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 mission, with a comprehensive strategic plan. Measurable objectives helped to measure the service's performance and to support continuous improvement. Governance procedures and clear leadership helped to support staff to deliver care and treatment.	✓✓ Good
Implementation and delivery	How well does the service engage with its stakeholders and manage/improve its performance?
Policies and procedures set out the way the service should deliver safe care. An audit programme and detailed service improvement plan helped to support the service to continuously improve. A proactive approach to managing risks was evident. Feedback was actively encouraged from service users, staff and external stakeholders. A duty of candour report was published every year. Professional development opportunities were available to staff. Medication must be stored appropriately.	✓✓ 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. Guidelines must be followed for the management of sharps. Service user care records must be fully completed. Tamper-proof tags used to seal the emergency medication grab bag should include a unique serial number.	✓ Satisfactory

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 one recommendation.

Implementation and delivery
Requirement
1   The provider must ensure that medication is stored appropriately (see page 23).   Timescale – immediate   *Regulation 3*   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations
None

Results
Requirements
2 The provider must ensure that service user care records are fully completed (see page 27). Timescale – immediate *Regulation 4* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the November 2023 inspection report for Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation.
3 The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control standards (see page 28). Timescale – immediate *Regulation 3(d)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation
a The service should ensure that tamper-proof tags include a unique serial number, and that this number is recorded as part of the routine checking process (see page 28). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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 Residential Recovery Service - Stabilisation 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 mission, with a comprehensive strategic plan. Measurable objectives helped to measure the service's performance and to support continuous improvement. Governance procedures and clear leadership helped to support staff to deliver care and treatment.

Glasgow Alcohol and Drug Residential Recovery Service - Stabilisation is part of Turning Point Scotland (a Scottish health and social charity organisation). The clinic was located within a residential unit, providing support for service users who require a period of stabilisation in their alcohol or drug use.

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'. The provider's vision and core values informed the strategic direction and helped the service to deliver care and treatment. These values were:

- compassion
- inclusion
- integrity, and
- respect.

A 5-year strategic plan (2023-2028) set out four areas of focus as:

- 'Our development - developing new models of care… to improve people's lives
- Our people - providing staff with the skills they need to provide the highest standard of care… and enable them to achieve their career ambitions
- Our services - delivering high standard of care to meet the needs of people being supported
- Our voice - making sure the voices of people being supported, and staff, are heard.'

Each focus area included 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 evidence that service users and carers had been involved in the development of the strategic plan. We also saw that the service clearly displayed the strategic plan in the service and on its website. This included the provider's vision, mission statement and values for service users and staff to see.

Staff were given a copy of the provider's vision and mission statement as part of their induction. New staff also attended a corporate induction to meet the provider's executive team and to discuss the strategy, mission and vision of the organisation.

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

- providing a person-centred approach
- involving individuals and their representatives in decision making
- providing flexible support and responding to change, and
- supporting and empowering the people receiving treatment.

We saw evidence that the service manager regularly monitored and evaluated the service's aims and objectives to inform the service's cycle of improvement.

We saw examples of the service making improvements from its continuous performance monitoring, including:

- recruiting a healthcare practitioner
- developing feedback processes, and
- environmental improvements such as decorating bedrooms.

  ■ No requirements.
  ■ No recommendations.

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 service had a diverse workforce of health and social care staff, including a range of external professionals to reflect the specialist needs support and specialist interventions required of its service users. For example:

- a visiting medical officer

- registered nurses, including a sexual health and liver specialist

- social care staff

- pharmacist

- GP

- optician, and

- podiatrist.

Comprehensive governance systems and processes were in place that addressed safe practice and ensured the service continually improved. These included:

- a rolling programme of audits

- incident and accident reviews

- management and staff meetings

- staff training

- service user and staff feedback, and

- policies and procedures.

A clinical governance subgroup was held every 8 weeks with the provider's head of clinical and care governance, visiting medical officer, pharmacist and lead nurses. From the minutes we reviewed, we saw that these meetings discussed policy reviews, outcomes from audits, training, and medication errors and learning. We saw minutes from these meetings were shared with staff. 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 and Drug Partnership, community recovery services and other third sector organisations. The service manager and head of clinical and care governance attended regular meetings with these organisations. This helped the service keep up to date with best practice, Scottish Government strategies and legislation changes.

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

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

We saw the service had a proactive response to workforce planning. This included developing guidelines and risk assessment tools to make sure appropriate staffing numbers and skill mix were on duty. We were told that staffing would increase depending on service user needs, if required. This included the use of bank and agency staff.

Each shift started with a handover, where staff provided an update on service users' 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 to discuss possible admissions to the service and provide updates on current service users in the service. The multidisciplinary meeting allowed staff to review and respond to any changes in care needs.

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 they felt supported and listened to by the senior management staff. Staff felt they were able to share ideas for improvements and were confident that concerns raised would be listened to and acted on. Some comments included:

- 'I'm treated with respect… feel supported and confident I can approach managers with anything, and I do.'
- 'Managers are approachable and supportive… I have been really supported in my role… and able to influence how the role has developed… .'

The provider had recently introduced private healthcare plans for staff, 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

Policies and procedures set out the way the service should deliver safe care. An audit programme and detailed service improvement plan helped to support the service to continuously improve. A proactive approach to managing risks was evident. Feedback was actively encouraged from service users, staff and external stakeholders. A duty of candour report was published every year. Professional development opportunities were available to staff.

Medication must be stored appropriately.

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

When service users were admitted, they were provided with a welcome pack that included information on:

- what to expect during their admission
- advocacy support
- support telephone numbers for third sector organisations
- aftercare, and
- how to complain.

A participation policy described how service user feedback would be obtained, reviewed and acted on, where appropriate. A variety of methods was used to engage with service users and gather feedback. This included service user forums, anonymous suggestion box, care plan reviews and discharge questionnaires.

A peer support worker and member of the management team facilitated service user forums. We saw evidence of service user feedback being regularly reviewed and a range of improvements made as a result.

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'You said, We did' posters were displayed to inform service users of improvements made as a result of their feedback. Some examples included:

- gym equipment

- suggestions for activities

- daily walks, and

- food take-away nights.

Service users due to be discharged were asked to complete a questionnaire about their experience in the service. This included feedback on staff, medical treatment, preparation for discharge and catering. From the feedback we reviewed, we saw service users had provided positive feedback on all aspects of the service.

Service users we spoke with spoke positively about the service and told us they were well supported by staff. Some comments included:

- 'The service is top class… staff are always here to help.'

- 'Staff are supportive… lots of groups to attend to help recovery… it's really helped me change my life around.'

Staff feedback was actively sought in a variety of ways. This included surveys, anonymous ballots, wellbeing workshops, reflective sessions and development days. We saw staff feedback was regularly reviewed and a range of improvements made as a result. For example:

- implementation of a woman's group for service users

- welcome pack and welcome basket for service users, and

- environmental improvements, including decoration of bedrooms.

The service actively engaged and worked collaboratively with external stakeholders. For example, NHS Greater Glasgow and Clyde's Drug Recovery Service and various third sector organisations. The service had also recently introduced a new healthcare practitioner role, intended to support service users in engaging with the service before admission, liaising with case managers and participating in community networking. Staff we spoke with told us this had been positively received by both service users and external stakeholders.

A recent event celebrated 5 years of the service with previous staff members and service users returning to share their experiences. Representatives from other organisations such as Glasgow City Alcohol and Drug Partnership and community services also attended the event. Staff and service users were involved in planning the event and facilitated discussions on the day.

The service hosted an open day four times a year to engage with external stakeholders and provide an opportunity for professionals, students and potential employees to learn more about the service.

External partners, including community alcohol and drug case managers, were regularly encouraged to provide feedback. We saw that this feedback was reviewed by the service manager and the results were included in the service's commission monitoring report sent to Glasgow City Council. Feedback we reviewed showed the service had received positive responses.

- 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.

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

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

An up-to-date complaints policy was in place and accessible to service users. This included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland. We saw that complaints had been managed appropriately.

Electronic service user 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 service user information was safely stored.

A range of policies and procedures helped to support the delivery of safe, person-centred care. Policies were reviewed regularly or in response to changes in legislation, national guidance and bet practice. Examples of key policies included those for:

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

The service also had a range of specific policies and procedures for the care and treatment it provides, such as managing withdrawals and helping service users 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. For example, use of withdrawal assessment and symptom monitoring tools, and guidance for staff carrying out welfare and clinical observations. This also included updated guidance for managing seizures, including the administration of emergency medication.

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. Stock balance checks for controlled drugs were carried out at the twice daily shift changeovers and the senior nurse carried out further checks. We saw good compliance by staff on carrying out controlled drug checks.

We saw comprehensive reconciliation took place of service users' medication to ensure the service had an accurate list of their current medication. This included cross-checking medication that service users brought into the service with what they had been prescribed in the community.

Processes were in place to assess the suitability of service users for treatment before admission. This included a multidisciplinary meeting where healthcare staff and prescribers carried out a risk assessment to determine whether the service was suitable to meet the needs of the service user. When they were admitted, service users were reviewed by the healthcare practitioner, nursing staff and the medical officer or pharmacist. Individual support plans were developed, including prescribing regimes and clinical interventions required to safely support the service user during their time in the service.

The service had also recently introduced a new GP clinic every week. This provided service users with the opportunity to have access to routine GP appointments and health checks during their time in the service. We were told both service users and staff had responded positively to this.

A variety of mutual aid group meetings were held for service users, such as Alcoholic Anonymous, Cocaine Anonymous and Narcotics Anonymous. This gave service users an opportunity to engage in recovery support and networking, and to continue with this support after they were discharged. The Family Addiction Support Service also attended the service every week to support family members of service users. We were told feedback from these meetings had been positive for both service users and their families.

We saw a range of wellbeing activities were available for service users, including yoga, walking groups, arts and crafts, and performing arts therapy.

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

A discharge standard operating procedure had recently been developed. This provided guidance for staff on supporting service users preparing for discharge, including during unplanned discharges. This helped to ensure that appropriate support was in place for service users and that community services were also kept informed.

A comprehensive recruitment policy was 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 and healthcare staff were registered with their professional body, such as the Nursing and Midwifery Council.

All new staff received an induction plan and checklist to complete which was overseen by their line manager. This included mandatory training, shadowing opportunities and role-specific training.

Staff had access to a variety of online learning courses through the service's internal intranet system as well as participating in face-to-face staff workshops. We saw evidence that mandatory training was audited by the service manager to ensure staff remained up to date with training. The service provided opportunities for staff development, leadership and continuous professional development, including external training opportunities. For example, a member of the administration team had recently been promoted to administration and business manager. Leadership resources were available on the service's internal staff intranet and we were told the service manager was due to start a leadership and management national qualification. We also saw a member of the nursing team was in the process of obtaining a qualification in independent nurse prescribing with another nurse due to start this training in the near future. The service was also supporting a healthcare practitioner to complete an Open University course in a healthcare-related subject.

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 performance was monitored through regular professional supervision and annual appraisals. This provided staff with an opportunity to regularly discuss their development and to identify any learning needs.

What needs to improve

While we saw evidence of daily temperature checks being carried out on the pharmacy fridge, we noted that, due to the temperature of the fridge, some medicines had become frozen and could no longer be used (requirement 1).

Requirement 1 – Timescale: immediate

■ The provider must ensure that medication is stored appropriately.

■ No recommendations.

Planning for quality

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

- a programme of audits
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risks
- risk register, and
- a range of 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).

Health and safety walkrounds were carried out every month to inspect the premises for any potential hazards or areas requiring improvement. This helped to make sure the environment was clean, safe and well maintained. A maintenance and servicing programme was in place and external contractors were used for jobs that could not be completed in-house.

A business continuity plan described what steps would be taken to protect service user care if an unexpected event happened at short notice, such as a temporary closure of the service due to a power failure or major incident.

A comprehensive programme of audits helped to deliver consistent, safe care for service users and identify areas of improvement. We saw the service manager had recently implemented an audit tracker to monitor and ensure the completion of audits. Some examples of audits included:

- medication
- infection prevention and control
- clinical room and equipment, and
- emergency medication grab bag.

These audits were documented and reviewed with action plans developed where necessary. We saw results were shared with staff and information from these audits was used to inform the service's improvement plan. This helped the service to continue to develop and improve.

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

A service practice audit was carried out every year reviewing different aspects of the service, including:

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

Information from this audit was included in the service's improvement plan, such as service user forums being led by peer support workers and staff suggestions for future workshops.

We saw that the service's head of clinical and care 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 specifically assess the service's performance with key areas of its registration with Healthcare Improvement Scotland and quality assurance activity. The audit identified areas of strength and good practice, as well as those for improvement. For example, areas of strength included medication management processes had been followed, the clinical environment was kept clean and well maintained, and effectively capturing staff and service user feedback. Areas for improvement included consistent and timely recording of information in service user care records. We saw results from this audit were shared with staff.

- ■ 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 and well maintained. Safe recruitment processes were in place. Staff showed care and compassion in providing care.

Guidelines must be followed for the management of sharps. Service user care records must be fully completed. Tamper-proof tags used to seal the emergency medication grab bag should include a unique serial number.

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 staff groups with a focus on supporting service users who presented with alcohol and drug misuse. Staff we spoke with showed care and compassion. We saw a high standard of care provided, including specialist knowledge in providing care for service users while managing risk.

The environment was clean and tidy throughout the service. Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons and gloves), and alcohol-based hand gel. We saw appropriate cleaning equipment and products were used, and cleaning schedules showed that appropriate cleaning was carried out. The correct product was used for cleaning sanitary fittings, including clinical hand wash basins.

We saw specific documentation of checks carried out by staff on the emergency medication grab bag to ensure emergency equipment was intact and medicine was in date.

We reviewed four service user care records, and found the majority were well completed. We saw individual care plans had been developed with service users reflecting their needs, and risk assessments were in place where necessary.

We reviewed four staff files and found all necessary 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. A process was also in place to ensure professional registrations were regularly reviewed to make sure they remained up to date.

What needs to improve

From the service user care records we reviewed, we found:

- the type of symptomatic relief medication that had been administered had not been identified
- National Early Warning Score (NEWS) charts (a tool used to identify service users who are becoming acutely unwell) were not always fully completed, and
- one withdrawal symptom record was not fully completed (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).

We noted that the service had implemented tamper-proof tags to seal the emergency medication grab bag. However, the tags did not include a unique serial number. This meant that the service could not be assured that the emergency medication grab bag had not been accessed or tampered between checks (recommendation a).

Requirement 2 – Timescale: immediate

- ■ The provider must ensure that service user care records are fully completed.

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 standards.

Recommendation a

- The service should ensure that tamper-proof tags include a unique serial number, and that this number is recorded as part of the routine checking process.

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