

Action Plan

Service Name:	Nadcell Mindcare Limited
Service Number:	02252
Service Provider:	Nadcell Mindcare Limited
Address:	14 Newton Terrace, Glasgow, G3 7PJ
Date Inspection Concluded:	5 March 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
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Requirement 1: The provider must ensure the prescriber clearly documents in the patient care record the discussion that has taken place with the patient explaining the rationale for prescribing an unlicensed medicine when there are licensed alternatives available (see page 22).Timescale – by 27 May 2024Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.	Weight loss SOP and Patient care record format will be reviewed to evidence compliance with the SOP	27.5.24	Dr Lapa
Requirement 2: The provider must reviewand update its medication and prescribingpolicies and standard operating procedure toensure each one accurately reflects practicein the service (see page 22).Timescale – by 27 May 2024Regulation 3(d)(v) The HealthcareImprovement Scotland (Requirements as toIndependent Health Care Services)Regulations 2011.This was previously identified as arecommendation in the May 2023 inspectionreport for Nadcell Mindcare Limited	As above	27.5.24	Dr Lapa



Requirement 3: The provider must implement a system to ensure that:	Dr Lapa (Practitioner) will ensure that the GMC guidance re prescribing controlled drugs will be implemented when providing treatment for addictions	27.5.24	Dr Lapa
(a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.	or weight loss. Clinical recording documentation will be reviewed to better evidence compliance.	27.4.24	Dr Lapa/BMcDonald
(b) All relevant information about the consultation and treatment is shared with the patient's NHS GP when the consultation or episode of care is completed (see page 29).	Consent to share information with GP re treatment will be sought and documented. If patient does not allow sharing of information, treatment will not be	27.4.24	Dr Lapa/BMcDonald
Timescale – by 27 May 2024	provided. Documentation to evidence these discussions will be implemented.		
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Requirement 4: The provider must follow national medical weight management	Weight management SOP will be reviewed.	27.5.24	Dr Lapa/BMcD
 guidance and the practitioner must clearly document the following in the patient care record: (a) The rationale for prescribing out with national guidelines in respect of the patient's BMI. (b) The rationale for prescribing a centrally acting appetite suppressant for those patients in which it is contraindicated. (c) Treatment plans, including follow-up and monitoring. (d) A record of the written information provided to the patient including dietary, physical and lifestyle advice. (e) Next of kin and patient's GP (see page 29). 	Clinical record documentation will be reviewed to evidence rational for prescribing outwith national guidance and to evidence weightloss treatment in line with national guidance.	27.5.24	Dr Lapa/BMcD
Timescale – by 27 May 2024			
Regulation 3 The Healthcare Improvement			
Scotland (Requirements as to Independent Health Care Services) Regulations 2011			



Recommendation a: The service should develop clear measurable objectives for providing the service. These should be regularly evaluated to ensure they align with the service's aims. (see page 15). Health and Social Care Standards: My	Key performance and clinical indicators will be identified and set out in performance measuring document that will be reported on a bi monthly basis to monitor current compliance and plan future activity to ensure ongoing compliance with aims and objectives.	1.7.24	Dr Lapa/BMcD
support, my life. I experience high quality care and support that is right for me. Statement 1.19			
Recommendation b: The service should provide patients with written confirmation of treatment costs. (see page 18).	The service will provide a leaflet with costs that will be given to the patient and evidence of this will be documented in the patients notes.	27.5.24	Dr Lapa
Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18			

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Recommendation c: The service should ensure that a discharge summary containing relevant information about a patient's treatment is provided from the service directly to the patient's GP (see page 22).	Consent to share information with GP re treatment will be sought and documented. If patient does not allow sharing of information, treatment will not be provided. Documentation to evidence these discussions will be implemented	27.5.24	Dr Lapa
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18			

Recommendation d: The service should offer treatments for alcohol detoxification that align with guidance and ensure any additional treatments are fully discussed with patients (see page 22).	Alcohol detox pathway will be reviewed against current best practice guidance and changed as necessary. Dr Lapa will document any discussions re wellness treatments offered in addition to detox programme.	27.5.24	Dr Lapa
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11			

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Recommendation e: The service should consider a variety of additional psychological-based therapies as part of a recovery-focused treatment plan (see page 22).	Implementation of NICE guidelines providing psychological therapies for alcohol use disorders, will be planned and implemented	1.7.24	Dr Lapa/BMcD
Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.14			
This was previously identified as a recommendation in the May 2023 inspection report for Nadcell Mindcare Limited			
Recommendation f: The service should explore support groups and appropriate referral routes for patients travelling to the service from distant locations (see page 23).	Aftercare support groups will be identified and patients advised to attend in their local area as per NICE guidelines if the patients wishes referral. Discussions will be documented.	1.6.24	Dr Lapa
Health and Social Care Standards: My support, my life. I experience high quality			

care and support that is right for me. Statement 1.14		

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This was previously identified as a recommendation in the May 2023 inspection report for Nadcell Mindcare Limited			
Recommendation g: The service should ensure that medication provided to patients is clearly labelled and in line legal requirements and best practice (see page 29).	Medication labels have been altered to ensure compliance.	1.4.24	Dr Lapa
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11			

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This was previously identified as a recommendation in the May 2023 inspection report for Nadcell Mindcare Limited			
Recommendation h: The service should consider implementing routine biochemistry and haematology investigations as part of patients' care and treatment for alcohol detoxification and relapse prevention. If these are not carried out, a clear rationale should be documented in the patient care record (see page 29). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11	Patient records will document discussions with patient re any routine investigations required and records will evidence clinical rational for continuing with treatment if refused.	1.7.24	Dr Lapa

Name	Barbra McDonald			
Designation	External Health Care Consultant on behalf of Dr Lapa			_
Signature	B. Wonald	Date	13.5.24]
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Guidance on completing the action plan.

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- Action Planned: This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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