Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Nadcell Mindcare Limited, Glasgow

Service Provider: Nadcell Mindcare Limited

5 March 2024

NHS SCOTLAND

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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 9 May 2023

Requirement

The provider must review and update its medication and prescribing policies and standard operating procedure to ensure each one accurately reflects practice in the service.

Action taken

While the provider had made significant progress to review and update its medication and prescribing policies and standard operating policies. However, we noted areas identified in the medication policy that were not in line with the standard operating procedure and prescribing policy. **This requirement is not met** and is reported in Domain 4: Quality Improvement (see requirement 2 on page 22).

What the service had done to meet the recommendations we made at our last inspection on 9 May 2023

Recommendation

The service should consider a variety of additional psychosocial-based (emotional or mental health aspects of substance use disorder) therapies as part of a recovery-focused treatment plan.

Action taken

The service had made links with a local psychotherapist who was able to offer face-to-face or online support. This recommendation is reported in Domain 4: Quality Improvement (see recommendation e on page 22).

Recommendation

The service should explore support groups and appropriate referral routes for patients travelling to the service from distant locations.

Action taken

Patients continued to access the service from distant locations. This recommendation is reported in Domain 4: Quality Improvement (see recommendation f on page 23).

Recommendation

The service should develop a process of informing patients about how their feedback has been addressed and used to help improve the service.

Action taken

We saw patient feedback results were displayed in the service and online testimonial reviews were shared on the service's website.

Recommendation

The service should consider developing a policy for addressing the particular needs of patients who are being treated by the service and who are not supported by their family or other support network during that time.

Action taken

The service made a decision not to offer treatment to patients who do not have the appropriate support in the community.

Recommendation

The service should document in patient care records if consent to share information with the patient's GP and other medical staff is not given, the risk associated if it was not shared and any reason or justification for the decision to prescribe.

Action taken

We saw evidence that the service requested consent to share information with the patient's GP and documented the risks associated if consent was refused.

Recommendation

The service should consider if it is safe to provide treatment for alcohol detoxification in the absence of obtaining medical records from the patient's GP and, if treatment is provided, this should be in line with General Medical Council guidance.

Action taken

The service continued to provide treatment without having access to the patient's primary healthcare record. This recommendation is reported in Domain 6: Results (see requirement 3 on page 29).

Recommendation

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.

Action taken

The service had not implemented routine biochemistry and haematology investigations as part of patients' care and treatment for alcohol detoxification. This recommendation is reported in Domain 6: Results (see recommendation h on page 29).

Recommendation

The service should ensure that patient care records are fully completed.

Action taken

Some information was not completed in patient care records we reviewed, such as patient's next of kin or GP details. This recommendation is reported in Domain 6: Results (see requirement 4 on page 29).

Recommendation

The service should expand the range of information audited as part of the patient care record audit.

Action taken

The patient care record audit had been reviewed to increase the range of information audited. For example, patient care records now detailed if consent to share information with a patient's GP had been obtained.

Recommendation

The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement.

Action taken

The service had implemented a quality improvement plan.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Nadcell Mindcare Limited on Tuesday 5 March 2024. We spoke with the service manager (practitioner) during the inspection. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Nadcell Mindcare Limited is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector, a pharmacist and an expert advisor. A key part of the role of the expert advisor is to talk to key members of staff about their area of expertise.

What we found and inspection grades awarded

For Nadcell Mindcare Limited, 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 service displayed it aims on its website. Clear and measurable objectives should be developed to measure the service's aims.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
The service actively engaged with patients and sought feedback in a variety of ways and this was shared with patients. Clinical governance systems and processes were in place. Psychosocial-based therapies and signposting to support groups and appropriate referral routes would help to promote patient recovery and prevent relapse. Treatment costs should be documented in the patient care record. The clinical audit programme should be further developed to include processes for controlled drugs and the effectiveness of treatments offered. Validated tools should be used to be provide a structured approach to follow up.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well equipped. Patients reported that staff were knowledgeable and experienced. The practitioner must have access to relevant information from patients' primary healthcare record before prescribing controlled drugs and relevant information must be shared with the patient's GP following treatment. Medical weight loss management guidance must be followed and patient care records should be fully completed, with treatment plans and clinical rationale recorded.	✓ Unsatisfactory

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:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Nadcell Mindcare Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in four requirements and eight recommendations.

Direction	
Requirements	
	None
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 support, my life. I experience high quality care and support that is right for me. Statement 1.19

Implementation and delivery	
Requirements	
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 2024 *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must review and update its medication and prescribing policies and standard operating procedure to ensure each one accurately reflects practice in the service (see page 22). Timescale – by 27 May 2024 *Regulation 3(d)(v)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a recommendation in the May 2023 inspection report for Nadcell Mindcare Limited
Recommendations	
b	The service should provide patients with written confirmation of treatment costs. (see page 18). Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.18
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). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

Implementation and delivery (continued)	
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). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
e	The service should consider a variety of additional psychological-based therapies as part of a recovery-focused treatment plan (see page 22). 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
f	The service should explore support groups and appropriate referral routes for patients travelling to the service from distant locations (see page 23). 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

Results

Requirements

3 The provider must implement a system to ensure that:

(a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.
(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).

Timescale – by 27 May 2024

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

4 The provider must follow national medical weight management 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).

Timescale – by 27 May 2024

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

Results (continued)	
Recommendations	
g	The service should ensure that medication provided to patients is clearly labelled and in line legal requirements and best practice (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
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 This was previously identified as a recommendation in the May 2023 inspection report for Nadcell Mindcare Limited

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Nadcell Mindcare Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Nadcell Mindcare Limited 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 service displayed it aims on its website. Clear and measurable objectives should be developed to measure the service's aims.

Clear vision and purpose

The service provided outpatient treatment for medically-assisted alcohol detoxification, medical weight loss treatments and wellbeing treatments for patients.

The service's aim was to deliver care and treatment to patients to optimise their everyday life, whether they are looking for an alcohol detox treatment or wellness treatments. This was displayed on its website for patients to see.

What needs to improve

While the service had developed an annual development plan, this did not include clear objectives or set out a process of measuring its aims to demonstrate how these were being met (recommendation a).

- No requirements.

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.

Leadership and culture

The service was owned and managed by the practitioner who is a medical doctor registered with the General Medical Council (GMC). While the service did not employ staff other than the practitioner, we were told a locum agreement was recently put into place with a phlebotomist to carry out cannulations for intravenous (IV) treatments, such vitamin infusions.

We saw that the service had a governance system in place that supported safe practice and helped make sure the service was continually improving, which included:

- an audit programme
- clinical governance meetings every 2 months with an external health consultant
- patient feedback, incidents and complaints reviews, and
- policy and procedures reviews.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

The service actively engaged with patients and sought feedback in a variety of ways. Clinical governance systems and processes were in place. Psychosocial-based therapies and signposting to support groups and appropriate referral routes would help to promote patient recovery and prevent relapse. Treatment costs should be confirmed in writing to patients. The clinical audit programme should be further developed to include processes for controlled drugs and the effectiveness of treatments offered. Validated tools should be used to be provide a structured approach to follow up care.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service's engagement and satisfaction policy described how patient feedback would be gathered and used to inform its improvement activities. A variety of methods were used to collect feedback, including:

- patient satisfaction surveys
- verbal feedback, and
- website testimonials.

We saw patient satisfaction was a standing agenda item for the service's monthly clinical governance meeting. Patient feedback was reviewed regularly and improvements made as a result. For example, the service had recently implemented an online system for collating patient feedback. We saw the results of patient feedback displayed in the service and we were told this would be shared on the service's website in the near future.

The service engaged and shared information with patients in a variety of ways, including through its social media profiles and website. Information was shared about a variety of topics, including:

- addiction issues
- introducing staff members
- mental health issues
- self-help, and
- testimonials.

Patients were encouraged to have an initial, free consultation to discuss their expectations and concerns. This allowed the practitioner to assess whether the service was the most appropriate for the patient.

Patients could access the service directly over the telephone, email or through the website. Patients were also provided with out-of-hours contact details for the practitioner.

What needs to improve

We were told that treatment costs were discussed with patients during their initial consultation before any treatment was provided. However, we saw no documented evidence that patients had been provided with information about the confirmation of costs for treatments (recommendation b).

- No requirements.

Recommendation b

- The service should provide patients with written confirmation of treatment costs.

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 of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incident reporting.

The practitioner is a registered doctor with the General Medical Council (GMC). This requires them to register with the GMC every year and to complete a revalidation process every 5 years, where they gather evidence of their competency, training and feedback. We were told the practitioner had monthly

supervision with registered doctor and annual appraisal. We were also told the practitioner engaged with the Scottish Addiction Specialist Group 'Golden Lions'. This helped the practitioner keep up to date with best practice and guidance and engage with peer support.

All consultations were carried out in a private consultation room and were appointment-only. During treatment, privacy screens were available to help maintain patients' privacy.

Patient care records were stored securely in a locked filing cabinet in the clinical treatment area, which the practitioner was the sole key-holder for. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Governance processes and a range of policies and procedures were in place to support the service to deliver safe, person-centred care. We saw policies in place for:

- duty of candour
- infection prevention and control
- medicines management, and
- safeguarding.

Policies were reviewed regularly or in response to changes in legislation, national guidance and best practice.

Patients attending the service for alcohol use disorder were assessed face-to-face with the practitioner before treatment was commenced. We saw the practitioner made appropriate contact and assessment of patients, including monitoring of withdrawals using validated tools during treatment. Regular telephone contact was maintained by the service once a patient's detox had been completed.

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 on its website.

The service had an up-to-date infection prevention and control policy in place, which referred to the standard infection control precautions. This included hand hygiene, sharps management and use of personal protective equipment (PPE). A good supply of single-use equipment was available and used to prevent the risk

of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw that the service used appropriate sharps bins.

The service had an up-to-date complaints policy, which included contact details for Healthcare Improvement Scotland. Information about how to make a complaint was easily accessible for patients. For example, complaints information leaflets were available in the waiting area and patients were also given written complaints information. We noted the service had not received any complaints since it was registered in October 2022.

Prescription-only medicines were obtained from appropriately registered suppliers. All medicines, including medicine required in an emergency were in-date.

What needs to improve

Some of the medicines this service prescribes for weight loss are unlicensed, namely phentermine and diethypropion. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians for the treatment of obesity or the Scottish Intercollegiate Guidelines Network (SIGN). Patients should be offered licensed medicines as part of the discussion when considering treatment, in line with GMC guidelines. If unlicensed medicines are prescribed when alternative licensed medicines are available, then the prescriber must make a clear, accurate and legible record of all medicines prescribed and rationale for prescribing unlicensed medication in the patient care record (requirement 1).

During our inspection, we noted areas identified in the medication management policy that required further review. For example, the medication policy stated that medication would only be prescribed and treatment provided for medically-assisted detoxification if a support person (such as a relative) accompanied the patient. This was not in line with the standard operating procedure or prescribing policy. We discussed this with practitioner, who agreed to review this make sure policies were in line with each other (requirement 2).

Patients were provided with a handwritten form which the service considered a discharge letter and were asked to provide this to their GP. In terms of the principles of good medical practice and continuity of care, a discharge summary should be provided directly to the patient's GP. Otherwise, there is risk that a

GP may not receive a discharge summary when patients are delegated to provide this information (recommendation c).

Wellbeing therapies such iv vitamin infusions were offered or recommended routinely to patients undergoing alcohol detoxification. This is outside of NICE guidelines and we saw no documented evidence of discussion with the patient informing them that these treatments were provided in addition to the detox programme (recommendation d).

The NICE guidance on the management of alcohol withdrawal advises psychological interventions should be offered as part of a treatment plan. We saw that the service's website informed patients it provided an aftercare programme including counselling, therapy and ongoing support as part of the treatment model. The practitioner had contacted a local psychotherapist who was able to offer face-to-face or remote support. However, patients were signposted rather than the service following a referral process or actively engaging with the therapist. We saw no evidence of patient-specific psychological therapies offered in the service that would promote patient recovery and prevent relapse (recommendation e).

While the service provided patients with an information leaflet that detailed Scottish alcohol support groups, the majority were mutual aid groups and a national organisation that covered a particular geographic area of Scotland. We saw no evidence that the service explored local supports close to the patient's home address or engaged with those agencies. In the absence of aftercare support, patients who are in recovery are less to achieve sustained recovery (recommendation f).

Licensed medicines are now available for weight loss management and could be used as an alternative to unlicensed medicines. An audit of treatment outcomes could be considered to measure success of treatments used. We will follow this up at future inspections.

While aftercare follow up for patients attending for medically assisted detoxification was regular and appropriately staged, the service did not use a validated outcome tool used to monitor outcomes, as suggested in the NICE guidelines. During our inspection, we discussed with the practitioner the benefit of using a validated tool to provide a structured approach to follow up and monitoring patients' progress to maintain their sobriety. We will follow this up at future inspections.

The service had reviewed and made improvements to key policies so that they reflected practice, such as the:

- medication management policy
- prescribing policy, and
- standard operating procedure for the treatment of alcohol detoxification.

The patient information sheet for medical weight loss advised patients that some of the medicines had been approved by the Medicines and Healthcare products Regulatory Agency (MHRA) as an off-licence medication for weight loss. This was not accurate and could be misleading for patients. We discussed this with the practitioner who agreed to update the patient information leaflet. We will follow this up at future inspections.

Requirement 1 – Timescale: by 27 May 2024

- 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.

Requirement 2 – Timescale: by 27 May 2024

- The provider must review and update its medication and prescribing policies and standard operating procedure to ensure each one accurately reflects practice in the service.

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.

Recommendation d

- The service should offer treatments for alcohol detoxification that align with guidance and ensure any additional treatments are fully discussed with patients.

Recommendation e

- The service should consider a variety of additional psychological-based therapies as part of a recovery-focused treatment plan.

Recommendation f

- The service should explore support groups and appropriate referral routes for patients travelling to the service from distant locations.

Planning for quality

A health and safety policy and procedures were in place to proactively assess and manage risk to staff and patients. This included:

- auditing
- environmental checks
- fire risk assessment, and
- reporting systems.

A yearly fire risk assessment was carried out. Fire safety signage was displayed and fire safety equipment was in place. Maintenance contracts for fire safety and fire detection systems were up to date and portable appliance testing had recently been carried out on appropriate electrical equipment. This helped to make sure that care and treatment was delivered in a safe environment.

The practitioner and the healthcare consultant carried out a programme of audits. This helped to make sure the service delivered safe care and treatments to patients. Examples of audits included those for:

- fire safety
- health and safety
- infection prevention and control
- information security, and
- patient care records.

We saw that action plans had been developed where areas for improvement had been identified.

A system was in place to record the temperature of clinical fridge, which helped to make sure medications were stored at the correct temperature.

The service had a controlled drug register that documented the process for ordering, storing and dispensing controlled drugs. We saw arrangements in place to store controlled medicines securely.

A quality improvement plan was in place. This helped to inform and direct the service's improvement activities. We saw improvement activities identified

were recorded for the year ahead, along with the actions that would be taken and how these would be measured. This helped to inform the service's cycle of improvement and development. Some examples of improvement actions made in the last 12 months included:

- appointment of a registered manager
- changes to the electronic patient care records
- medication management policy review
- patient feedback displayed in service and on website, and
- upgrade of the service's website.

What needs to improve

While the service provided treatment with the use of controlled drugs, it did not have a Home Office license in place. The practitioner was responsible for the ordering and destruction of controlled drugs, as well as handling the:

- individual patient supply
- receipt
- recording, and
- storage of invoices and medicines.

An independent assessor had completed a comprehensive risk assessment for the management of controlled drugs. The assessor had recommended that the service carry out a process review after five shipments of the medicines. However, the service may take several years to receive five shipments of these medicines. The process should be monitored more frequently to provide assurance of the practitioner's continued compliance with the risk assessment. We will follow this up at future inspections.

While the service had a controlled drug register and processes in place to manage controlled drugs, this involved a recording sheet and separate book with patient details. During our inspection, we discussed improvements with the practitioner to include patient details and date of supply on the recording sheet. This would help the service to carry out an audit trail and account for patient supplies. We will follow this up at future inspections.

The service's quality improvement plan could be further developed to include previous inspection findings. This would help the service to monitor its progress on previous recommendations and requirements made during inspection. We will follow this up at future inspections.

- 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 equipped. Patients reported that staff were knowledgeable and experienced. The practitioner must have access to relevant information from patients' primary healthcare record before prescribing controlled drugs and relevant information must be shared with the patient's GP following treatment. Medical weight loss management guidance must be followed and patient care records should be fully completed, with treatment plans and clinical rationale recorded.

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 satisfactory self-evaluation.

The environment and patient equipment was clean and well maintained. We saw effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw evidence of completed and up-to-date cleaning schedules. All equipment used, including personal protective equipment (such as gloves) was single used to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

Patients who completed our survey commented on the cleanliness of the service. Some comments included:

- 'Beautiful clean clinic and very relaxing.'
- 'Clinic is well equipped and exceptionally clean.'

We reviewed three patient care records for patients attending the service for medically assisted detoxification and saw evidence of a good standard of record-keeping. We saw patients were asked to consent to share information

with their GP. Assessments were carried out using validated assessment tools and in line with the National Institute for Health and Care Excellence (NICE) guidelines. We saw evidence of a good standard of assessment and prescribing detoxification medicines and the risks of relapse were discussed with patients. We saw patients attending were routinely offered relapse prevention medication.

Patients who completed our survey told us they had confidence that staff had the right knowledge and skills. Comments included:

- 'Very professional and knowledgeable.'
- 'They are very professional.'
- 'The service was very professional.'

We reviewed two staff files, including one staff member working under a contractual agreement. We saw appropriate checks had been out, including checking qualifications, Protecting Vulnerable Groups (PVG) status and that indemnity insurances were up to date.

What needs to improve

We saw the service routinely asked patients' consent to access or share their medical records to allow for safe care, prescribing and treatment. For patients treated for medically-assisted detoxification, we saw the practitioner had sought permission to contact the patient's GP. However, this had been refused in the majority of cases.

While the majority of patients attending for weight loss management had given consent to contact their GP, the service had not contacted the GPs. From the care records we reviewed, GP summaries of patient medical records were not available for any patients the service had treated for medically-assisted detoxification or weight loss management. We saw that treatment had been carried out without having access to this. This made it difficult for the service to make sure it had adequate knowledge of the patient's health before providing treatment. The General Medical Council (GMC)'s guidance *Good practice in prescribing and managing medicines and devices (2021)* states:

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

The service had a patient pathway policy for medically-assisted detoxification and a prescribing policy in place. However, these policies advised that patients may still be treated based on the clinical judgment of the practitioner, where patients refused consent to contact their GP, or the service was unable to obtain medical or GP records. This is not in line with GMC guidance. We discussed this with the practitioner during our inspection and they agreed to change the service's practice. It was agreed that the service would not provide treatment for medically assisted detoxification and medical weight loss without consent to obtain and share information with patients' GPs (requirement 3).

We reviewed seven patient care records for weight-loss patients and found these had not been comprehensively completed. For example:

- Of the five patients who were prescribed centrally acting appetite suppressants (CAAS), three had medical problems noted which were contraindicated.
- Of the seven patients, two had been treated with a body max index (BMI) outside of national guidelines on the management of obesity.
- Patients' next of kin or GP details were not recorded.
- Treatment plans were not documented with follow-up and monitoring.
- We saw no evidence of any written information given to patients about dietary, physical and lifestyle advice (requirement 4).

During our inspection, we checked that the packaging and labelling of medicines supplied to patients for medical weight loss treatment was in line with legal requirements and good practice. From the labels we checked, we saw that patient information and instructions (such as how to administer the medication and to avoid alcohol) were missing (recommendation g).

Patient care records we reviewed did not evidence that the service carried out routine biochemistry and haematology investigations before commencing treatment for alcohol detoxification or prescribing some relapse-prevention medications. Patient care records we reviewed also did not include a clinical rationale documented for why these investigations were not carried out. Instead, we saw that patients were advised to contact their GP and attend for blood tests and an electrocardiogram (ECG) after their treatment at the service (recommendation h).

While the service had a contractual agreement with a phlebotomist, there was no signed contract agreement in place. We discussed this with the service who advised a contractual agreement was currently being prepared. We will follow this up at future inspections.

Requirement 3 – Timescale: by 27 May 2024

- The provider must implement a system to ensure that:

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

Requirement 4 – Timescale: by 27 May 2024

- The provider must follow national medical weight management 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.

Recommendation g

- The service should ensure that medication provided to patients is clearly labelled and in line legal requirements and best practice.

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.

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: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

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

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