Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Eulas Clinics, Hamilton

Service Provider: Eulas Clinics Ltd

12 December 2024

NHS SCOTLAND

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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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 Eulas Clinics on Thursday 12 December 2024. We spoke with the registered manager and a doctor. 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. This was our first inspection to this service.

Based in Hamilton, Eulas Clinics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Eulas Clinics, 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 had a clear vision and purpose, with a strategic plan and measurable key performance indicators to help continually improve performance. Leadership was visible and supportive. Governance arrangements and good communication with staff was evident.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient feedback was regularly gathered and acted on. Care was person-centred and tailored to meet individual needs. Risk assessments and audits were in place for all environmental and clinical activities. A quality improvement plan also helped to support continuous improvement of the service. The complaints policy and processes were up to date and accessible to all patients.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and well maintained. Patients were positive and complimentary about the service and staff. Patient care records were comprehensive and well completed. Safer recruitment processes were followed.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect Eulas Clinics Ltd 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 no requirements and no recommendations.

We would like to thank all staff at Eulas clinics for their assistance during the inspection.

2 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 had a clear vision and purpose, with a strategic plan and measurable key performance indicators to help continually improve performance. Leadership was visible and supportive. Governance arrangements and good communication with staff was evident.

Clear vision and purpose

The service's vision and purpose was to provide innovative, patient-centered mental health care through ketamine-assisted therapy (KAT). Its mission was to improve the wellbeing of individuals with treatment-resistant mental health conditions through combining evidence-based practices with compassionate care.

To support its vision, the service had in place the following:

- A strategic plan that outlines the service's objectives, including the launch of a structured aftercare program and expanding its research collaborations.
- A detailed patient information leaflet that communicates the service's purpose to patients and stakeholders.
- Active collaboration with academic institutions and the Scottish Psychedelic Research Group to drive innovation in care delivery.

A clear objectives statement was displayed on the service's website, which read:

- 'To bring together highly skilled experts in medical, clinical and therapeutic fields of psychedelic assisted psychotherapy and provide this innovative and scientifically supported treatment to individuals in Scotland who require it, ensuring their safety, well-being and respect throughout the process.'

The service had a strategic plan that covered key performance indicators, such as:

- key stakeholder engagement to increase patient numbers
- Monitoring public engagement with website
- Patient participation feedback

- No requirements.
- No recommendations.

Leadership and culture

The service manager oversaw the daily running of the service. Staff included:

- a nurse
- an anaesthetist
- psychiatrists, and
- therapists.

The service also had access to a pharmacist.

Clear governance processes were in place, which demonstrated a supportive leadership culture with well-defined roles and lines of accountability. We saw minutes of monthly clinical governance meetings and managed action plans. Effective communication took place through clinical and line management structures to highlight any areas of concern, when required.

Staff had the opportunity to attend and contribute to these meetings. At the time of our inspection, the service had operated for 6 months and this meant that only a few patients had been treated. We saw that all staff were committed to delivering and improving the service through feedback and evaluating the initial patients it had treated. Staff we spoke with said they were confident to speak up.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patient feedback was regularly gathered and acted on. Care was person-centred and tailored to meet individual needs. Risk assessments and audits were in place for all environmental and clinical activities. A quality improvement plan also helped to support continuous improvement of the service. The complaints policy and processes were up to date and accessible to all patients.

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

The service used a variety of methods to collect patient feedback in line with its patient participation policy. For example, patients were sent emails and had telephone calls from the service manager. A paper copy of the questionnaire was also available, and we saw evidence that the service reviewed all feedback at the clinical governance meetings and took any actions, as required. Patients were also informed where appropriate that their feedback had been actioned. Improvements made as result of feedback obtained included:

- snacks and drinks available for patients and companions
- staff always focused on patient during sessions and minimising discussions with patients' companions
- tissues available in all areas of the clinic.

Staff were also able to provide feedback about any suggested improvements and this could be made at staff meetings and supervision.

- 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.

We saw policies in place to help deliver safe person-centred care, including those for:

- emergency arrangements
- safeguarding
- health and safety
- infection prevention and control
- information management, and
- medicine management.

An incident log was available for reporting any accidents and incidents that occurred and staff were aware of this. We noted that the service had experienced no accidents or incidents since it was registered with Healthcare Improvement Scotland in May 2024.

Maintenance contracts for the fire safety equipment and fire detection system were up to date. A yearly fire risk assessment had been carried out. Fire safety signage was in place and we saw a safety certificate for the fixed electrical wiring. A waste management contract was in place for the safe disposal of clinical waste and sharps, such as used needles and syringes

A complaints policy detailed the process for managing a complaint and timescales the service would follow. The policy stated that patients could complain to Healthcare Improvement Scotland at any stage of the process and included our contact information. The service had not received any complaints since it was registered. Information about how to make a complaint was available to patients in the clinic and on the service's website.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy, and its annual duty of candour report was available on its website. Staff had completed training on duty of candour principles.

Different healthcare professionals assessed patients after the service manager's initial assessment to screen those who would not be suitable for ketamine-

assisted psychotherapy. We saw that signposting to other relevant services was given where appropriate.

If patients were deemed suitable for the service, relevant medical records were requested from the GP or any other professionals, such as a psychiatrist. The multidisciplinary team then reviewed the medical records before the medical staff carried out a face-to-face assessment of the patient.

Once patients were accepted for treatment, physical health checks were carried out, such as weight and blood pressure. This was checked again on day of the patient's treatment. Consent to treatment was obtained before it was commenced and at each treatment session. Therapy was delivered after ketamine infusions and this was a minimum of a 6-week programme, with aftercare in place. Aftercare included a plan for the future that the service helped patients complete.

A patient information leaflet with aftercare and a contact telephone number was shared with the patient and was signed and documented in the patient care record.

Safe systems were in place in line with the service's medication management policy, including those for medicines:

- administration
- prescription
- procurement, and
- storage.

Medicines were stored in a locked controlled drug cupboard inside another locked cupboard and we saw evidence that access was monitored through a key sign-out system. There was a controlled drug register which was fully completed and audited by the pharmacist. Also available in the service, we saw:

- a defibrillator
- a first aid kit
- a suction machine
- an electrocardiogram (ECG) machine, and
- emergency medication.

Emergency protocols were also in place, in the case of an emergency complication. Patients received advice on what to do in the event of an emergency as part of their aftercare information and this was signed for and documented in the patient care records.

The service received safety alerts and reports from the Medicines and Healthcare products Regulatory Agency (MHRA).

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records were in paper format and stored in a locked filing cabinet.

Policies were in place for recruitment, induction and staff development. Systems were in place to make sure all staff had up-to-date Protecting Vulnerable Groups (PVG) background checks. We saw a practicing privileges policy was in place (where staff are not employed directly by the provider but given permission to work in the service). Staff signed a practicing privileges agreement when working with the service under this arrangement.

Staff performance and personal development was monitored through monthly supervision and an appraisal system was in place. At the time of our inspection, no appraisals had been carried out as service had only been operating since September 2024.

The service had links with academic institutions and research bodies to add to and keep up to date with emerging research and learning in the field of psychedelic assisted psychotherapy.

- No requirements.
- No recommendations.

Planning for quality

We saw a risk register that demonstrated how the service managed risk. This included risk assessments for:

- fire safety
- health and safety, and
- infection prevention and control.

This involved identifying and grading the level of risk, what actions would be taken and the person responsible, as well as review dates. The service manager was responsible for keeping this up to date.

An audit programme helped to review the safe delivery and quality of the service. The findings were documented and action plans completed, where required. These were discussed at relevant staff meetings. Audits were completed thoroughly and included those for:

- clinic environment
- medicines
- patent care records, and
- staff records.

A contingency plan was in place in case of events that may cause an emergency closure of the clinic, such as a power outage. Appropriate insurances, such as public liability insurance, were in-date.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. We saw that audit actions and patient feedback fed into a service improvement plan.

- 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 clinic environment and equipment was clean and well maintained. Patients were positive and complimentary about the service and staff. Patient care records were comprehensive and well completed. Safer recruitment processes were followed.

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 had not been requested to submit an annual return at the time of inspection. 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 clinic environment was modern, clean and well equipped. Equipment was in good condition and details of equipment testing and servicing was kept in a log that was up to date. Cleaning of the treatment room and equipment was carried out between patient appointments and an in-depth daily clean was carried out when the room had been used. We saw that cleaning schedules were completed and up to date. Appropriate cleaning products were used for sanitary fittings.

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, gloves and face masks) and alcohol-based hand gel. Hand hygiene posters were displayed. A waste management contract was in place for the safe disposal of sharps and other clinical waste.

All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘Clean and calm environment.’
- ‘All the facilities were clean and modern.’
- ‘Comfortable, modern clinic.’

The three patient care records we reviewed were comprehensive and accurately completed. All three patient care records we reviewed included:

- assessments and medical histories
- details of medicines used and expiry dates
- GP and next of kin details, including emergency contacts
- patient consents to treatments and to sharing information with other healthcare professionals, if required, and
- the provision of aftercare advice.

All patients who responded to our online survey told us they received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Time was taken to understand my personal circumstances.’
- ‘I was asked if I was comfortable with what was happening at every step of the process, everything was very clearly explained to me.’
- ‘When it came to dosage I was asked if I wanted to change it and the therapist would discuss all aspects of the treatment.’
- ‘I didn't experience any pressure... they were very supportive and I felt like they genuinely wanted to help.’

We reviewed the staff files of those staff working under a practicing privileges agreement and saw that they included evidence that appropriate checks had been carried out to allow them to work safely in the service. These included:

- indemnity insurance
- proof of identity
- professional registrations, and
- Protecting Vulnerable Groups, (PVG) identification numbers and date issued.

Practicing privileges policies and contacts were in place and an induction process for staff was carried out.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

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