

Announced Inspection Report: Independent Healthcare

Service: Nadcell Mindcare Limited, Glasgow

Service Provider: Nadcell Mindcare Limited

9 May 2023

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Nadcell Mindcare Limited on Tuesday 9 May 2023. We spoke with the service manager (practitioner). We did not receive any feedback from patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector 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.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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 limited self-evaluation.

What we found and inspection grades awarded

For Nadcell Mindcare Limited, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patient information and a consultation process gave patients the opportunity to discuss treatments provided and whether they were appropriate. Privacy and dignity were maintained at all times. Additional psychosocial-based therapies, and signposting to support groups and appropriate referral routes, would help to promote patient recovery and	✓✓ Good

	prevent relapse. Although patient feedback was reviewed regularly, the service should continue to develop how it informs patients of the impact of their feedback.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and equipment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe, including infection prevention and control practices. An audit programme helped to make sure that care and treatment was in line with best practice guidelines. Medication and prescribing policies and procedures should reflect practice in the service.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. The service was a member of national forums to ensure it kept up to date with best practice and guidance, and to access advice and support. A quality improvement plan should be developed.	✓ Satisfactory

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patient care records included consultation notes, assessments and treatment plans. Medicines and prescribing policies should be developed in line with General Medical Council guidance. Patient care records should be fully completed with clinical rationale and decision making recorded.

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 Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

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

This inspection resulted in one requirement and 10 recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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 requirement 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.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Patient information and a consultation process gave patients the opportunity to discuss treatments provided and whether they were appropriate. Privacy and dignity were maintained at all times. Additional psychosocial-based therapies, and signposting to support groups and appropriate referral routes, would help to promote patient recovery and prevent relapse. Although patient feedback was reviewed regularly, the service should continue to develop how it informs patients of the impact of their feedback.

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

The service made sure that patients' confidentiality and dignity was maintained. All consultations were carried out in a private consultation room and by appointment only. During treatment, privacy screens were available to ensure patients' privacy was maintained.

Patients were offered an initial consultation with a practitioner to allow them to discuss if treatment would be appropriate. Patients attending for treatment of alcohol dependence were medically assessed by the practitioner. This included a review of medical history with the patient and assessment of associated risks. This allowed the practitioner to determine if patients were suitable for treatment and could be safely treated for assisted withdrawal from alcohol on an outpatient basis.

The service's website provided a range of information on the treatments available by the service. Patients were provided with information about treatments, including medication, risks and benefits, and costs following an initial consultation. This allowed patients to make an informed decision about attending the service for treatment.

The service's patient engagement and satisfaction policy described how patient feedback would be obtained and used to inform and develop the service. We saw patients could provide feedback about their experience by completing paper questionnaires. We were told the service also received informal patient feedback such as emails. Patient satisfaction was a standing agenda item at the service's clinical governance meeting held every month. We saw that patient feedback was regularly reviewed, and improvements had been identified and actioned at a recent clinical governance meeting. For example, the service was in the process of implementing an online system for collecting patient feedback.

We reviewed some patient feedback the service had received from its own patient satisfaction questionnaire. Comments included:

- 'Very happy with the service, made me feel so comfortable and explained the treatment fully.'
- 'Very happy with the clinic, very professional.'

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. The service had an up-to-date duty of candour policy. We were told the service had not had any instances requiring it to implement duty of candour principles. Since the service was only registered with Healthcare Improvement Scotland in October 2022, an annual duty of candour report had not yet been published. We will follow this up at the next inspection.

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 provided with written complaints information. We noted the service had not received any complaints since it was registered in October 2022.

What needs to improve

We saw patients were provided with written aftercare advice and signposted to local support groups such as Alcoholics Anonymous. However, we saw limited psychosocial interventions offered by the service. Therapies such as cognitive behavioural therapy and interventions would help to promote patient recovery and prevent relapse (recommendation a).

We were told patients travelled from distant locations to attend the service. While we saw that the service had discussions guiding patients to local support agencies near to the service, it was not clear how the service would research and recommend support services close to the patient on their return home (recommendation b).

Although patient feedback was gathered and reviewed, the service should consider ways of informing patients of any action taken as a result of their feedback (recommendation c).

- No requirements.

Recommendation a

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

Recommendation b

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

Recommendation c

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

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment and equipment was clean and well maintained. Systems were in place to make sure patients and staff were kept safe, including infection prevention and control practices. An audit programme helped to make sure that care and treatment was in line with best practice guidelines. Medication and prescribing policies and procedures should reflect practice in the service.

Systems were in place to help make sure the clinic environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Appropriate fire safety equipment was in place.

Measures were in place to reduce the risk of infection. We saw cleaning schedules were being completed. A good supply of disposable personal protective equipment was available, including gloves and surgical masks, and other items of single-use equipment was 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.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care including:

- information management
- infection prevention and control, and
- safeguarding (public protection).

All prescription-only medicines were obtained from appropriately registered suppliers and ordered specifically for the individual patient. A system was in place to record the temperature of the dedicated clinical fridge and make sure all medications were stored at the correct temperature. All medicines, including medicine required in an emergency, and single-use equipment were in date.

The service's audit programme covered:

- infection prevention and control
- incidents and accidents
- information security
- medication
- patient care records, and
- fire safety.

These audits were documented and reviewed with actions plans developed where necessary.

An incident book was used to record any accidents or incidents that took place, and any subsequent actions that would be taken. The practitioner had a good understanding of their responsibility for reporting accidents, incidents and adverse events. We noted that the service had had no incidents since it was registered.

The service had a health and safety policy. Risk assessments and environmental audits for managing risks in the service were reviewed regularly. These covered aspects such fire, legionella and the environmental checks in the service.

What needs to improve

Key policies had been produced such as a medication policy, prescribing policy and a standard operating procedure for the treatment of alcohol detoxification. However, these did not accurately reflect how the service was delivered. Both policies and the standard operating procedure described that consent could only be obtained and treatment provided for medically assisted detoxification if the patient was accompanied by a responsible person, such as a relative. On reviewing patient care records and from discussion with the practitioner, we saw that treatment had been provided to a patient without adhering to these policies. Unsupervised detoxification can increase the risks to patients. A clear rationale, justification and risk assessment for treatment to go ahead without supervision should be documented in the patient care record. We discussed the importance of implementing policies and procedures that accurately reflected practice in the service (requirement 1).

During the inspection, we were told that some patients stayed in a hotel during their treatment. This meant they could be distant from the normal support systems they are familiar with and at potential increased risk of harm (recommendation d).

Requirement 1 – Timescale: immediate

- 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 d

- 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.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included consultation notes, assessments and treatment plans. Medicines and prescribing policies should be developed in line with General Medical Council guidance. Patient care records should be fully completed with clinical rationale and decision making recorded.

Paper 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).

We reviewed three patient care records and found the assessment documentation and validated assessment tools used were in keeping with current guidance. We saw consultation notes for each care episode and that possible complications from detoxification were considered. Treatment plans had been developed with instructions to follow for medication.

Patients were given both verbal and written aftercare advice following their treatment. Patients were also provided with out-of-hours contact details for the practitioner.

What needs to improve

The service told us that many patients using the service did not want their NHS GP to be informed and had the right to make this decision. We were told that while the service routinely asked for patients' consent to access or share their medical records, to allow for safe care and detoxification planning, it rarely received consent. GP summaries of patient medical records were not available for any of the three patients treated by the service at the time of our inspection. This made it difficult for the service to make sure it had adequate knowledge of the patient's health, allowing it to safely prescribe medicines in line with GMC guidance. We saw no recorded discussions with patients about:

- the importance of providing the consent to share this information, or
- the risk associated if it was not shared (recommendation e).

While medical and drug histories were obtained directly from all patients, information provided by them may miss relevant points, and therefore increase risk. During the inspection, we saw no written evidence that outlined any reason or justification for the practitioner to prescribe without having access to patient's medical records. This is not in line with current GMC guidance (recommendation f).

It is considered good practice to assess liver and kidney function and do a full blood count before commencing treatment for alcohol detoxification and before prescribing some relapse prevention medication. While this was possible to do in the service, from the patient care records we reviewed, we saw no evidence of this being carried out or any clinical rationale documented for why this had not been carried out (recommendation g).

Some areas in the patient care records we reviewed had not been completed, for example some fields in the assessment documentation and if a patient had refused to start relapse prevention medication. This made it difficult to know if these questions had been asked (recommendation h).

While patient care records were audited, the audits did not check if all fields in the patient care records had been fully completed (recommendation i).

We spoke with the practitioner and discussed auditing the number of GP summaries provided. This would help to reduce the risk of patients receiving treatment without GP information. We will follow this up at future inspections.

- No requirements.

Recommendation e

- 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.

Recommendation f

- 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.

Recommendation g

- 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.

Recommendation h

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

Recommendation i

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

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Governance structures were in place, with systems and processes to monitor and improve the quality of care delivered. The service was a member of national forums to ensure it kept up to date with best practice and guidance, and to access advice and support. A quality improvement plan should be developed.

The service was owned and managed by a doctor registered with the General Medical Council (GMC). They had a range of experience in delivering care for patients in the NHS and independent sector. We were told the practitioner received regular supervision and saw evidence of their annual appraisal where they gathered evidence of their competency, training and feedback.

We saw evidence of continuing professional development. For example, safeguarding for adults and children, medicine management and basic life support courses had recently been completed.

We were told the practitioner was also a member of the Independent Doctors Federation. This provided opportunities for networking, and seeking advice and support from other practitioners within the independent sector. During the inspection, we discussed the benefit of joining the Scottish Addiction Specialist Group. This would help the practitioner keep up to date with best practice and guidance, and have access to peer support. Following the inspection, we were told the service was now in the process of joining this group.

Quality assurance processes were in place. This included:

- clinical governance meeting held every month
- reviewing patient feedback, incidents and complaints, and
- an audit programme that measured the quality in the service.

The service had recently introduced the support of an external healthcare consultant, who was a registered mental health nurse, to provide assistance with clinical governance in the service. We saw clinical governance meetings had commenced and minutes of these meetings were recorded with actions identified. We saw regular agenda items such as governance and regulation updates, patient satisfaction, incidents and complaint reviews, policy updates and training were discussed.

What needs to improve

We saw good quality assurance processes in place and that the service had identified areas of improvement such as considering introducing electronic patient care records and improving the process for reviewing patient satisfaction questionnaires. However, the service did not have a formal quality improvement plan in place. This would help to identify and structure specific improvement activities and actions, record the outcomes and measure the impact of any future service change. This would then enable the service to demonstrate ongoing improvement of the service (recommendation j).

- No requirements.

Recommendation j

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

Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
a	The service should consider a variety of additional psychosocial-based therapies as part of a recovery-focused treatment plan (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
b	The service should explore support groups and appropriate referral routes for patients travelling to the service from distant locations (see page 9). Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.14
c	The service should develop a process of informing patients about how their feedback has been addressed and used to help improve the service (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirement

- 1** 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 12).

Timescale – immediate

Regulation 3(d)(v)

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

Recommendations

- d** 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 (see page 12).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.26

- e** 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 (see page 14).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

- f** 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 (see page 14).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- g** 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 14).

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 ensure that patient care records are fully completed (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

- i** The service should expand the range of information audited as part of the patient care record audit (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- j** The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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
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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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