Announced Inspection Report: Independent Healthcare

Service: Freedom From Torture, Glasgow
Service Provider: Freedom From Torture

25 February 2020
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 contactpublicinvolvement.his@nhs.net
## Contents

1. **A summary of our inspection**  
   - Page 4

2. **What we found during our inspection**  
   - Page 7

Appendix 1 – Requirements and recommendations  
   - Page 18

Appendix 2 – About our inspections  
   - Page 20
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 three 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 Freedom From Torture on Tuesday 25 February 2020. We spoke with a number of staff during the inspection. We also spoke with one service user during the inspection, and received feedback from four service users 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.

What we found and inspection grades awarded

For Freedom From Torture, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Service users spoke positively about the care and support they received through this service, including the information provided and the staff that support them. A range of methods was used to collect and evaluate feedback from service users to help continually improve the service. Service users were also able to contribute and participate in more formal reviews of the service and wider organisation.</td>
<td>☑️ ☑️ ☑️ Exceptional</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Good systems were in place to manage risk and make sure care and treatment was delivered in a safe and clean environment. However, a</td>
<td>☑️ ☑️ Good</td>
<td></td>
</tr>
</tbody>
</table>
cleaning schedule should be developed for the medical room. Stock expiry dates should be recorded on the audit checklist.

**Domain 9 – Quality improvement-focused leadership**

| 9.4 - Leadership of improvement and change | A quality framework helped to continuously improve the service delivered and how care and treatment was provided to service users. Senior leaders and managers were visible and approachable. Service users and staff were empowered to contribute to the development of the wider organisation. | ✔️✔️ Exceptional |

The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Clinical assessments, medical legal reports and health assessments were comprehensive and provided detailed information to inform service users’ individual treatment plans. Service user records were audited regularly.</td>
</tr>
</tbody>
</table>

**Domain 7 – Workforce management and support**

| 7.1 - Staff recruitment, training and development | Effective systems and processes helped to make sure staff and volunteers were safely recruited. Service users were supported by an appropriately skilled and experienced team. Staff received good opportunities for training and development. |

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Freedom From Torture to take after our inspection

This inspection resulted in three recommendations (see Appendix 1).

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

We would like to thank all staff at Freedom From Torture 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

Service users spoke positively about the care and support they received through this service, including the information provided and the staff that support them. A range of methods was used to collect and evaluate feedback from service users to help continually improve the service. Service users were also able to contribute and participate in more formal reviews of the service and wider organisation.

The service provided a rehabilitation service which included a range of psychological therapies to support service users. Each service user was assigned a specially trained therapist who met them individually or as part of a family unit on an appointment-only basis. The service had several dedicated therapy rooms to ensure service users’ privacy and confidentiality was maintained. Medical assessments and examinations were carried out by a doctor in a dedicated medical room.

Service users could bring a friend or relative to support them or access a chaperone, in line with the service’s policy. Results from our survey showed that service users felt they were treated with dignity and respect, and were involved in all decisions about their care and treatment.

Service users told us the information they received from the service before they attended their appointment helped them to understand the assessment and treatment process. All service users who participated in the inspection told us they received sufficient information about the range of services provided in the centre in a format they could understand. For example, interpreters were used to support service users whose first language was not English. Information about the service was translated into commonly used languages. A service user
handbook provided detailed information about what service users could expect from the service. Other comments included:

- ‘Very good treatment and very good service.’
- ‘The therapy service combined with the community work has made a difference to me.’
- ‘The place is very good and people like me can gain a lot of support and encouragement.’

In line with its participation and engagement policy, the service used a variety of methods for collecting feedback from service users to help inform and direct improvements, both in this service and across the wider organisation. This included:

- ‘have your say’ cards
- satisfaction questionnaires
- surveys, and
- service user meetings.

We saw examples of improvements made in the service following feedback from service users. This included providing fresh fruit and refreshments in the centre. Information collected from service user satisfaction questionnaires and surveys was analysed at an organisational level by a national quality assurance manager. Any themes or trends identified were reviewed, discussed and actioned at the senior management meetings held every 3 months. Improvement actions were discussed and shared with service users at service user meetings.

We saw positive feedback from eight service users who contributed to an internal quality assurance review of the service last year. Service users were particularly complimentary about the staff who supported them and the range of activities they could access in the service. An action plan was developed following the quality assurance service review, and we saw that all areas for improvement had been actioned within the agreed timescales.

We saw that ‘therapy contracts’ were developed with each service user and their therapist to agree realistic goals and expectations from treatment. The contracts were formally reviewed every 6 months to make sure the impact of therapeutic interventions continued to meet the service user’s needs and expectations. Service users we spoke with confirmed this was helpful to them as it could show the progress they were making since they first attended the service.
The complaints policy was prominently displayed in the reception area. While the service had not received any complaints since its registration in February 2018, the policy advised service users they could complain directly to Healthcare Improvement Scotland and included our contact details. We saw an open and transparent approach to complaints handling. For example, the service user handbook welcomed comments, suggestions or complaints from service users to help improve the service. Service users could direct their comments or complaints to any staff member, or the national quality assurance manager.

- No requirements.
- No recommendations.
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

Good systems were in place to manage risk and make sure care and treatment was delivered in a safe and clean environment. However, a cleaning schedule should be developed for the medical room. Stock expiry dates should be recorded on the audit checklist.

Appropriate controls were in place to make sure service users were supported in a safe and clean environment. The landlord was responsible for general building maintenance, including fire safety equipment, the heating system and electrical appliances. We saw that fire safety equipment, the central heating system and portable electrical appliances were tested and maintained every year. Appropriate public and employer liability insurance cover was in place. Daily cleaning of the service was carried out by private contractors as part of the lease arrangement with the landlord. Service users who responded to our survey were extremely satisfied with the cleanliness of the service.

A dedicated medical room was used by doctors to carry out consultations, medical examinations or health assessments with service users. The number of appointments varied each month.

Medical examinations were non-invasive and low-risk. For example, no treatments or diagnostic tests such as bloods or urine testing were prescribed or administered by the doctors.

Although the service had a contract for the safe disposal of sharps and clinical waste, we saw that no clinical waste was generated. Standard infection control precautions included the use of personal protective equipment, such as disposable gloves and hand towels. The doctors were responsible for completing audits of equipment checks and stock supplies.
Policies and procedures were reviewed at regular intervals or when changes in legislation occurred. For example, the information management policy was updated to comply with new general data protection regulations. The service had a duty of candour policy to show how it would meet its professional responsibility to be honest with patients or service users when things go wrong. Staff could access policies on the service’s intranet, and any policy changes were discussed at team meetings. As the service did not prescribe, administer or store any medicines, no medicines policy was required.

An effective reporting system was in place to record and monitor accidents and incidents. Panic buttons were available in therapy rooms to enable staff to summon help, if needed. Some staff had completed specialist first aid training to support service users with mental health problems and to help them respond effectively in the event of a crisis.

Comprehensive safeguarding policies enabled the service to support and protect adults and children who may be at risk of harm or abuse. Staff and volunteers received adult and child protection training as part of their induction and then completed mandatory refresher training every year. Staff we spoke with were knowledgeable about the procedures for reporting any concerns they had about adults or children accessing the service.

**What needs to improve**

During the inspection, we saw the medical room was comfortably furnished and the treatment couch was fit for purpose. However, this room was also being used to store surplus equipment and appeared cluttered. We were told that some of the medical equipment on the treatment trolley would never be used.

We saw that doctors completed a checklist of tasks when they used the medical room for consultations and medical examinations. This included wiping down the treatment bed and trolley before and after examinations, checking equipment remained fit for purpose and reordering supplies. When there was no scheduled medical appointment, the room was sometimes used by the service for other activities. We saw no evidence of a structured cleaning schedule detailing cleaning products, processes and who was responsible for cleaning, in line with national infection prevention and control guidance. This would help make sure the room was cleaned effectively following every use. The service’s infection prevention and control policy should be updated in line with Health Protection Scotland’s national guidance (recommendation a).

We found that the antibacterial hand wash in the medical room was out of date and no disposable ear pieces were available for the auroscope (a medical device used to examine the ear). Although we saw audit checklists for equipment and stock supplies, expiry dates for certain supplies were not recorded. Recording
expiry dates on the checklist for relevant stock items would act as a prompt to order replacements before they expired (recommendation b).

- No requirements.

**Recommendation a**

- The service should remove all surplus equipment from the medical room and develop a structured cleaning schedule and update its infection prevention and control policy, in line with guidance in Health Protection Scotland’s *National Infection Prevention and Control Manual*.

**Recommendation b**

- The service should record stock expiry dates on the audit checklist.

---

### Our findings

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Clinical assessments, medical legal reports and health assessments were comprehensive and provided detailed information to inform service users’ individual treatment plans. Service user records were audited regularly.

An electronic record management system was used to maintain service users’ records. Information was stored securely in line with governance arrangements and data protection legislation. Service users’ records were audited every year as part of the organisation’s internal quality assurance review process.

From the five service user records we reviewed, we saw that information completed was up to date and electronic entries were date and time stamped. Clinical assessments and medical legal reports were comprehensive and included important background information about reasons for referral, legal and welfare support, past medical history and prescribed medicines. All service user records we reviewed included a consent to treatment form, signed and dated by the service user and their therapist or the doctor. These were then scanned onto the electronic system. Consent to share information with the service user’s GP was also documented. Each file had a therapy contract and a service user risk assessment which were reviewed regularly.

One of the organisation’s key strategic objectives was to implement a new holistic pathway. This would help the service to achieve consistency of its rehabilitation service. We noted the service was making good progress with this.
There was a strong focus on supporting service users to achieve realistic goals to overcome their past experiences and support them to live independently and be engaged in their local community. In its quality improvement plan, the service reported it had significantly reduced the length of stay for service users.

- No requirements.
- No recommendations.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

Effective systems and processes helped to make sure staff and volunteers were safely recruited. Service users were supported by an appropriately skilled and experienced team. Staff received good opportunities for training and development.

A number of pre-employment background and security checks were carried out on staff and volunteers before they started working in the service. This included:

- enrolment in the Protecting Vulnerable Groups (PVG) scheme for both adults and children
- two satisfactory references
- proof of identity, and
- proof of their right to work in the United Kingdom.

Fitness to practice checks were carried out for qualified clinical and social services staff employed in the service on a permanent or voluntary basis.

Staff and volunteers received an induction, and had job descriptions that described their key duties and responsibilities. We saw that staff had regular supervision and appraisals to make sure they maintained their skills, knowledge and competencies in line with their job roles. Staff told us they received regular opportunities for training and development and were involved in the wider development of the organisation. For example, staff contributed to the
development of the 3-year strategic plan and the new clinical pathway for the rehabilitation service.

Annual training and professional development plans ensured that staff and volunteers could access a range of training.

**What needs to improve**
Although staff and volunteers were PVG scheme members for both adults and children, the service did not have a system for updating this information on a regular basis. This would help the service to provide assurance that staff and volunteers remained safe to work in the service (recommendation c).

- No requirements.

**Recommendation c**
- The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff and volunteers.
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

A quality framework helped to continuously improve the service delivered and how care and treatment was provided to service users. Senior leaders and managers were visible and approachable. Service users and staff were empowered to contribute to the development of the wider organisation.

The wider Freedom From Torture organisation had a clear leadership structure with well-defined roles, responsibilities and support arrangements. For example, the chief executive was responsible for the overall management of governance and the strategic direction of the wider organisation, on behalf of the board of trustees. The clinical director was the head of the senior management team and supported the service managers from all five Freedom From Torture services in the United Kingdom.

The service manager was registered with the Scottish Social Services Council as a social worker, and as a psychotherapist with the UK Council for Psychotherapy. They were responsible for the day-to-day management of the service and had a lead role as the child protection manager for all Freedom From Torture services. The service manager received ongoing support, structured supervision and performance reviews from the clinical director.

Staff told us they were well supported by the service manager, and confirmed that board members and senior leaders were visible and approachable. Staff participated in team building away days and fundraising activities. Minutes of staff meetings showed that staff were encouraged to speak freely, share their ideas and contribute to service improvement. Staff also attended events and conferences with other Freedom From Torture services to discuss business developments in the wider organisation, share their experiences and celebrate successes.
In its 3-year strategic plan (2019-2022), a key goal for the organisation was to enhance and empower service user participation in developing and improving the wider organisation. As part of a comprehensive review of its treatment services last year, a targeted service user-led survey identified how well services were meeting the needs and wishes of service users. We saw that feedback from this survey had informed the development of a new improved holistic pathway for the rehabilitation service. Service users were involved in developing both the survey questionnaires and the new pathway.

An organisation-wide quality improvement framework helped to monitor and improve the quality of care and treatment for service users. The national quality assurance manager carried out reviews in the service every year. Key performance indicators and outcome tools were used to measure service performance. This included:

- meeting with staff and service users
- assessing clinical and environmental risks
- reviewing treatment outcomes
- service user satisfaction, and
- staff recruitment, training and development.

Results from these reviews were benchmarked against other Freedom From Torture services to identify trends or potential improvements. We saw the most recent review showed that the service had a cohesive staff team. It also confirmed that staff provided good and effective peer support to each other following incidents and when supporting service users with complex care needs.

The service’s quality improvement plan demonstrated the improvements it had made as a result of the reviews, surveys and feedback received. For example, service user meetings were now happening more frequently, and service user records were audited to ensure service users’ consent to treatment was documented. The new service user pathway included key performance indicators for referral times, and completion of assessment and therapy sessions to help achieve realistic discharge plans for service users.

The service had established strong links with other third sector providers, the local health and social care partnership in Glasgow and community development projects such as the Healing Neighbourhood project. The effectiveness of different therapies used to support service users were supported by evidence-based research and best practice. The organisation had published a range of articles about its work with refugees and asylum seekers,
and the service contributed to an organisational annual report of its achievements and progress made against the corporate strategic objectives.

- No requirements.
- No recommendations.
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 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>The service should remove all surplus equipment from the medical room and develop a structured cleaning schedule and update its infection prevention and control policy, in line with guidance in Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> (see page 12). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</td>
</tr>
<tr>
<td></td>
<td>The service should record stock expiry dates on the audit checklist (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
</tbody>
</table>
## Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
</table>
| c  The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff and volunteers (see page 14).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 |
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.

**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.

**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](http://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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://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
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net