Announced Inspection Report: Independent Healthcare

Service: ADHD Direct Ltd, Glasgow
Service Provider: ADHD Direct Ltd

18 December 2019
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www.healthcareimprovementscotland.org
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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 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 ADHD Direct Ltd on Wednesday 18 December 2019. We spoke with a number of staff during the inspection. We received feedback from 41 patients through an online survey we had asked the service to issue for us before the inspection, and from emails directly sent to us after the service displayed our inspection announcement poster. 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 ADHD Direct Ltd, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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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>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records showed that patients were assessed and managed consistently. An audit process should be introduced to help with ongoing review of patient care records.</td>
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#### Domain 7 – Workforce management and support

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Although staff had been recruited safely to the service, a more formal recruitment process is needed.</td>
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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 ADHD Direct Ltd to take after our inspection

This inspection resulted in two requirements and four 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

ADHD Direct Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at ADHD Direct Ltd 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

Information for patients about the assessment process and treatment options was available in a variety of formats. The majority of patients were extremely satisfied with the service. Although the service gathered patient feedback, a more formal process was needed to evaluate and report actions taken to improve the service. Information on how to make a complaint should be given to patients.

The service’s website provided information on the assessment and diagnosis process for children and adults affected by attention deficit hyperactivity disorder (ADHD). Patient information leaflets were also available. As some patients can find written communication a challenge, the service also emailed personalised video clips explaining the processes. The costs of services were clear.

Before patient assessments begin, the service sends out consent forms that include consent to share information. This allows the service to gather relevant information from the patient’s GP, school and others involved in the patient’s current care to inform their assessment.

The service provided a parent support group through social media and events for parents of children with ADHD.

The service gathered feedback from social media and had issued an annual satisfaction survey. We were told the service also planned to send out patient questionnaires at the end of each month to gather more timely feedback. Feedback was discussed at monthly team meetings.
Patients told us they were treated with dignity and respect, were involved in decisions about their care and were given enough information to help inform decisions. Patients said:

- ‘Every decision had my input. I felt heard which was important. ADHD Direct were fantastic by involving me in every step from diagnosis to treatment.’
- ‘They talked through the different options and asked what I thought would be best for me. Then discussed alternatives and what to expect from each option to ensure I made an informed decision.’

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients and respond appropriately to any unintended or unexpected incidents that occur.

**What needs to improve**
The service’s complaints policy did not include timescales for handling complaints and did not contain information to inform patients they could complain to Healthcare Improvement Scotland. Information about how to complain was not readily available to patients (requirement 1).

Although the service did gather some feedback from patients, a patient participation policy would help the service to structure how it gathers and uses patient feedback to improve how the service is delivered. The policy should include how the service will record and evaluate feedback received to inform change and measure the impact of any improvements made (recommendation a).

**Requirement 1 – Timescale: by 31 March 2020**
- The provider must update its complaints policy and make this more widely available. The policy must include:
  - the timescales by which complaints will be investigated and responded to
  - a statement making clear that patients have a right to complain to Healthcare Improvement Scotland at any time, and
  - the full name, address, telephone number and email address for Healthcare Improvement Scotland.

**Recommendation a**
- The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.
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 was clean and well maintained. Suitable systems and process were in place to promote the safety of children and vulnerable adults.

The environment was clean, maintained and appropriate for the assessment and consultation service provided. Hand cleansing gel and surface wipes were available in the consulting rooms. As the service did not carry out clinical procedures, no clinical waste was generated.

Patient blood pressure monitoring equipment was clean, and was replaced or calibrated every year.

A risk assessment approach was used to make sure the environment was suitable before a child attended for assessments or consultation. While the service had not had any incidents or accidents, a log book was available to record these. The service had an up-to-date fire risk assessment.

The service had an adult and a child safeguarding policy. Staff were able to demonstrate an understanding of the policy and the procedures to follow, if required.

Patients told us:

- ‘It's a nice office, seemed spotless.’
- ‘Clean and bright. Airy and lots of windows.’
- ‘The consultation room was well furnished and clean while also not feeling overly sterile and depressing like a hospital. The room also had inoffensive art on the walls that gave a sense of calmness and homeliness.’

No medicines were stored or administered in the service.
What needs to improve
Although we were told that toys and surfaces were cleaned after use, a cleaning schedule or record would provide assurance that the environment was clean and safe.

If the service continues to increase in size, it should consider producing a risk register. This will help make sure the service continues to effectively manage risk, communicates this to other staff, and monitors the quality and safety of the service.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records showed that patients were assessed and managed consistently. An audit process should be introduced to help with ongoing review of patient care records.

We reviewed six electronic patient care records. We saw evidence of consent, assessment, consultation and patient involvement in decision making. Records of diagnosis and treatment prescribed also showed review of the treatment prescribed and evidence of the patient’s involvement in assessing if the treatment was satisfactory. Patients told us they felt involved in their care and that the service responded to their information and input, for example medication was adjusted or changed if they reported side effects.

The service used an online electronic patient record system which was compliant with updated general data protection regulations and was protected by individual password entry. The system ensured electronic entries were date and time stamped. We saw that files that had been scanned and uploaded to the system were dated and signed.

What needs to improve
Regular audits of patient care records would assure the service that records were accurately, consistently and fully completed, and help identify and make any required improvements (recommendation b).

- No requirements.

Recommendation b
- The service should carry out a regular audit of the patient care records.
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

Although staff had been recruited safely to the service, a more formal recruitment process is needed.

We were told staff qualifications were checked at recruitment. We checked all staff records and saw evidence of Protecting Vulnerable Groups (PVG) and reference checks.

Staff had only just recently been employed in the service, so had not received formal appraisals at the time of the inspection. Staff included a practitioner with practicing privileges (staff not employed directly by the provider but given permission to work in the service).

We were shown a staff training plan for the coming year. Staff we spoke with felt they were given opportunity to develop.

The staff contracts we saw provided clear roles, responsibilities and accountabilities for each staff group.

We were told a staff member was creating a formal staff development programme which would include induction and appraisal for any new clinical staff. This would help the service to provide a consistent approach to this for new staff.

What needs to improve

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. Although the service had recruited staff safely, no system or process was in place to ensure the process would be completed on every occasion. This would also improve consistency with how information about staff recruitment is recorded (requirement 2).
The service had records of initial professional registration checks, such as with the Nursing and Midwifery Council. However, no system was in place to ensure registration remained up to date (recommendation c).

Requirement 2 – Timescale: by 29 May 2020

- The provider must develop and implement a recruitment policy, including for those with practicing privileges, and ensure that it follows guidelines on safer recruitment.

Recommendation c

- The service should ensure that a formal system is in place to make sure that management, staff and those with practicing privileges are subject to ongoing professional registration checks.
**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**

The service participates in national ADHD forums. Regular meetings kept staff informed of improvements and changes. A quality improvement plan would help guide the service to further improve service delivery.

The service regularly presents at national conferences, such as the Scottish ADHD Nurses Forum. The service also provides continuing professional development education for nurses and other healthcare professionals working with people with ADHD.

The service held daily safety huddles to ensure that staff were informed and tasks were completed in a timely manner. Monthly staff meetings were held and minutes detailed any actions to be taken and those responsible for the actions. These were shared with all staff. Staff told us they felt they could make suggestions and that changes would happen as a result.

We were told that staff felt valued and they would recommend working for the service. As the service was provided by a very small team, staff were informed of changes in person or by email.

The service had identified from patient feedback that some administrative duties were not happening in a timely manner. To improve the service, office and administrative staff were employed. Patients told us this had improved their experience of the service.

**What needs to improve**

A quality improvement plan would enable the service to monitor, make changes, review actions taken and record the process in a planned fashion. This should detail how information from audits, complaints, patient feedback and
incidents would be collated and used to improve the quality of the service provided (recommendation d).

- No requirements.

Recommendation d
- The service should develop a quality improvement plan that includes a programme of clinical audit to demonstrate continuous improvement and measure the impact of change.
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

#### Requirement

1. The provider must update its complaints policy and make this more widely available. The policy must include:

   - the timescales by which complaints will be investigated and responded to
   - a statement making clear that patients have a right to complain to Healthcare Improvement Scotland at any time, and
   - the full name, address, telephone number and email address for Healthcare Improvement Scotland (see page 8).

   **Timescale** – by 31 March 2020

   *Regulation 15(5)(6)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendation

a. The service should develop a patient participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 8).

   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

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<td>b The service should carry out a regular audit of the patient care records (see page 10).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

### Domain 7 – Workforce management and support

<table>
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<tr>
<td>2 The provider must develop and implement a recruitment policy, including for those with practicing privileges, and ensure that it follows guidelines on safer recruitment (see page 12).</td>
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Timescale – by 29 May 2020

Regulation 8
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

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Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
### Domain 9 – Quality improvement-focused leadership

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| d  The service should develop a quality improvement plan that includes a programme of clinical audit to demonstrate continuous improvement and measure the impact of change (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 |
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
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