Announced Inspection Report: Independent Healthcare

Service: Archangel Home Detox, Glasgow
Service Provider: Archangel Home Detox Ltd

27 October 2021
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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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 Archangel Home Detox on Wednesday 27 October 2021. We spoke with the service manager (who is also the practitioner) and the nurse prescriber. We reviewed patient feedback about the service during the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors and a medicine and pharmacy advisor.

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 satisfactory self-evaluation.

What we found and inspection grades awarded

For Archangel Home Detox, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td>Policies and procedures are in place to help make sure care delivered is safe, including for medicine management. A system for monitoring equipment should be implemented and a medication administration chart introduced.</td>
<td>✓ Satisfactory</td>
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</tbody>
</table>

Healthcare Improvement Scotland Announced Inspection Report
Archangel Home Detox, Archangel Home Detox Ltd: 27 October 2021
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Governance arrangements, roles and responsibilities were clearly defined. Regular reviews of the quality of treatment provided were carried out. A quality improvement plan should be developed. | Satisfactory |

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

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
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</table>

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 Archangel Home Detox Ltd to take after our inspection

This inspection resulted in two requirements and nine 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

Archangel Home Detox 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 Archangel Home Detox 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 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

Policies and procedures are in place to help make sure care delivered is safe, including for medicine management. A system for monitoring equipment should be implemented and a medication administration chart introduced.

Policies and procedures in place to manage the safe delivery of care included those for:

- COVID-19
- infection control
- medicines management and,
- risk management

The service had a safe medicine management system in place. The nurse practitioner stored the prescription and medication securely in a locked filing cabinet and a bag was used to transport the medication to the patient’s home. Unused medication was safely disposed of and the service did not hold medications in stock. The practitioner gave the patient written information about the medication. A record of the medication regime was also given to the patient or their family to follow if medication was required as part of the detoxification programme.

We were told that the service would be able to respond appropriately in a medical emergency. Staff had appropriate training to respond, including basic life support. A first aid kit was carried to patients’ homes and emergency services would be contacted if required.
We saw evidence of completed risk assessments for each visit to a patient’s home. The risk assessment included identifying risk factors, such as:

- co-morbidities of patients
- environmental issues, such as cleanliness
- medicines management
- medical history, such as seizures and diabetes
- patients’ access to alcohol, and
- personal safety of staff.

The risk assessment allowed the practitioner to identify any potential risks and highlight the control measures and actions to manage the risk.

We saw positive feedback comments in the patient satisfaction survey about patients accessing the treatment from their own home.

We were told that staff wore appropriate personal protective equipment when in patient homes and it was disposed of appropriately.

**What needs to improve**

The service used medical equipment, including an electric and manual blood pressure monitor and an alcometer (breathalyser) used for recording patient alcohol levels. We were told the equipment was purchased in the last 2 years. However, the service had no clear process in place for checking the servicing or calibration of the equipment (recommendation a).

While the administration of medication was recorded in the patient care record, a formalised medication administration chart was not used. It was not clear when a patient’s family had administered the medication, if it had been delayed or not taken. We discussed this during our inspection and the service was developing a medication chart template which would allow this to be recorded. We will follow this up at future inspections.

- No requirements.

**Recommendation a**

- The service should ensure all equipment is serviced and maintained for accuracy.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients have a consultation and assessment with the prescriber before receiving any treatment. All care given must be recorded in patient care records. Patient care records should include a plan to deal with unexpected exits from treatment. Patients should be encouraged to engage with their GP before participating in the detox. Patient care records must be signed and the service should follow an updated record-retention and destruction policy.

From the nine patient care records we reviewed, we saw consistent evidence that the prescriber had carried out telephone consultation and assessments. Patient medical histories included allergy status and were considered when determining suitability of treatment. The service provided a treatment plan which set out a basic model of alcohol detoxification to be delivered in patients’ homes. The care and treatment provided was based on national guidelines.

During the initial assessment, patients were asked to consent to their information being shared with their GP. Due to the associated risks, the service had recently made it policy to inform a patient’s GP if a detoxification programme was discontinued against medical advice.

Patients were given verbal information during their telephone consultation and directed to the service website for further information to enable them to make an informed choice about treatment. We saw evidence of signed consent-to-treatment forms, completed at the time of treatment. Due to the nature of the service, it was usually a short period of time between the consultation and treatment and so completing the consent at time of treatment was the earliest opportunity. The satisfaction surveys patients completed at the end of their treatment showed an average score of 9.6 out of 10 for how well informed they felt about their treatment.

In some patient care records, physical observations were taken and recorded. We were told this was carried out based on clinical assessment.

We were told about the different aftercare options available. Depending on the insurance arrangements for individual patients, some received 10 sessions of cognitive behavioral therapy after the detoxification programme. While other patients could be referred for this if interested, the level of aftercare was dependent on insurance package arrangements. We were told that patients and their families were given the treating nurse’s contact details for emergency
contact during the treatment programme. We were told that some patients
contacted the nurse following treatment.

Patient care records were stored securely in a locked filing cabinet. The nurse
practitioner took the patient assessment to the patient’s home in a locked bag.

A yearly patient care record audit was carried out and we saw improvement
actions based on the audit findings.

We were told that patients can access information on the service website and
receive a medication leaflet detailing possible side effects during the
detoxification home visit.

We were told that patients and their families were involved in the care planning
and treatment process. We saw positive comments from the service’s own
survey about family involvement and the treatment provided, including:

- ‘Very compassionate and involved the whole family.’
- ‘They seemed to understand my problems.’
- ‘The addiction specialist was knowledgeable, caring and gave me full
  support.’

**What needs to improve**

From speaking with the service manager and prescriber, it was clear that not all
communication around clinical decision-making and therapeutic interventions
was recorded. Examples of practice not recorded included:

- Patient care records did not show evidence of the practitioners’ clinical
decisions. For example, why a referral was accepted or declined or why they
may prescribe outside of national guidelines.
- We were told that the service provided contact details to patients and we
saw consistent feedback in the patient satisfaction survey. However, this was
not documented in patient care records.
- Patient care records did not document conversations between the prescriber
and the nurse about patients’ care plans that we were told about.
- Individualised treatment plans were not documented in the patient care
records. For example, how often a patient may require their physical
observations to be taken.
- We were told about the therapeutic interventions that take place during the
detoxification programme and saw limited evidence in some patient records.
However, this was not consistently recorded in patient care records we reviewed.

- We were told the service monitored alcohol withdrawal symptoms. However, standardised tools to evidence this were not in the patient care records (requirement 1).

Of the patient care records reviewed, only some were signed by both the patient and the practitioner (requirement 2).

While the operations policy referred to patient care record-retention guidance, we saw no evidence that this process was followed. The service should add a retention period and method of destruction to its policy and make sure this is embedded in practice (recommendation b).

None of the patient care records we reviewed included a plan for patients if they unexpectedly exited the treatment programme (recommendation c).

Many patients using the service did not want their NHS GP to be informed and had the right to make this decision. Staff encouraged patients to engage with their GP about their alcohol addiction and their plans to use a basic home-based medication assisted detox programme. Patients going through alcohol detox can benefit from having blood tests before and after the detox. They can benefit from ongoing support and monitoring from their GP who can prescribe longer-term medicines to support the body’s recovery (recommendation d).

As part of the improvement plan, the service was considering introducing follow-up telephone calls for all patients. This would give patients the opportunity to provide an update on their progress and identify any areas of concern following the treatment. We will follow this up at future inspections.

**Requirement 1 – Timescale: immediate**

- The provider must ensure that patient records contain evidence of all relevant clinical decision making, clinical observations and therapeutic interventions.

**Requirement 2 – Timescale: immediate**

- The service must make sure that all patient care records are signed and dated to comply with professional standards from the Nursing and Midwifery Council.
Recommendation b
- The service should add a retention period and destruction method for patient care records to its operations policy and ensure it is followed in practice.

Recommendation c
- Patient care records should include a plan to deal with unexpected exits from treatment.

Recommendation d
- Staff should strongly urge patients to engage with their GP before detoxification and allow the service to write to their GP informing them of the treatment provided, so their GP can consider pre-detox investigations, longer-term prescribing, support and monitoring.

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

Staff are experienced mental health and addictions nurses and regular staff meetings take place. Effective recruitment policies and procedures include practising privileges arrangements. The service should develop a learning and development plan. All staff should have up-to-date references in their staff files. The website should show up-to-date staffing information. All private prescriptions should be written in line with national guidelines.

Staff working in the service had the appropriate knowledge, skills and experience to perform their roles. The service is owned and managed by an experienced mental health and addictions nurse, registered with the Nursing and Midwifery Council (NMC). An addictions nurse prescriber had been appointed under a practising privileges arrangement who was also registered with the NMC. In line with the NMC registration and revalidation process, staff engaged in regular continuing professional development.

Staff meetings took place where staff could discuss process and case management issues. These meetings were recorded and retained.
The service carried out regular reviews of working arrangements, including practising privileges checks. The service routinely reviewed staff files to make sure staff retained their professional registration and their professional body had not placed restrictions on their practice. Checks with Disclosure Scotland were carried out when new staff started working for the service and the service manager understood their responsibility to regularly review them. These checks were due to be repeated and reviewed at the time of our inspection. The service manager told us they would obtain up-to-date employment references as part of the review.

Staff roles and responsibilities were clearly defined. Staff performance was reviewed and the recording of reflective practice discussion was evident.

**What needs to improve**

Staff working in the service complied with their professional responsibilities for continued professional development. However, the service had no formal learning and development plan to demonstrate how staff would achieve their learning requirements (recommendation e).

Staff recruited to the service from a mutual employer did not have references in the recruitment file. All staff should have up-to-date references in their staff file (recommendation f).

The service’s website showed out-of-date staffing information, which was misleading for patients (recommendation g).

The prescriber working in the service carried out a similar role in other services and wrote prescriptions for the Archangel Home Detox patients using the headed paper from another service. The prescriptions had no reference to Archangel Home Detox service recorded on the prescriptions viewed. This provided a misleading prescription audit trail. All private prescriptions should be written following national guidelines, such as those in the British National Formulary (recommendation h).

- No requirements.

**Recommendation e**

- The service should implement a staff learning and development plan.

**Recommendation f**

- The service should retain full up-to-date records of all staff recruited to the service, in line with relevant guidance.
**Recommendation g**

- The service should ensure its website shows up-to-date staffing information.

**Recommendation h**

- All private prescriptions should be written following national guidelines.
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 arrangements, roles and responsibilities were clearly defined. Regular reviews of the quality of treatment provided were carried out. A quality improvement plan should be developed.

Archangel Home Detox is a small service with only two clinicians who carry out the patient assessment and treatment programmes. The service commissions and contracts governance support from an external company.

Patients purchase a supervised, time limited, medication-assisted alcohol detox programme, which takes place in their own home. The programme includes initial assessment, risk assessment and treatment. The service directs patients and family carers to sources of community support, which some choose to accept. Patients access the service directly as a self-referral or through referral from their health insurance company. Staff told us that direct self-referrals were usually as a result of patient recommendations.

Leadership in the service was clear and visible. We held discussions with staff and reviewed records which showed that the service manager was open to listening to the views of others and to making improvements.

The service had a clinical governance policy and regular clinical governance meetings took place. These meetings were recorded and minutes were available. The service manager told us they were reviewing who should attend the meetings.

Regular meetings took place between the manager and staff contracted to work in the service. Reflective practice discussions took place between the two clinicians working in the service.
The service had identified areas where improvements could be made, these included considering trialling the introduction of monthly and 2-monthly follow-up calls to patients to find out how effective their detox had been.

Benchmarking opportunities were limited because of the specialised nature of the service. However, the service carried out a number of audits to measure quality. These included:

- health and safety
- completeness of patient care records; and
- patient feedback

The audits provided analysis and themes, from which the service identified improvement actions. Recent examples included the introduction of safe boxes for medicines where patients had children living in the premises. More detailed enquiries of the patient’s home circumstances were also carried out when the assessment indicated other adults in the home who may have care and support needs.

The service used an effective patient satisfaction survey to measure patients’ expectations against outcomes. Survey return rates were high at over 83% and overall patient satisfaction rates were consistently high, scoring above 98% across the 2 years before our inspection. The number of patients returning for a second home detox was low, at 8%.

The manager told us the service no longer offers an opiate detox programme. They told us they will update the website and all their documentation to reflect this change.

**What needs to improve**

While the service could demonstrate a commitment to improvement, it did not have a formal quality improvement plan in place. A formalised quality improvement plan would support the service to structure and record service improvement processes and outcomes (recommendation i).

- No requirements.

**Recommendation i**

- The service should develop and implement a quality improvement plan that demonstrates a structured approach to identify, carry out and record improvement activities.
## 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

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<th>Requirements</th>
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<tr>
<td><strong>1</strong> The provider must ensure that patient records contain evidence of all relevant clinical decision making, clinical observations and therapeutic interventions (see page 11).&lt;br&gt;&lt;br&gt;Timescale – immediate&lt;br&gt;&lt;br&gt;Regulation 4(1)&lt;br&gt;The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td><strong>2</strong> The service must make sure that all patient care records are signed and dated to comply with professional standards from the Nursing and Midwifery Council (see page 11).&lt;br&gt;&lt;br&gt;Timescale – immediate&lt;br&gt;&lt;br&gt;Regulation 4(2)(a)&lt;br&gt;The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
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<tr>
<th>Recommendations</th>
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**a**  The service should ensure all equipment is serviced and maintained for accuracy (see page 8).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the service provides the premises. Statement 5.22

**b**  The service should add a retention period and destruction method for patient care records to its operations policy and ensure it is followed in practice (see page 12).

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.11.

**c**  Patient care records should include a plan to deal with unexpected exits from treatment (see page 12)

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.14.

**d**  Staff should strongly urge patients to engage with their GP before detoxification and allow the service to write to their GP informing them of the treatment provided, so their GP can consider pre-detox investigations, longer-term prescribing, support and monitoring (see page 12).

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.18

Domain 7 – Workforce management and support

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<thead>
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<th>Requirements</th>
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None

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<tr>
<th>Recommendations</th>
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**e**  The service should implement a staff learning and development plan (see page 13).

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
### Domain 7 – Workforce management and support (continued)

<table>
<thead>
<tr>
<th></th>
<th>Requirement</th>
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<tbody>
<tr>
<td><strong>f</strong></td>
<td>The service should retain full up-to-date records of all staff recruited to the service, in line with relevant guidance (see page 13).</td>
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<tr>
<td></td>
<td>Health and Social Care Standards: My Support, my life. I have confidence in the people who support and care for me. Statement 3.14</td>
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<tr>
<td><strong>g</strong></td>
<td>The service should ensure its website shows up-to-date staffing information (see page 14).</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<td>None</td>
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<table>
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<tr>
<th><strong>Recommendation</strong></th>
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<tr>
<td>The service should develop and implement a quality improvement plan that demonstrates a structured approach to identify, carry out and record improvement activities (see page 16).</td>
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<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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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: his.ihcregulation@nhs.scot