Announced Inspection Report: Independent Healthcare

**Service:** The Edinburgh Practice, Edinburgh

**Service Provider:** The Clarify Group Ltd

19 January 2022
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 The Edinburgh Practice on 19 January 2022. We spoke with a number of staff and patients during and after the inspection. We received feedback from 15 patients through an online survey we had asked the service to issue for us before the inspection. We also spoke with seven patients after the inspection who were receiving or had recently received treatment at the service. This was our first inspection to this service.

The inspection team was made up of two inspectors.

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 comprehensive self-evaluation.

What we found and inspection grades awarded

For The Edinburgh Practice, the following grades have been applied to the key quality indicators.

<table>
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<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></td>
<td></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
<td>The service was a clean and safe environment for patients. Systems and processes were in place to maintain and manage safety, including a regular programme of audits and risk registers.</td>
<td>✔ Good</td>
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The Edinburgh Practice, The Clarify Group Ltd: 19 January 2022

Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Leaders were visible and accessible to staff. The service used patient feedback and audit results to inform quality improvement. Staff were supported to develop and felt supported. | ✔️ Good |

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

| 5.2 - Assessment and management of people experiencing care | Consultations were recorded in electronic patient care records along with all associated documents and records of communication. We saw evidence that patients were fully involved in their care planning. |

Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | Staff roles and responsibilities were clear. Staff received a yearly appraisal and were encouraged to develop their skills. Professional registers were checked regularly. The service was not registered with Disclosure Scotland, so could not receive relevant safety alerts. Recruitment files had some gaps in the information they contained. |

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)

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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)
What action we expect The Clarify Group Ltd to take after our inspection

This inspection resulted in The Clarify Group Ltd one requirement and two 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 requirement 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

The Clarify Group Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Edinburgh Practice for their assistance during the inspection.
2  What we found during our inspection

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 service was a clean and safe environment for patients. Systems and processes were in place to maintain and manage safety, including a regular programme of audits and risk registers.

We saw that the service followed Public Health Scotland’s COVID-19 guidance on infection prevention and control. Patients were provided with COVID-19 guidance for attending the service in pre-appointment communications. Face masks and alcohol-based hand gel was available. We saw COVID-19 information and signage displayed throughout the service. During the pandemic, patients had been offered online video consultations.

The environment was clean and well maintained. Cleaning schedules were completed. Clinic rooms were cleaned between patients. Frequently-touched surfaces, such as door handles and telephones in all areas of the clinic were cleaned regularly during the day. A deep clean of the service was carried out weekly.

Patients we spoke with and who responded to our online survey said:

- ‘Lovely welcoming environment.’
- ‘Great environment for kids.’
- ‘Spotless.’
- ‘It feels like a safe space to be in.’

The service had a medicines management policy and procedures in place to keep prescription pads secure. Medication was not kept on-site. Patients were
asked to consent to sharing information with their GP. Medication was not prescribed if consent was not given. Medication information leaflets were available for parents of children receiving treatment.

The service’s risk registers included appropriate control measures and were reviewed regularly. The service’s programme of audits included checking:

- the environment
- infection prevention and control, with a focus on COVID-19 issues since the pandemic
- patient care records, and
- communication, such as emails, letters and reports.

If the service had concerns about a patient, such as an escalation in a harmful behaviour or safeguarding issue this was added to a patient risk register and reviewed regularly.

Appropriate policies were in place and set out in the staff handbook, including child protection, duty of candour, infection prevention and control and whistleblowing. There was a system in place for recording and reviewing accidents and incidents.

The service offered mental health assessment and treatment. Patients were also given a list of statutory services and charities that can be contacted in a crisis. Information about mental health crisis support was also available on the service’s website. Staff were trained on how to manage an emergency situation, such as a call from a distressed patient. Staff knew what to do if they had any child protection or adult protection concerns.

**What needs to improve**

While the service had appropriate fire safety equipment in place a review of signage would confirm that the appropriate directions are in place in all areas.

- No requirements.

**Recommendation a**

- The service should review its fire risk assessment.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Consultations were recorded in electronic patient care records along with all associated documents and records of communication. We saw evidence that patients were fully involved in their care planning.

We saw evidence of detailed pre-appointment questionnaires that the patient completed and discussed during their appointment. This made sure a full history was obtained. We saw detailed consultation notes for each appointment, including evidence of:

- consent
- consultations
- the risks and benefits of any prescribed medications, and
- treatment plans.

We also saw associated documentation, such as patient reports and communication with other professionals involved in the care of the patient.

Patient treatment plans showed evidence of patient involvement in developing them. Patients receive a report of their assessment and treatment plan. Patients who responded to our online survey said:

- ‘I felt involved from the get go.’
- ‘Treatment was led by me.’
- ‘Was given options and psychiatrist was open to discussion.’

The clinical lead triaged all new patient referrals into the service. The patient was matched to a suitable clinician once all relevant information was gathered. However, if the patient was risk-assessed as having their needs better met elsewhere, they would be signposted to the most appropriate service.

If a patient’s needs changed or the service assessed that it was not suitable anymore, their GP or other service was informed to make sure the patient had the most appropriate treatment and care pathway. The service also had a list of charity-based and more affordable mental health services to signpost people to.
The clinical lead audited patient care records and had identified areas for improvement and actions to be taken. A date had been scheduled for the next audit, evaluating the effectiveness of the actions taken.

Information was stored securely on a password-protected electronic database. All entries on patient care records were entered directly onto the electronic record or scanned in, with the paper copy being destroyed. The service was registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights).

Information on the cost of assessments was provided in the patient handbook and given at the time of booking. Following assessment, a treatment plan may involve continued treatment with additional costs. We were told that these extra costs would be discussed with the patient. Patients told us they were fully appraised of their treatment plans and costs.

- 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**

Staff roles and responsibilities were clear. Staff received a yearly appraisal and were encouraged to develop their skills. Professional registers were checked regularly. The service was not registered with Disclosure Scotland, so could not receive relevant safety alerts. Recruitment files had some gaps in the information they contained.

Staff working in the service were either directly employed or contracted to work under practising privileges arrangements. We reviewed three employee staff files and three contract staff files. Each file showed that basic identity checks had been carried out effectively. For staff with a professional registration, the service made appropriate checks of professional registers at the recruitment stage and yearly after that.
Employees received an induction, regular supervision and a yearly appraisal. The service provided opportunities for staff to engage in continued professional development activities. Staff could access de-briefs following incidents. Administrative staff were provided with job training relevant to their role.

The service produced a ‘staff handbook’, which staff we spoke with told us was an informative and helpful resource. The service had recently carried out a staff training needs analysis. One outcome was to provide trauma-informed de-escalation training to support staff to deal with challenging situations and the clinical lead was developing this.

Staff told us their roles and responsibilities were clear to them. They also told us they liked working at the service and could access help and support when needed. Staff had opportunities for development in the service. For example, we saw one member of staff had a promotion from practitioner to clinical lead.

**What needs to improve**
The service had developed some effective recruitment checks for employees and contracted practitioners. However, it did not have a process in place to make sure the service was notified of Disclosure Scotland safety alerts (requirement 1).

Staff files did not contain a good audit trail of the recruitment process, such as a completed application form, interview notes and a signed contract of employment (recommendation b).

**Requirement 1 – Timescale: immediate**
- The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.

**Recommendation b**
- The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s *Safer Recruitment through Better Recruitment (2016)* guidance.
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

Leaders were visible and accessible to staff. The service used patient feedback and audit results to inform quality improvement. Staff were supported to develop and felt supported.

Staff told us service leaders were visible and approachable. The clinical director, practice manager and clinical lead met regularly to discuss clinical governance. They met with administrative staff in small groups and individually, so concerns could be raised and changes or developments could be shared. Staff could take lead roles for areas they were particularly skilled with or interested in. Clinicians were responsible for arranging and carrying out their own clinical supervision. Clinical staff could also access reflective practice sessions at the service. Staff were encouraged to use the ‘staff gratitude board’ to share positive messages be supportive of each other.

The clinical director and clinical lead were psychologists chartered by the British Psychological Society (BPS) and registered with the Health and Care Professionals Council (HCPC). The service followed best practice guidelines for assessment, treatment and prescribing.

The service had an effective governance system in place which covered both the business and therapeutic nature of the service. Meetings took place for all staff groups and the clinical director told us they aimed to encourage a reflective and collaborative culture in the service.

We saw that complaints were effectively managed. Complaints were responded to and resolved in timescales in line with the service’s complaints policy. The full details of complaints were documented, including how it was resolved, the lessons learned and action taken to make improvements. The complaints policy was included in the staff handbook. Patients could access it on the service’s
website and it was also included in their welcome pack. The service analysed complaints to look for themes and trends. Recent analysis led to administrative staff being offered proof-reading training because some patients had complained about errors in the reports they had received.

The service invited a selection of patients to complete a patient satisfaction survey to obtain anonymised feedback. The last survey was May 2021, which identified two finance issues and measures were taken to make improvements. Suggestion boxes were also available in the clinic for patients to suggest improvements. As a result of the suggestions, changes had been made. For example, child-focused magazines added in the reception area and a new online booking facility made available. The service planned to carry out the patient satisfaction survey more often, increasing from twice to four times a year.

The service had a quality improvement plan which was regularly updated. Outcomes from audits and patient feedback analysis were linked to the quality improvement plan to inform positive change. The service had introduced new posts to support its growth and improvement. These included a clinical lead and a quality improvement officer. Recent improvements included the expansion of the premises. Further improvement initiatives include the service being actively involved in the community with a programme in a local school working alongside teachers and parents aimed at improving the mental health resilience of the pupils. The clinical director was also exploring adding speech and language therapy as a service. The service planned to produce podcasts on important mental health issues which patients and the public will be able to access.

Since registering, the service had won two Scottish business awards in 2018 and 2019.

- 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

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<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tr>
<td>Recommendation</td>
<td>The service should review its fire risk assessment (see page 8).</td>
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Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17
### Domain 7 – Workforce management and support

#### Requirement

**1** The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service (see page 11).

**Timescale – immediate**

*Regulation 9*

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

#### Recommendation

**a** The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s *Safer Recruitment through Better Recruitment (2016)* guidance (see page 11).

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: his.ihcregulation@nhs.scot