

# Announced Inspection Report: Independent Healthcare

**Service:** Heal Physiotherapy Limited, Dundee

**Service Provider:** Heal Physiotherapy Limited

29 September 2022

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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 Heal Physiotherapy Limited on Thursday 29 September 2022. We spoke with a number of staff during the inspection. We received feedback from 21 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of 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 Heal Physiotherapy Limited, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients' experience of the service was very positive. All patients were provided with information about treatments before a plan of care was agreed. Patient feedback was gathered and reviewed to help to continue to improve the quality of the service provided. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The care environment and patient equipment was clean and well maintained, and policies and procedures helped to maintain a safe environment. An audit programme and systems to manage risk in the service provided assurance of safe care and treatment.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Clear governance and leadership structures were in place and quality improvement was considered throughout all aspects of the service. Staff ensured they kept up to date with best practice in their area of expertise. Good staff communication was evident, and staff were encouraged to help the service continually improve. A quality improvement plan would help the service to formalise its quality improvement activities.	✓✓ 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	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Systems and procedures were in place to assess patients' needs before treatment took place. Patients were satisfied with their care and treatment. An audit of patient care records was carried out. However, patient care records must be fully completed and all medication documented.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Safe recruitment systems and processes were in place, as well as induction and appraisal programmes. However, all recruitment checks should be completed, including for staff with practicing privileges. Staff were clear about their roles in the service and training records were kept up to date.

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

Heal Physiotherapy Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Heal Physiotherapy Limited for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

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

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

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

#### Our findings

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

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**Patients' experience of the service was very positive. All patients were provided with information about treatments before a plan of care was agreed. Patient feedback was gathered and reviewed to help to continue to improve the quality of the service provided. Clear procedures were in place for managing complaints and responding to duty of candour incidents.**

The service's informative website included details about the services available, what to expect and a clear explanation of costs and how to make a complaint. Information was emailed to patients before their initial appointment and after treatment. Various methods were used in the reception and waiting areas to provide information to patients about the services available. This included an information noticeboard, patient information leaflets, and an electronic display screen. We were told that patients were also given verbal information from the reception team, including an overview of pricing, as well as during the initial consultation with the practitioner to help them make a fully informed decision. Patients had time to consider treatment options and ask questions before agreeing to proceed.

The service had a patient participation policy and actively sought feedback from patients using a variety of methods. Patient satisfaction surveys were sent out after their initial appointment and then again at the end of their treatment. This feedback was collated and analysed. Questionnaires were sent to specific patient groups and patients could also post comments or feedback on social media sites as well as emailing the clinic or their practitioner directly. All feedback was shared with the management team and discussed with staff at team meetings. All staff members were encouraged to participate in reviewing

and contributing their own feedback with a view to improving the service. We saw examples where the service had taken action following feedback from patients. This included upgrading the car park and continuing with online pilates classes.

Feedback from our online survey showed that patients were very pleased with the service and spoke highly about the professionalism of the practitioners. They said they were very satisfied with the advice and information received before treatment and had been fully informed about the treatment's risks and benefits. Patients also stated they had been fully involved in decisions reached about their care. Comments from our online survey included:

- 'Excellent service from my first contact with the reception team who explained everything right through to my appointment with the physiotherapist who explained everything.'
- 'Complete dignity and respect throughout.'
- 'I felt I was really listened to and treated as a unique individual rather than a set of symptoms. When I became upset due to pain I was experiencing I was given time to recover and received an empathic response.'

The service had a detailed duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. While the service had not had any instances requiring it to implement duty of candour principles, it published an annual duty of candour report on its website.

The service had recently updated its complaints policy and it contained clear information that patients could contact Healthcare Improvement Scotland at any stage. Patients were able to access information on making complaints on the service's website. The service had not received any complaints since it registered with Healthcare Improvement Scotland in August 2019.

- 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

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**The care environment and patient equipment was clean and well maintained, and policies and procedures helped to maintain a safe environment. An audit programme and systems to manage risk in the service provided assurance of safe care and treatment.**

A range of policies and procedures were in place to support the safe delivery of care, including:

- information management
- infection prevention and control
- medication management, and
- child protection and adults at risk (safeguarding).

The clinic environment and equipment was clean, fit for purpose and regularly maintained. Maintenance contracts for fire safety equipment and the fire detection system were up to date. Water testing and fire safety checks were monitored regularly and showed good compliance. A recent fire risk assessment report showed the service had fully complied with the recommendations. For example, the service had carried out additional fire drills.

Staff followed Health Protection Scotland guidance to reduce infection risks for patients, in line with its infection prevention and control policy. Personal protective equipment such as disposable gloves and masks, and medical devices such as needles and syringes, were single use to prevent cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste. A designated clinical staff member took responsibility for infection prevention and control practices in the service.

The service had a safe system for prescribing, storing and administering medicines. No controlled drugs were used in the service (medications that require to be controlled more strictly). All medicines were stored securely and cupboards were well organised and not overstocked.

A system was in place for managing accidents and incidents and responding to emergencies. We saw emergency equipment, including oxygen, was available and we were told that staff had regular training to deal with emergencies.

Staff had a good understanding of how risk management principles applied across all aspects of the service. Appropriate risk assessments had been carried out for a number of environmental risks such as fire, and slips, trips and falls, and suitable policies put in place to show how key aspects of the service would be managed. Risk assessments were documented on an online risk register, and this was presented and discussed at team meetings.

We saw evidence of regular checks and audits carried out, including:

- infection prevention and control
- health and safety
- patient care records, and
- medicine checks.

Comments from our online survey included:

- 'Lovely clinic. Very clean and professional. They seem to have taken great care in regards to cleaning and Covid.'
- 'Clinic is lovely. Bright colours and spotlessly clean and all rooms well equipped. Staff wear smart uniforms. Even provide free parking!'
- 'Everything looks great. I was very comfortable.'

- No requirements.
- No recommendations.

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

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**Systems and procedures were in place to assess patients' needs before treatment took place. Patients were satisfied with their care and treatment. An audit of patient care records was carried out. However, patient care records must be fully completed and all medication documented.**

Before attending for their health assessment, patients were emailed information about what to do before their treatment, COVID-19 guidance, what to expect on the day and information on aftercare. Patients' expectations were managed through the continued assessment and treatment period.

We reviewed four electronic patient care records, which showed that consultations and assessments had been carried out before treatment started. Records included the initial consultation and assessment, treatment plan and aftercare advice as well as practitioners' notes. Consent to share information with other healthcare professionals was also recorded.

Patient care records were stored securely with password controlled access. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

The service carried out regular patient care record audits. Any gaps identified were discussed at meetings and action taken to improve.

Comments from our online survey included:

- 'Time taken at initial consultation to discuss problem and explain treatment. Importance of me following advice explained fully.'
- 'Everything was explained to me and I was asked what I wanted to achieve from my treatment.'
- 'The practitioner explained everything that was done, I was involved in decisions. The treatment was not extended unnecessarily.'

### What needs to improve

Most patients were seen by the physiotherapist and an assessment was recorded on the electronic patient care record. However, we viewed one record for a patient who was seeing an orthopaedic consultant as a new patient. For this patient, it was unclear whether their medical history had been assessed. For example, we found no documented record of health conditions, allergies,

medications and previous treatments, as well as other gaps in this patient care record (requirement 1).

In one patient care record, we noted that a medication was given by injection but no further information was available. The practitioner should ensure the patient has given informed consent if medicines are given, and the site, dosage and amount given must be documented (requirement 2).

Although there was a prompt in the patient care record, patient's next of kin or emergency contact details in case of an emergency were not documented in the patient care records we reviewed (recommendation a).

The service's patient care record audit should be expanded to identify whether patient care records are being fully and accurately completed (recommendation b).

#### **Requirement 1 – Timescale: by 16 February 2023**

- The provider must ensure a full assessment of each patient is carried out, and health conditions, allergies, medications and previous treatments are documented in the patient care record.

#### **Requirement 2 – Timescale: by 16 February 2023**

- The provider must ensure that all medications given are recorded accurately in the patient care record.

#### **Recommendation a**

- The service should document next of kin or emergency contact details in patient care records.

#### **Recommendation b**

- The service should further develop its patient care record audit to review the content and quality of patient care records and ensure all relevant information is documented.

## 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

**Safe recruitment systems and processes were in place, as well as induction and appraisal programmes. However, all recruitment checks should be completed, including for staff with practicing privileges. Staff were clear about their roles in the service and training records were kept up to date.**

Appropriate policies were in place to manage recruitment and training of staff. At the time of the inspection, employee files were being transitioned from paper to an electronic software package. In most staff files we reviewed, we saw that all appropriate and necessary pre-employment recruitment checks were completed before staff could work in the service.

All staff employed received an induction, mentoring support and supervised practice. Appraisals and professional development plans were in place to help make sure staff maintained appropriate skills and knowledge. Staff we spoke with demonstrated a good understanding of their role, said they had enough support for the work they carried out, and received good opportunities for ongoing training and development. Staff files included a record of mandatory and refresher training. Staff told us they enjoyed working in the service.

The service had developed 'champions' who were responsible for planning ongoing continuing professional development training courses. They also worked with the clinical mentoring team to meet practitioners' ongoing training and education needs.

Patients who responded to our online survey asking if they thought staff had the right knowledge and skills stated:

- '100%. It is very clear that [...] is very knowledgeable, well trained and highly skilled.'
- 'I have total confidence in the abilities of the Heal staff.'

### **What needs to improve**

Some staff files we reviewed for medical staff with practicing privileges (staff not employed directly by the provider but given permission to work in the service) did not include references (recommendation c).

Consideration should be given by the service to including staff health declarations and/or occupational health screening checks as part of the recruitment process. We will follow this up at future inspections.

- No requirements.

### **Recommendation c**

- The service should ensure reference checks are carried out for all staff working in the service.

## 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

**Clear governance and leadership structures were in place and quality improvement was considered throughout all aspects of the service. Staff ensured they kept up to date with best practice in their area of expertise. Good staff communication was evident, and staff were encouraged to help the service continually improve. A quality improvement plan would help the service to formalise its quality improvement activities.**

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements. The clinic manager was responsible for the day-to-day operational management of the service, and received support and supervision from the senior management team. This meant that any issues or concerns could be escalated to the management team quickly. Operational and business plans ensured the service continued to grow and improve.

The majority of staff were registered physiotherapists with the Health and Care Professions Council (HCPC). They maintained their continuing professional development in order to comply with the HCPC renewal process in a variety of ways. This included attending regular training and conferences in the industry to keep up to date with best practice and to make sure treatments continued to be delivered in line with evidence-based research.

Staff we spoke with told us they felt valued, respected and well supported in the service. We were told the service's senior management team was visible, approachable and encouraged staff to share their ideas to help support how the service continued to improve. Staff had a clear understanding of the company's vision and values. While they did not attend senior leadership meetings, they told us they were well informed through regular formal and informal meetings which kept them up to date with the service's wider business plans.

Minutes of staff meetings showed that staff could express their views freely and were encouraged to share new methods of working or changes in practice to support how the service developed. Career progression was supported and encouraged.

From minutes of the management meetings, we saw that audit results and actions plans were reviewed and updated. A quality clinical governance document had recently been developed to bring all of the service's quality clinical governance processes together into one document.

### **What needs to improve**

Although the service was proactive and was continually looking for ways to develop and improve, an overarching quality improvement plan would further help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would help to guide and direct continuous quality improvement activities in the service (recommendation d).

The service appeared to have a close relationship with its team and regularly asked and received feedback from them. We discussed whether options for staff to provide feedback anonymously could be introduced as another method of encouraging feedback. We will follow this up at future inspections.

- No requirements.

### **Recommendation d**

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



## Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

#### Requirements

- 1 The provider must ensure a full assessment of each patient is carried out, and health conditions, allergies, medications and previous treatments are documented in the patient care record (see page 12).

Timescale – by 16 February 2023

*Regulation 4(1)*

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

- 2 The provider must ensure that all medications given are recorded accurately in the patient care record (see page 12).

Timescale – by 16 February 2023

*Regulation 3(d)(iv)*

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)	
Recommendations	
<b>a</b>	<p>The service should document next of kin or emergency contact details in patient care records (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
<b>b</b>	<p>The service should further develop its patient care record audit to review the content and quality of patient care records and ensure all relevant information is documented (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
<b>c</b>	<p>The service should ensure reference checks are carried out for all staff working in the service (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>d</b>	<p>The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Appendix 2 – About our inspections

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

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](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.



After

More information about our approach can be found on our website:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](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](mailto:his.ihcregulation@nhs.scot)

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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