



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Bruntsfield Physiotherapy and Sports
Medicine Clinic, Edinburgh

Service Provider: Shona Dewar Physiotherapy Ltd

29 August 2024

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 25 June 2021.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Bruntsfield Physiotherapy and Sports Medicine Clinic on Thursday 29 August 2024. We spoke with the service manager during the inspection. We received feedback from nine patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Bruntsfield Physiotherapy and Sports Medicine Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Bruntsfield Physiotherapy and Sports Medicine Clinic, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
<p>A well-defined leadership structure and governance framework helped deliver safe, evidence-based, and person-centred care. Although the service had clear aims and objectives, which staff were familiar with, these were not available for patients to view. A process should be developed to ensure these identified aims and objectives are being met. Staff we spoke with said they felt valued, respected, and well supported.</p>		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes were evident, including a risk management system. Clear procedures for managing complaints and a quality improvement plan were in place. The service should share how patient feedback is used to make improvements. An annual audit programme should be developed. All appropriate background safety checks must be carried out as part of the recruitment process, and ongoing checks should also be carried out.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient's GP details should be documented on the patient care records. Evidence that patients have been given the choice to state their next of kin and to share their personal details and information with other health care professionals should also be documented.</p>		✓ Satisfactory

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:

[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Shona Dewar Physiotherapy Ltd. to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should ensure they have a system in place to make sure its identified aims and objectives are being met (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery

Requirement

- 1** The provider must ensure that all healthcare professionals employed in the service are not included on the children and adults' lists in the Children and Young People (Scotland) Act 2014 and The Protection of Vulnerable Groups (Scotland) Act 2007, and that Basic Disclosure Scotland checks are carried out for non-clinical staff (see page 19).

Timescale – by 29 November 2024

Regulation 8(1)

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

Recommendations

- b** The service should ensure that existing or prospective patients are aware of any improvements made to the service as a direct result of patient feedback (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

- c** The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- d** The service should develop a more detailed programme of regular audits to cover the key aspects of care and treatment. Audits must be documented, and improvement action plans implemented (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
2	<p>The provider must ensure that the patients' GP, next of kin and consent to share information with other health care professionals are documented appropriately in patient care records. If the patient refuses to provide the information, this should also be documented (see page 23).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Shona Dewar Physiotherapy 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 Bruntsfield Physiotherapy and Sports Medicine Clinic for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

A well-defined leadership structure and governance framework helped deliver safe, evidence-based, and person-centred care. Although the service had clear aims and objectives, which staff were familiar with, these were not available for patients to view. A process should be developed to ensure these identified aims and objectives are being met. Staff we spoke with said they felt valued, respected, and well supported.

Clear vision and purpose

The service aims, objectives and vision is to provide care and treatment to enable patients to live and get back to a full and active life as quickly as possible by providing high-quality person centred care.

The service's vision and mission statements are included on all staff appraisal forms which also include the service values of trust, transparent responsibility and accountability, care and compassion, person centred care, staff knowledge and expertise and continuous improvement

The service has a 10-year strategic plan which sets out short, medium and longer term goals, which include:

- the service manager completing their non-medical prescribing course (V300)
- increasing patient numbers and treatment options
- employing business and practice manager for service, and
- the addition of third clinic to future proof the business.

The service also identifies three immediate priority areas for the service which include:

- staff involvement for current and future plans for the clinic
- rolling programme for formal anonymised patient feedback, ensuring a person-centred service, and
- rolling audit programme for medication management.

A quality improvement plan was used to measure how the service was performing against key performance indicators. Non-clinical indicators included growing the patient base. Clinical indicators, such as patient satisfaction and patient outcomes, were recorded and used to inform service development.

The service manager told us the service goal was to continue to offer a service for the local community which can be easily accessed with flexible appointments.

What needs to improve

Although the service had a vision of delivering a high-quality, person-centred service with identified aims, objectives, and timeframes, it did not have a process in place to ensure it was meeting the aims and objectives. (recommendation a).

The service could look at ways to improve how aims and objectives are communicated to patients.

- No requirements.

Recommendation a

- The service should ensure they have a system in place to make sure its identified aims and objectives are being met.

Leadership and culture

Bruntsfield Physiotherapy and Sports Medicine Clinic is owned and managed by a physiotherapist who is registered with Health and Care Professionals Council. The service had adequate staff numbers who were suitably qualified to carry out all treatments offered to patients. This included clinical healthcare professionals who were registered with the General Medical Council (GMC) as general practitioners (GPs).

The service leadership structure had defined roles, responsibilities, and support arrangements. All staff reported to the service manager. The service manager met with staff members individually, and as a group to give updates on patient feedback, any changes to the clinic, staffing or resources, and to review workload.

Clinical staff in the service were healthcare professionals appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the service). Staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings were held every 3 months, as well as regular catch ups for staff. Minutes of team meetings we saw included identified areas of responsibility for staff to take forward any actions, as well as discussions about:

- audit results for patient care records
- current treatments
- patient and staff feedback reviews, and
- staff training and development opportunities.

Team meeting minutes also demonstrated that staff could make suggestions and voice ideas for improvements to the service. For example, changing the patient care records to the same unified standardised format. Other suggestions included introducing additional treatments offered to patients.

We saw evidence that staff were encouraged to complete the anonymised leadership questionnaire, on the current leadership styles. They were also asked to complete the personality questionnaires to help the service to identify team strengths and weaknesses. This has enabled staff members to access specific training and contribute to treatments for example acupuncture.

Online staff surveys were also carried out. Survey results showed staff were satisfied at work, had an appropriate work/life balance, felt supported and valued by senior management, and felt able to offer recommendations and suggestions for how to improve the service. An all staff 'away day' is being organised as a result of the surveys.

The service's governance approach included:

- a complaints handling process
 - a risk register and risk assessments
 - gathering and evaluating patient feedback, and
 - reporting of adverse events.
-
- No requirements.
 - No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes were evident, including a risk management system. Clear procedures for managing complaints and a quality improvement plan were in place. The service should share how patient feedback is used to make improvements. An annual audit programme should be developed. All appropriate background safety checks must be carried out as part of the recruitment process, and ongoing checks should also be carried out.

Co-design, co-production (patients, staff and stakeholder engagement)

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries either through the service's website or social media pages.

A number of patients were returning patients who had used the service for many years. New patients were usually patients who had been recommended to the service by existing patients or by word of mouth, including social media reviews. All consultations were by appointment only.

The service's website contained information on treatments available, a booking system and treatment costs, as well as detailed information on staff working in the service, including their qualifications.

The service actively sought feedback from patients about their overall experience of the service using a variety of methods, in line with its patient participation policy. For example, feedback was collected both formally and informally. This included verbal feedback, bespoke patient questionnaires emailed to patients 4 weeks after treatment and through online apps. This helped to encourage patients to participate in the future direction of the service.

We saw that the service collated feedback received, and this was regularly reviewed, with information gathered used to inform the service's improvement

activities. The service had re-painted the front of its property from cream to blue to highlight its whereabouts easily, based on previous feedback received.

The service also produced a monthly newsletter for patients attending the clinic through an electronic app service.

What needs to improve

Although the service can demonstrate changes made to improve the service as a result of direct patient feedback, there is not process or mechanism for sharing this information with current or prospective patients (recommendation b).

Although the service was gathering feedback, there was no evidence to demonstrate a process for this. We were told the service manager reviewed this feedback on a regular basis and discussed any praise or feedback with staff. However, there was no formal evidence of these discussions taking place. While the feedback recorded was useful, there was also no evidence available to suggest this feedback was being analysed formally (recommendation c).

Although the service was gathering and reviewing feedback informally, there was no structured approach to this process (recommendation c).

- No requirements.

Recommendation b

- The service should ensure that existing or prospective patients are aware of any improvements made to the service as a direct result of patient feedback.

Recommendation c

- The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service manager was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare

Improvement Scotland. A clear system was in place to record and manage accident and incidents.

The service was proactive in developing and implementing policies to help ensure that patients had a safe experience in the service. Policies were reviewed every 2 years or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of adults and children.

Arrangements were in place to deal with medical and aesthetic emergencies, including mandatory staff training. Emergency medicines were available for patients who may experience aesthetic complications following treatment. We saw regular, documented checks carried out for all emergency equipment in the service.

Maintenance contracts for fire safety equipment and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper hand towels were available. Clinical waste was safely disposed of and stored in a secure area until collection. A clinical waste contract was in place.

The service's complaints policy was available in the service and on its website. It stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in June 2018.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was available on

the service's website. We noted that the service had no incidents for the previous year.

Patients received information electronically before their treatment. On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which was signed by both the patient and practitioner. An appropriate cooling-off period was included to allow them time to consider the treatment options. A comprehensive assessment included a full medical history, as well as current medications. Where appropriate, the service provided aftercare leaflets which included the service's contact details. We saw examples of aftercare instructions, such as guidance following steroid injection treatments. If patients experienced an adverse event following treatment, they could contact clinical staff by telephone or by the social media app out with clinic times and emergency appointments were offered, if required. This information was detailed in the aftercare leaflets and discussed with patients during and after treatments.

Patient care records were stored on an electronic and password-protected system. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

The service's recruitment and staffing policy included a description of how it expected staff to work under practicing privileges.

Staff completed an induction period and were allocated mandatory training to complete, this included safeguarding of adults and children and duty of candour. The service manager was responsible for making sure that staff completed mandatory training and staff files we reviewed included evidence of this training being completed.

Staff supervision sessions were carried out regularly and recorded in staff files. Staff with practicing privileges contracts were able to produce their substantive NHS annual appraisals to the service for proof of continued learning. Appraisals we saw had been comprehensively completed and staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

Staff files were kept in a locked cabinet in the service manager's office and were only accessible to the service manager and the individual staff member who was responsible for updating their own file, as required.

The General Practitioners working in the service engaged in regular professional development. This is managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to regularly send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC. All clinicians working in the service provided peer support for each other and had additional peer support in their permanent roles within the NHS.

We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues.

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. There was no evidence of Basic Disclosure Scotland or Protecting Vulnerable Groups (PVG) background checks carried out on staff (requirement 1).

Requirement 1– Timescale: by 29 November 2024

- The provider must ensure that all healthcare professionals employed in the service are not included on the children and adults' lists in the Children and Young People (Scotland) Act 2014 and The Protection of Vulnerable Groups (Scotland) Act 2007, and that Basic Disclosure Scotland checks are carried out for non-clinical staff.

- No recommendations.

Planning for quality

The service's clinical governance process included a risk register, which was reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service including those for:

- contingency planning
- data protection
- environmental assessments, including slips, trips and falls
- fire, and
- infection prevention and control.

Risk assessments were easy to follow, and we saw that most risks had been reviewed and that action plans were in place for risks reviewed.

A business continuity plan described the steps that the service would take to protect patient care if an unexpected event happened. Arrangements were in place with other services in the surrounding areas to treat patients, if required.

What needs to improve

Although the service carried out several audits, there was no formal audit programme to determine when audits would take place. This will ensure the service covers all key aspects of care and treatment (recommendation d).

- No requirements.

Recommendation d

- The service should develop a more detailed programme of regular audits to cover the key aspects of care and treatment. Audits must be documented, and improvement action plans implemented.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient's GP details should be documented on the patient care records. Evidence that patients have been given the choice to state their next of kin and to share their personal details and information with other health care professionals should also be documented.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw the service was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. A clinical waste contract was in place, and clinical waste and used sharps equipment was disposed of appropriately. We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment was available. Daily cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘The treatment room is fresh and tidy. Very clean.’
- ‘I was comfortable and any equipment required was available.’
- ‘Very professionally organised with excellent infection control measures in place.’

We reviewed five electronic patient care records. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. The cost of treatments was detailed so patients knew exactly what they were paying. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. Patient information included a full medical history, with details of any:

- existing health conditions
- medications
- previous treatments, and
- referral, if appropriate.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- ‘The practitioner is a specialist in certain treatments and her knowledge is vast.’
- ‘Have always received highly professional attention.’
- ‘I was given time to consider the information I was given and felt I was central to discussions and decisions made.’

The staff files we reviewed contained information on initial mandatory training, previous supervision sessions and appraisals with evidence of training completed. We also saw evidence of additional role-specific training for staff members.

We saw evidence of good standards of medicines management in line with its medicine management policy. This included completed records of stock checks and medicines prescribed and used for treatments in the service.

What needs to improve

Patient care records we reviewed did not document the patients’ GP, next of kin or consent to sharing their information with other healthcare professionals. If

patients refuse, evidence should be documented to support this (requirement 2).

Requirement 2 – Timescale: by 29 November 2024

- The provider must ensure that the patients' GP, next of kin and consent to share information with other health care professionals are documented appropriately in patient care records. If the patient refuses to provide the information, this should also be documented.

- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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

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:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihtregulation@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

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