



Healthcare
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Inspections
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To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Therapie Clinic (Braehead), Glasgow

Service Provider: Therapie Medical (UK) Ltd

13 November 2024

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Therapie Clinic (Braehead) on 17 April 2024. That inspection resulted in seven requirements and 11 recommendations. As a result of that inspection, Therapie Medical (UK) Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: [Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out an announced follow-up inspection to Therapie Clinic (Braehead) on Wednesday 13 November 2024. The purpose of the inspection was to follow up on the progress the service has made in addressing the seven requirements and 11 recommendations from the last inspection. This report should be read along with the April 2024 inspection report.

We spoke with the manager and the compliance officer during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than ‘Satisfactory’. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

Direction	<i>How clear is the service’s vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

The grading history for Therapie Clinic (Braehead) can be found on our website.

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](#)

We found that the provider had complied with all of the requirements made at our previous inspection. It had also taken steps to act on almost all the recommendations we made.

What action we expect Therapie Medical (UK) 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 one recommendation.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	<p>The service should develop clear and measurable action plans to monitor and evaluate the impact of any service changes from patient feedback, and ensure patients are informed of any changes made to the service as a result of their feedback (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p> <p>This was previously identified as a recommendation in the April 2024 inspection report for Therapie Clinic (Braehead).</p>

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](#)

We would like to thank all staff at Therapie Clinic (Braehead) for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 17 April 2024

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

Leadership and culture

Recommendation

The service should ensure an effective system is in place to quickly respond to any issues identified in the service that require urgent attention.

Action taken

Since the previous inspection in April 2024, the provider had recruited a facilities manager to co-ordinate and manage repairs and maintenance for all its registered Therapie services in Scotland. Staff told us this had now helped the service to prioritise essential repairs, reduce unnecessary delays and co-ordinate planned routine maintenance visits to the service.

Recommendation

The service should ensure that minutes of staff meetings detail the staff responsible for taking forward any actions.

Action taken

We saw the service had reviewed the format of the minutes for staff meetings to ensure they now identified staff members responsible for taking forward any actions arising from the meetings.

Recommendation

The service should ensure the interim cover arrangements for the regional compliance officer is kept under review to ensure that monthly compliance visits are taking place and reports of findings, and any improvements identified from these visits, are documented and actioned.

Action taken

Since the previous inspection, the vacancy for a regional compliance officer post had been filled and plans were under way to carry out monthly compliance visits to the service. We saw that a compliance report from a recent visit to the service provided a comprehensive overview of the findings. This included a review of patient feedback, environmental safety, accidents/incidents, infection control practice and medicines management. The report's findings confirmed the service was compliant in meeting the essential quality standards set out in its policies and procedure manual. Any actions identified from the compliance visits were assessed according to their priority (low, medium or high) to be taken forward.

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

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

Recommendation

The service should develop clear and measurable action plans to monitor and evaluate the impact of any service changes from patient feedback, and ensure patients are informed of any changes made to the service as a result of their feedback.

Action taken

Although we had previously been told the service planned to share improvements from patient feedback in the 'client guide', we found that no action had been taken to progress this. We also saw no evidence of any action plans in place. We discussed with the service how it could further develop its approach to sharing outcomes from patient feedback with its patients to help demonstrate how this information was used to improve the quality of the service. For example, information could be displayed on the service's website, on social media or on a patient information board in the clinic (**see recommendation a on page 5**).

Quality improvement

Requirement

The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notification's guidance within the specified timescales.

Action taken

The provider had reviewed how adverse patient events were monitored and managed in the service. This included staff being instructed in how to comply with Healthcare Improvement Scotland's notifications guidance. **This requirement is met.**

Recommendation

The service should review and update its corporate policies and procedure manual to ensure it includes the correct regulations governing independent healthcare services in Scotland and customise and align each policy to Scottish legislation and national guidance.

Action taken

We were told a full review of the corporate policies and procedure manual used by all the registered Therapie services in Scotland was scheduled to commence in January 2025. However, we noted that some of the issues and errors highlighted during the previous inspection had been addressed. We will continue to follow up progress with the update of the manual at future inspections.

Planning for quality

Recommendation

The service should further develop its risk register to ensure effective oversight and management of all risks and the actions taken to reduce each risk.

Action taken

The risk register had been updated to include all risks to patients and staff, and the actions in place to reduce each risk. The risk register was now reviewed during the compliance officer's visit to the service and any actions identified for improvement were recorded in the compliance report.

Recommendation

The service should further develop its audits of patient care records to include the outcomes of each audit and, where non-compliance is identified, an improvement action plan should be developed.

Action taken

The process for auditing and documenting audits of patient care records had been updated. Where areas of non-compliance were highlighted, a summary of the action for improvement was now recorded and discussed with staff during their weekly one-to-one meetings with the manager. Results from the audits and outcomes from the compliance visit were also discussed at the monthly staff meetings.

Recommendation

The service should develop and implement a quality improvement plan to help structure and record improvement processes and outcomes, and demonstrate how it measures the impact of service change.

Action taken

We saw a quality improvement plan had been developed to record actions for improvement and measure the impact of quality improvement activities that take place in the service. Although this was a positive development, the plan did not yet include any information about planned improvements in the service. We will follow this up at the next inspection.

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

Requirement

The provider must ensure that appropriate Disclosure Scotland background checks are carried out on:

- a) all staff before they begin working in the service, and*
- b) all staff currently working in the service.*

Checks must be recorded and retained in staff files.

Action taken

The provider had commissioned a registered 'umbrella body' to undertake all of its Disclosure Scotland background checks on staff. We saw evidence showing that a relevant background check was completed for all existing staff who worked in the service, including staff who worked under practicing privileges (staff not employed by the provider but given permission to work in the service). We also noted that new staff appointments were not approved until a background check was completed to make sure they were safe to work in the service. An electronic record of this information was kept by the provider's human resources department which included the type of disclosure, the completion date and when it was due to be updated. **This requirement is met.**

Requirement

The provider must ensure that all significant hazards requiring immediate attention detailed in the January 2024 fire risk assessment report are addressed.

Action taken

All of the significant hazards identified in the service's January 2024 fire risk assessment report had now been addressed. We saw evidence that all essential work had been completed during our inspection. For example, the fault on the fire alarm detection panel and the smoke detectors had been repaired, and the missing handle on the fire exit door had been replaced. Combustible chemicals were now being stored in a dedicated cupboard to comply with Control of Substances Hazardous to Health (COSHH) regulations. Each product had an individual datasheet and a COSHH risk assessment. A recent compliance audit confirmed that weekly and monthly fire safety checks and staff training were being recorded in the fire safety log. **This requirement is met.**

Requirement

The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin. The medicines management policy and toxin policy must also be updated.

Action taken

The provider had reviewed its practice for administering botulinum toxin during patient treatments. All clinical staff were now aware that each botulinum toxin vial was only to be used for a single patient, during a single treatment session, and that any unused botulinum toxin solution was to be discarded in line with the manufacturer's guidance. The medicines management and toxin policy had been updated to support these changes in practice to ensure good medicines governance was followed. **This requirement is met.**

Requirement

The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Action taken

Patient consent forms had been updated to state the service used bacteriostatic saline rather than normal saline to reconstitute botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection). This means that patients were now made aware that the product was being used outwith its licensed use. In patient care records we reviewed, we saw a summary of this discussion with patients had been recorded before they consented to treatment. We noted the compliance audit form for patient care records had also been updated to include an additional check to ensure this discussion with patients about the use of unlicensed medicines was documented in the patient care record. Audits of patient care records showed good compliance with this. **This requirement is met.**

Requirement

The provider must ensure the service is provided with a copy of its clinical waste contract to demonstrate that all clinical and hazardous waste generated by the service is disposed of safely to comply with clinical waste legislation.

Action taken

We saw the service now had a copy of its clinical waste contract. This confirmed that all clinical and hazardous waste was being disposed of in line with clinical waste legislation. **This requirement is met.**

Requirement

The provider must ensure the ceiling in the temporary storeroom is repaired to reduce potential safety and infection risks.

Action taken

We saw the ceiling in the temporary storeroom had been repaired. **This requirement is met.**

Recommendation

The service should ensure the store cupboard in the clinical treatment room is clean, tidy and not overstocked.

Action taken

We saw the store cupboard in the clinical treatment room was clean, tidy and stock was now kept at a minimum.

Recommendation

The service should review where the emergency medicine box is located, and ensure medicines are in date and only emergency medicines that can be administered without a prescription are stored in the emergency medicine box.

Action taken

We saw the emergency medicine box was now stored appropriately on a shelf in the clinical treatment room. All medicines were in date and the prescription medicine used for treating complications was being stored separately from the emergency medicines.

Recommendation

The service should ensure that patient care records include a more detailed summary of the consultation and assessment process. Consent forms should be signed by the practitioner.

Action taken

We noted that audits of patient care records carried out by the service showed good compliance and an overall improvement in recording outcomes from the patient consultation and assessment process. Any areas of non-compliance were highlighted in the audit and addressed with staff at their weekly one-to-one meetings with the manager.

We were told plans were under way to revise the electronic consent form to add an additional signature line to enable clinical staff to countersign the consent form with the patient. We will follow this up at a future inspection.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance 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.



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:

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You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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