

Announced Inspection Report: Independent Healthcare

Service: Life Fit Wellness Ltd, Falkirk

Service Provider: Life Fit Wellness Ltd

19 August 2021

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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 Life Fit Wellness on Thursday 19 August 2021. We spoke with a number of staff and we received feedback from six patients through an online survey we had asked the service to issue for us before the inspection, and from emails directly sent to us after the service displayed our inspection announcement poster. This was our first inspection to this service.

The inspection team was made up of one inspector.

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 Life Fit Wellness, the following grades have been applied to two key quality indicators.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment was clean and well maintained. The service had relevant policies and procedures in place including enhanced cleaning measures in response to the pandemic. Positive patient feedback was obtained about the environment and the care received.	✓✓ Good

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date in the sport and exercise medicine industry. The service had processes in place for gathering feedback from staff and patients. The service has ideas for service development but should formalise this with an improvement plan to document challenges and improvements.	✓✓ 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	All patients received a thorough assessment of their needs before a treatment plan was developed collaboratively between the patient and the practitioner. All patient care records reviewed included consent forms. The majority of patient care records reviewed included whether aftercare had been given within the notes.	
Domain 7 – Workforce management and support		
7.1 - Staff recruitment, training and development	The service had relevant policies and processes in place for pre-employment checks and checks for staff working under a practising privileges. The service is committed to staff training and development.	

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

What action we expect Life Fit Wellness Ltd to take after our inspection

This inspection resulted in three recommendations. 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

Life Fit Wellness Ltd the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Life Fit Wellness 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 environment was clean and well maintained. The service had relevant policies and procedures in place including enhanced cleaning measures in response to the pandemic. Positive patient feedback was obtained about the environment and the care received.

The environment was well maintained and clean. We saw processes in place to reduce the risk of cross-infection, such as single-use equipment and schedules for equipment and environment. The service's infection prevention and control policy had up-to-date guidance including enhanced, additional cleaning carried out in the clinic due to the pandemic.

The service had COVID-19 screening questionnaires for patients to complete before their appointments. Any patient suspecting they had symptoms of COVID-19 were advised not to attend the appointment. Other precautionary measures in place included:

- alcohol-based hand rub
- floor signs in the environment to promote social distancing
- temperature checks on arrival, and
- use of protective personal equipment.

The service had an incident book and staff were aware of the notification process to Healthcare Improvement Scotland. The service held a weekly management meeting where incidents would be discussed and we were told the actions would be shared with the wider team.

We saw suitable medicine management in place, including the prescribing, procurement, storage and disposal system. Medication was stored suitably in a locked cupboard or lockable medicinal fridge. While no temperature-sensitive medication were stored in the fridge at the time of our inspection, a system was in place for monitoring fridge temperatures. The service carried out an audit on the medication stock and usage.

The service had a maintenance team responsible for ongoing upkeep of the building, including fire safety such as weekly fire alarm tests. The service had a risk register and assessments in place to manage any identified risks.

The service had a policy for responding to emergencies, including resuscitation policy. We saw it was well equipped for responding to physical health emergencies, with trained staff and appropriate equipment.

Other policies and procedures in place to help the service deliver care safely included:

- health and safety
- medicines management, and
- privacy, dignity and respect.

Policies and procedures were regularly reviewed to make sure they remained up to date and the service followed current legislation and best practice.

All patients who responded to our online survey told us they were satisfied with the safe delivery of care. Some comments included:

- ‘Since returning to the face-to-face facilities, everything is clear and easy to follow for safety under present circumstances.’
- ‘The way [the service] has adjusted to the demands and requirements for keeping going safely for clients in the face of COVID[-19], has been nothing short of their usual low key highest quality standards, care and efficiency.’

What needs to improve

While enhanced cleaning schedules were in place, the service did not have a formal audit process in place for cleaning. The audit programme could be developed to include audits on infection prevention and control (recommendation a).

- No requirements.

Recommendation a

- The service should further develop its current programme of audits to cover key aspects of care and treatment such as infection prevention and control.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received a thorough assessment of their needs before a treatment plan was developed collaboratively between the patient and the practitioner. All patient care records reviewed included consent forms. The majority of patient care records reviewed included whether aftercare had been given within the notes.

We reviewed five patient care records with evidence of a consultation, assessment and treatment plan. The records showed that the patients had the risks and benefits of treatment explained to them and had signed consent forms before any treatments being given. We saw consent to share information had been completed for all patient care records reviewed and evidence of GP letters with details of the assessment had been recorded.

The patients all received a pre-appointment COVID-19 screening questionnaire. The patients also completed a 'pre-attendance triage form,' which provided the service with a detailed account of the patient details, history and presenting problem. We saw evidence of patient collaboration in the notes, with space for their goals and desired outcomes to be recorded.

The patient registration form was reviewed yearly for patients returning to the service for ongoing treatment. This helped make sure any changes since the patients' first treatment was updated.

The service used an electronic system for patient care records. Staff could access the system through the service's computers, the computers and the electronic system were password-protected. The electronic system had a flag function to highlight any risks, such as medical history or allergies. The service was registered with the Information Commissioner's Office.

We saw that the details of the treatment given were recorded, including the batch number of the medication. In addition to the electronic patient care records, we saw a logbook for all medications given which recorded the

medication expiry date, batch number and ID number of the patient administered to.

The service carried out a regular patient care record audit that showed good compliance with record-keeping. The service has regular meetings to share audit findings to the wider team.

The service had a policy in place for the use of healthcare records. A copy of all policies were available to the staff team through paper copies accessed in the office.

Following treatments, patients received a leaflet with aftercare information which included advice on what to do if they become unwell after treatment.

What needs to improve

We noted that some patient care records did not always record that aftercare advice had been given following treatment. The service should ensure this is consistently recorded in all care records (recommendation b)

- No requirements.

Recommendation b

- The service should ensure that each patient care record documents when aftercare information is given to the patient.

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

The service had relevant policies and processes in place for pre-employment checks and checks for staff working under a practising privileges. The service is committed to staff training and development.

The service had a practicing privileges arrangement in place for the doctor who provided the independent healthcare service. The service has a detailed

practicing privileges policy. We saw the manager had followed the practicing privileges policy, including checking:

- references
- qualifications
- insurance and
- protecting vulnerable groups (PVG) status.

The service had a number of employees for the physiotherapy services on offer where pre-employment checks had been carried out.

The service supported staff with ongoing continuous professional development (CPD) through monthly training sessions. The monthly sessions focused on a specific training need identified from staff appraisals or sharing of new evidence.

The service made sure that all staff had a 6-monthly appraisal identifying goals for the coming year and reviewing whether previous goals have been met.

We saw evidence of the induction programme that all new starters completed, including mandatory training such as fire safety and infection prevention and control. The induction programme also included staff familiarising themselves with policies, procedures and the electronic systems in place.

We heard about a number of conferences and events that staff are supported to attend, including the British Association of Sports and Medicine conference that the doctor has also presented at. The service had a strong learning and education ethos embedded in the practice. For example, as well as the training and continuing professional development (CPD) events, the service had links with the local university.

We heard that the physiotherapists in the team were members of the Chartered Society of Physiotherapy, which also contributed to the CPD, education and guidance available for staff.

Staff were supported to attend external courses if a training need was identified. If staff attend a training course, they were encouraged to share the learning with the wider team at a CPD session.

- No requirements.
- No recommendations.

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

The service kept up to date in the sport and exercise medicine industry. The service had processes in place for gathering feedback from staff and patients. The service has ideas for service development but should formalise this with an improvement plan to document challenges and improvements.

The service had a strong sense of leadership and inclusion of all team members. We found that the service was well led with a proactive approach to looking at service improvement and open to change.

We saw minutes of the most recent weekly management meeting and these included issues discussed and actions taken. A whole-practice team meeting held every 3 months included discussions around clinical governance and updates from Healthcare Improvement Scotland. The minutes were shared with the team.

The service had recently started gathering feedback through patient surveys and staff satisfaction surveys. The service planned to continue carrying these out and review the findings in management meetings and share with the wider team at the whole-practice team meetings.

The service told us they welcomed feedback and the service manager told us they often received emails with feedback. While the service previously had a feedback comments box in the reception area, this had been removed for infection control purposes due to the pandemic. The service was in the process of developing a sports and medicine questionnaire. The service planned to embed the questionnaire in the electronic system to allow it to be sent automatically to patients regularly.

We saw that the team satisfaction survey showed that 71% of staff feel valued and 85% find their work meaningful.

We were told that incidents were recorded in the accident book that the service manager reviewed and discussed at the management meeting. Feedback was given at the whole-practice meeting. Learning was shared sooner with the team if it had an effect on any imminent changes to practice.

The service had a number of channels that made sure smooth communication took place among the team. The service had a social media messaging app group for the team so that information or changes to practice could be shared with colleagues. This was particularly helpful for sharing the regular changes to ways of working during the pandemic.

We saw that the service had adapted well to the restrictions required due to the pandemic. Some changes had been made, such as offering a number of consultations and physiotherapy sessions through video calls. The service planned to continue offering this service as well as face-to-face facilities with the easing of restrictions.

What needs to improve

While we were told that the service had a number of ideas to continue developing and expanding, it did not have a formal improvement plan in place. An improvement plan would allow the service to record how it responded to feedback and the actions it took as a result.

- No requirements.

Recommendation c

- The service should implement a quality improvement plan to demonstrate and direct the way it 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

Recommendations

- a** The service should further develop its current programme of audits to cover key aspects of care and treatment such as infection prevention and control (see page 9).

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

- b** The service should ensure that each patient care record documents when aftercare information is given to the patient (see page 10).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Domain 9 – Quality improvement-focused leadership

Recommendations

- c** The service should implement a quality improvement plan to demonstrate and direct the way it measures improvement (see page 13).

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

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

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

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org