Announced Inspection Report: Independent Healthcare

Service: Cram Osteopaths, Glasgow
Service Provider: Cram Osteopaths UK Limited

6 July 2022
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot
## Contents

1. A summary of our inspection .................................................. 4
2. What we found during our inspection ..................................... 7

Appendix 1 – Requirements and recommendations .................. 17
Appendix 2 – About our inspections ......................................... 21
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 Cram Osteopaths on Wednesday 6 July 2022. We spoke with the service manager during the inspection. We did not receive any feedback from patients to 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 limited self-evaluation.

What we found and inspection grades awarded

For Cram Osteopaths, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were given information before attending their first appointment and information leaflets are easily accessible when attending the service. A treatment plan and a one-question feedback survey was sent to patients after their first appointment. Patients should have an opportunity to feedback at any time during their experience.</td>
<td>✔️ Satisfactory</td>
</tr>
</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

| 5.1 - Safe delivery of care | The environment was clean and well maintained. Patient equipment was in a good state of repair. Appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service. | ✔ Satisfactory |

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | An external professional coach helped guide and support the service’s processes and decision making. Staff had access to the coach when required. A quality improvement plan should be developed. Regular formal staff meeting should be held. | ✔ Satisfactory |

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 7 – Workforce management and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
</tr>
</tbody>
</table>
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 Cram Osteopaths UK Ltd to take after our inspection**

This inspection resulted in two requirements and nine 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 requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Cram Osteopaths UK 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 Cram Osteopaths 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

Patients were given information before attending their first appointment and information leaflets are easily accessible when attending the service. A treatment plan and a one-question feedback survey was sent to patients after their first appointment. Patients should have an opportunity to feedback at any time during their experience.

We were told that patients were initially orientated to the clinic environment through email, text and we saw an orientation video that was also sent out. This covered the process for their first appointment and included information on suitable clothing to wear.

We saw that the service had a variety of information leaflets available for patients in the waiting room. This included information on symptoms they may have experienced, such as back pain.

We saw that patients received a treatment plan of their proposed treatment after their first appointment. They also received an electronic survey through email which asked them to rate their experience of the service out of 10 and whether they would recommend it. We saw positive responses to this and were told these responses were reviewed regularly. The service manager told us that they discussed low-scoring feedback with the practitioner involved. We were told that the team would discuss patients who did not attend for further appointments in line with their treatment plan.

From patient care records we reviewed, we saw that the cost of treatment was discussed with patients. Patients were given aftercare information and a complimentary ice pack, if appropriate.
On completion of the treatment plan the patient may require to have a maintenance treatment and may require to be reviewed up to 6 weeks from completion of treatment. Following each treatment the patient progress was monitored in relation to pain scale.

The service had a duty of candour policy in place, where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. A complaints policy was also in place and we were told that the service had not received any formal complaints since its registration. Patients received information about making a complaint in the treatment action plan email they received after their first appointment. We were told that the service manager would address any issue that a patient had about something in the service.

While an incident record book was in place, no incidents had been recorded in it.

**What needs to improve**
Patients’ opportunities to feedback about their experience were limited to the initial one-question survey after their appointment. More opportunities for patients to give their feedback would help to further inform service improvement (recommendation a).

While the service had a complaints policy in place, information on how patients could make a complaint was not available on its website or in the service. This process should be easily accessible to the patient (recommendation b).

- No requirements.

**Recommendation a**
- The service should develop other formats for patient to feedback throughout their experience of the service.

**Recommendation b**
- The service should ensure that patients know how to make a complaint.
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. Patient equipment was in a good state of repair. Appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service.

All equipment was in good condition and the environment was in a good state of repair. The service did not store or prescribe medicines. Some treatments used machines, such as shockwave treatment. While older machines had been serviced, most machinery was less than 1 year old and we saw that servicing for them had been scheduled. Appropriate fire safety equipment and signage was in place and the smoke detector was regularly tested. External contractors had recently serviced the gas and electrical equipment.

Measures were in place to reduce the risk of infection. For example, disposable personal protective equipment (PPE) available included gloves, surgical face masks. Alcohol-based hand rub was available at the reception area and in the consultation room. The service manager told us of the process of cleaning all ‘high-touch’ areas in-between patient appointments, using appropriate cleaning products. The service had a contract with an external cleaner who cleaned the clinic twice a week.

A waste management contract was in place for the collection and safe disposal of clinical waste.
Policies and procedures were in place to support the safe delivery of care, such as those for:

- complaints
- clinical governance, and
- safeguarding.

**What needs to improve**
The service’s fire risk assessment had been reviewed in the last 12 months. However, we saw no evidence that the service had a system in place to manage patient and staff safety risks. Risk assessments kept on a risk register must be reviewed and updated regularly with appropriate processes put in place to manage the risks identified (requirement 1).

We found that it had been over 3 years since most policies had been reviewed, including for infection prevention and control. Policies should be reviewed every 2–3 years or when national guidance, legislation or best practice changes (recommendation c).

We were told that patient attendance was audited regularly and addressed with the practitioner. However, the service had no regular programme of clinical audits carried out. A documented programme of regular audits should be implemented, including audits for:

- cleaning schedules
- clinical practice
- environmental checks, and
- patient care records (recommendation d).

**Requirement 1 – Timescale: immediate**
- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

**Recommendation c**
- The service should ensure that all policies are reviewed and updated regularly.

**Recommendation d**
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records included a thorough assessment and detailed treatment plans. Patients’ medical history was reviewed and consent obtained for each treatment episode. As part of the information obtained at the initial appointment, the service should obtain the GP and next of kin details if appropriate.

Patient care records were stored electronically on a secure password-protected database.

We reviewed four patient care records. All records had patient contact details completed, including their:

- address
- date of birth, and
- mobile telephone number.

During the first consultation, a thorough detailed assessment was carried out. This included past medical history, regular medications and previous osteopath treatments. Patients were given the opportunity to discuss their concerns and treatment options to make sure they had a realistic expectation of the proposed treatment.

We saw a comprehensive treatment plan was completed in each case. This included orthopedic testing and outcomes, diagnosis, prognosis and a recommended treatment or action plan. We saw evidence that the clinician reviewed on each treatment episode.

A robust process was in place to make sure that consent was obtained. We saw evidence that this was discussed and obtained for each treatment episode.

From the patient care records we reviewed, we saw patients were given verbal and written aftercare advice. This detailed a summary of the treatment, goals and a video of exercises to complete at home.

What needs to improve
While we were told that the service would obtain consent to contact the GP if necessary, the contact details of the GP and next of kin was not requested or
obtained on the initial consultation. The service should request these details and document them within the patient care records (recommendation e)

- No requirements.

**Recommendation e**

- The service should ensure GP and next of kin details are documented in each patient care record.

---

**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**

A recruitment policy was in place. New clinical staff were appraised every 3 months during a probationary period in a supportive process. The service should carry out and retain all necessary recruitment checks for all staff. All appropriate staff should have a Disclosure Scotland basic disclosure or PVG check carried out.

All new clinical staff were employed for a probationary period of 6 months. During this time, the service manager appraised staff every 3 months, where their goals were highlighted and support and feedback was given.

A specialist medical practitioner worked under a practicing privileges contract (staff not employed directly by the provider but given permission to work in the service). We saw the practicing privileges contract in place with an up-to-date insurance policy.

We reviewed the recruitment process for four staff. We were told that staff identification, references and a checks on the qualifications was carried out at the time of recruitment. We saw that a detailed job offer and contract was emailed to the new staff. The job offer included information about:
• the induction process
• in-house training
• salary, and
• sick leave.

Each clinical staff member had their individual insurance policies we saw up-to-date copies of these.

The induction process was informal and included training on the documentation and the software.

All osteopaths were registered with the General Osteopathic Council this ensured that staff kept up to date with continual professional development and mandatory training every 3 years.

**What needs to improve**

While the service had a recruitment policy, it had no practicing privileges policy in place to set out a safe process required in recruiting staff under these privileges. We saw no evidence of background safety checks carried out on the medical practitioner.

Disclosure Scotland basic disclosure check or Protecting Vulnerable Groups (PVG) checks had not been carried out on staff. The service did not keep documents obtained during the process of recruitment. The provider must make sure that all appropriately qualified staff are recruited and safe to practice. Recruitment checks should include Disclosure Scotland basic disclosure or Protecting Vulnerable Groups (PVG) checks, as appropriate (requirement 2).

The service did not have a formal process in place to carry out yearly checks on the professional working under practicing privileges. This should include yearly checks to make sure the professional remains registered with their appropriate body, are having a yearly appraisal and that they are still insured to practice and continue with ongoing personal development (recommendation f).

We saw that documents obtained during the recruitment process were not retained or stored appropriately. Each staff member should have a staff file where relevant background safety checks, qualifications and contracts are kept (recommendation g).
Requirement 2 – Timescale: immediate

- The provider must ensure that all suitably qualified and competent staff are working in the service at all times. With all necessary recruitment checks carried out and retained.

Recommendation f

- The service should ensure that annual checks are carried out on staff, including those working under practicing privileges.

Recommendation g

- The service should ensure that staff have a file containing all relevant documentation including appropriate background safety checks, qualifications and insurances, where appropriate.
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

An external professional coach helped guide and support the service’s processes and decision making. Staff had access to the coach when required. A quality improvement plan should be developed. Regular formal staff meeting should be held.

The service is owned and managed by two osteopaths who are directors of the company. Both directors were registered with the General Osteopathic Council. They met informally daily and formally every 2 weeks. We saw agendas for the formal director meetings, which included an external osteopath who provided a coaching service. At the meetings, discussions were had about developments and trends in practice, as well as any issues in the service. We saw action plans developed from the discussions in these meetings.

We were told that all staff had received one-to-one sessions with the external coach to allow each staff member to highlight any training requirements or concerns they may have.

The manager had an informal daily team meeting with staff on duty, which allowed staff an opportunity to discuss cases and any potential concerns. All staff in the service had access to an online group chat. One staff member had recently been promoted in the service.

We were told the team regularly attended osteopath conferences, which allowed staff to network with their peers. Before the pandemic, this occurred four times a year.

One of the directors was the chair of the Scottish Osteopathic Society, which allowed for benchmarking with other services and continual professional development.
The service received a highly recommended award from the Institute of Osteopathy in 2021.

**What needs to improve**
The service did not hold formal staff meetings. Regular staff meetings would provide peer support, learning and allow staff to contribute to the service (recommendation h).

The service did not have a formal quality improvement plan in place. This would allow the service to demonstrate an ongoing process of improvement and development (recommendation i).

- No requirements.

**Recommendation h**
- The service should develop a regular programme of staff meetings. This would allow staff to have an opportunity to participate in the service delivery and development.

**Recommendation i**
- The service should develop and implement 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
# Domain 5 – Delivery of safe, effective, compassionate and person-centred care

## Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 10).</td>
</tr>
</tbody>
</table>

**Timescale – immediate**

*Regulation 13(2)(a)*

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

## Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>c</strong></td>
<td>The service should ensure that all policies are reviewed and updated regularly (see page 10).</td>
</tr>
</tbody>
</table>

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

| **d** | The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 10). |

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

| **e** | The service should ensure GP and next of kin details are documented in each patient care record (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
### Domain 7 – Workforce management and support

#### Requirement

2. The provider must ensure that all suitably qualified and competent staff are working in the service at all times. With all necessary recruitment checks carried out and retained (see page 14).

Timescale – immediate

*Regulation 12(1)(a)*

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

#### Recommendations

**f** The service should ensure that annual checks are carried out on staff, including those working under practicing privileges (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

**g** The service should ensure that staff have a file containing all relevant documentation including appropriate background safety checks, qualifications and insurances, where appropriate (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

### Domain 9 – Quality improvement-focused leadership

#### Requirements

None

#### Recommendations

**h** The service should develop a regular programme of staff meetings. This would allow staff to have an opportunity to participate in the service delivery and development (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
<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</td>
</tr>
</tbody>
</table>

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.

**During inspections**

We use inspection tools to help us assess the service.

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

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

**After inspections**

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

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot