Physiotherapy Matters
AUDIT REPORT

Surveillance 2

Report issued at 13:26 GMT on 31-Jul-2026

Physiotherapy Matters **AUDIT REPORT**

Client ID#:	CMPY-042265
Client/Address:	Physiotherapy Matters Arden House, Regent Centre, Gosforth, Newcastle, NE3 3LU, United Kingdom
Audit Criteria:	ISO 9001:2015
Audit Activity:	Surveillance 2
Date(s) of Audit:	Newcastle, United Kingdom: 18-Jun-2026
Auditor(s) (level):	Deborah Camotta (Lead Auditor, Newcastle, United Kingdom)
Scope of Audit and Scope of Certification:	***Site: Physiotherapy Matters, Newcastle, United Kingdom*** **ISO 9001:2015:** Physiotherapy assessment and treatment of musculoskeletal conditions

OVERALL RESULT:

No Action Required

The management system was found to be fully effective. (no nonconformities issued)

EXECUTIVE SUMMARY

There is very good evidence of the organisations continuing approach to maintaining its management systems, infrastructure and overall environment, in line with its commitment to service delivery and continuous improvement. The quality system supports the overall development of the business and provides the framework for managing customer facing activities, effectively.

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SWOT ANALYSIS

Strengths	Records and document were readily available. Internal audits and management reviews are detailed.
Weaknesses	None evident at the time of the audit.
Opportunities	None evident at the time of the audit.
Threats	None evident at the time of the audit.

INTERTEK MATURITY MODEL

The score descriptions are generic to all management systems and cannot be customized by the auditor, thus allowing for the consistency of interpretation and standardization of audit results worldwide. The scores provided to your organisation are for benchmarking purposes only and are based on the audit team's evaluation.

Management

Mature

Consistent evidence of management commitment, customer and/or interested party satisfaction, knowledge/awareness of policy and objectives being demonstrated by the majority of staff. Responsibility and authority is evident and supported via data, trends and related KPI's. Management reviews are complete and demonstrate support by the majority of personnel. Records are complete and demonstrate positive trends in improvement and lessons learned.

Internal Audits

Mature

Internal audits are being performed at planned intervals and are based on status and importance of the Management System. Data is being collected analyzed and reviewed by senior management on a regular basis. There exists a link between the internal audit results and the overall health of the Management System. Audit teams are trained, impartial and objective in their approach. Audit reports are clear, concise and supported with applicable correction actions. Management is involved in the corrective action process ensuring timely implementation and overall effectiveness of resolution.

Corrective Action

Mature

The corrective action process has demonstrated to be effective in practice. Data from sources such as customer and/or interested party complaints, internal audits, warranty analysis, defects, internal metrics and supplier performance show stability over time as the system matures. The process includes a thorough review of the effectiveness of the actions taken. There is evidence of problem solving tools being used to support the process.

Continuous Improvement

Mature

Data streams are being used as sources to drive continual improvement over time. These may include management system policy, objectives, and audit results, analysis of data, CAPA and management reviews. There is some evidence of advanced techniques being used during the improvement cycle. Economic benefits have been realized.

Operational Control

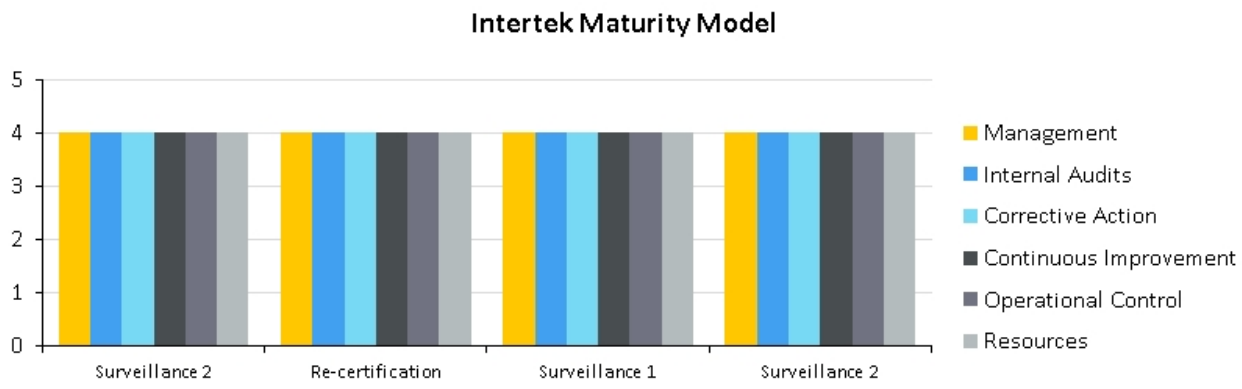
Mature

Operational Controls are planned and developed. Planning of operational controls is consistent with all other Management processes. Objectives, process requirements, needs for appropriate additional documents and resources, verification and monitoring activities and records requirements have been determined, as appropriate. Processes and activities run consistently. Data is collected, and reviewed to verify the effectiveness of operational controls with evidence of significant improvement trends. Some evidence linking to some key business factors.

Resources

Mature

Resources required for the effective maintenance and improvement of the management system have been defined and deployed. Improvements have been noted in areas such as customer and/or interested party satisfaction, continual improvement, process variation. Levels of competency have been defined and documented within the existing management system.



Rating: 5=Benchmark | 4=Mature | 3=Meets Intent | 2=Beginning | 1=Not Evident

FINDING SUMMARY

	Minor	Major
Issued during current activity	0	0

Opportunities for improvement have been identified

No

STATUS OF PREVIOUS AUDIT FINDINGS

Follow-up on findings issued at previous audit:

Prior assessment resulted in no non conformities.

EVIDENCE SUMMARY

The state of the management system is summarized below:

Conclusion of Client's Processes/Functional areas audited including KPI/Metrics

Quotations and Order Review and Acceptance
Price comparisons are completed online, there is a list of approved suppliers where quality, price etc is logged.
Current suppliers that are approved – Movianto, Lyreco, The Circuit AED, Brisk Invoicing, Bangon Printing Design.
Admission Procedure –
When a referral is received from an insurance company via email or phone, admin team log the patient on TM3, including their name, age, and contact information. Their TM3 file contains the electronic consent form (once signed) and referral paperwork as well as the number of treatment sessions required under the comments section.
Admin contact the individual to arrange an appointment within 24 hours upon receipt of the referral. Follow separate Insurance instructions for any restriction and agreed Service Level Agreement (SLA).
Appointment details are entered onto TM3. If the Initial Appointment is a double appointment this is noted on TMS.
AUTH codes are entered for all appointments.
Confirmation of the appointment is sent to the individual (via email is possible) along with information when attending the clinic, directions to the clinic, a link to our COVID policy (on our website) and a link to an electronic Physiotherapy consent form.
Whilst booking the patient for their first appointment, the admin team will inform the patient to complete the electronic consent form which will be found in their confirmation email. If the patient is unable to provide an email address for the confirmation, admin will send out a confirmation letter with information and directions and the patient can sign the consent form using the tablet when they arrive in the clinic.
Confirmation of the Initial appointment, e.g., time, date, practitioner's name is sent to the insurance company – see Insurance Instructions.

First day of the appointment –
On arrival, reception confirms the patient's details and GP surgery with them and asks them to complete a consent form (if this has not already been completed electronically).
If a follow-up appointment is required and does not need authorisation, this is booked with the patient before they leave the clinic. The next follow-up appointment is usually weekly, unless informed of otherwise by physio. If the next session is not booked within 7 days without the physios' instruction, call insurance company to inform them of the delay within 24 hours. See insurance instructions.
If a follow-up appointment is required and needs authorisation, the patient is advised that they will be contacted following receipt of the authorisation. See insurance instructions.

Did Not Attend (DNAs) –
If patients did not attend the first appointment and gives less than 24 hours' notice, inform the insurance company by email/phone/portal within 24 hours.
Ring patient back to rearrange next appointment.

If patient had more than 2 DNAs, do not book again and inform the insurance company within 24 hours.
Put the patient's file ON-HOLD (for a month), contact insurance company until further instruction or CLOSE the file when told to do so. Follow up with insurance company if no correspondence has been received.
Follow specific insurance SLA instruction sheet for DNA fees.

Reception Activities – Booking of Patient Appointments –
17880 –
Referral 25/02/2026
Triage call – 27/02/2026
IA – 02/03/20256
FU – 07/04/2026
DC – 07/04/2026
Lower back

17719
Referral 02/01/2026
IA – 12/01/2026
FU – 19/01/2026
DC – 23/03/2026
Lower back

17090
Referral – 22/01/2026
IA – 30/01/2026
FU – 18/02/2026
DC – 25/03/2026
Neck

Occupational Health –
17831 –
Referral – 05/02/2026
IA – 09/02/2026
FU – 23/02/2026, 23/02/2026 (DSE), 02/03/2026, 16/03/2026 and 14/04/2026.
DC – 14/02/2026
Lower back

17803
Referral – 28/01/2026
IA – 04/02/2026
FU – 14/02/2026, 02/03/2026, 18/03/2026, 09/04/2026 and 20/05/2026.
DC - - 20/05/2026

Knee
4730
Referral – 11/02/2026
IA – 13/02/2026
FU – 25/02/2026
DC – 01/04/2026
Lower Back

Purchasing –
The company uses Xero on spreadsheet for purchasing.

PO4001592508, supplier Tyne & Wear Fire & Rescue Authority – specialist services. Order dated 01/04/2026. Delivered 31/03/2026.

PO100129601, web order. Supplier Eureka, 27/05/2026. Order for PPE and various. Order complete.

PO – web order, supplier Sinovial. Order for various. Delivered 08/06/2026.

Conclusions regarding the audit of Mandatory Requirements

Leadership
he Quality Policy includes a commitment from management to develop and improve the Quality Management System by: Communicating throughout the company the importance of meeting customers' requirements, communicating throughout the company the importance of meeting all relevant statutory and regulatory requirements, establishing the Quality Policy and its Objectives, promoting improvement, conducting Management Reviews, ensuring the availability of resources, promote the use of risk-based thinking, ensure that the Quality Management System performs as intended, support other relevant management roles with regard to their delegated responsibilities. Reviewed 03/09/2025, next due 02/09/2028.

- Quality Objectives:
  Objectives were set at relevant functions and levels of the organisation. They are documented and progress is reported in the management review minutes.
  The objectives for 2026 are
  Successful surveillance ISO 9001: 2015 standard external audit.
  Successful completion of latest 2026/27 NHS Data Security and Protection Toolkit
  Review SEQOHS standards to prepare for initial accreditation stage in 2026
  Improve business Clinical Governance by working towards CQC standards
  Improve the national clinic network registration, including renewed SLAs with process pathway, and audit process in line with PML quality standards

Support
All administration is carried out at PML's main clinic in Arden House, Regent Centre, Gosforth. This includes:
Management of financial matters
Personnel records
Stock orders (stationery, consumables, equipment, sharps supply etc.)
Patient records
Booking appointments
Sending client reports
Policies and procedure files.
Main server (TM3 professional software package) of electronic data – PML use cloud computing provided by Bigfoot IT Services who ensure that back-ups are carried out of all data on the server.

Calibration –
An annual service is carried out by an external professional body. This service is comprehensive and includes calibration. The records of each service are available at the head office.
The ultrasound machines are located within the treatment rooms and are only accessible/usable by qualified Physiotherapists, protecting it from damage, tampering or deterioration.
Shock wave Machine Calibration dated 23/09/2025, by Spalding Medical, checked at full range. CN – IA2309525/4.
Plinth Bed Calibration dated 10/11/2025 by Prism Medical UK, CN- S74123.

Control of Documents –
PML have a procedure in place as set out below, for defining the controls needed to ensure compliance with ISO 9001 by implementing a smooth, organised system of document control within the organisation.
The Document Control audit is stored in the S:\PML - RO\Quality System\Control of Documents
An index of all procedures, forms and policies is made available to all staff
Where necessary, documents are controlled by versioning and review dates. All policies and procedures are regularly reviewed to ensure that they meet current requirements, and they are amended where applicable.

Performance evaluation
A management review was held on the 03/06/2026 and met the requirements of the ISO 9001:2015 standard. Quality objectives were reviewed. Interested parties – Pearson Engineering has been added to the list. Risk register reviewed – completed. Review policy for home visits. Clinical audits are up to date. No incidents or near miss recorded. Maintain and improve reputation of the company. No additional BN impact assessments needed at this time. Audit schedule maintained for 2026 change made to give a percentage across the clinical audit in Q1 has been well received. Stock audit has been handed back to an established Admin team member for accuracy and consistency. NHS Data security submission is up to date • Submitted Carbon footprint figure via Newcastle Council
BigFoot audit in Q1 recognised the need to replace some devices which has been completed and improves our security and support outlook.
Continue to work closely with NPH to ensure they are aligned with their accreditations.
The archive of the SEQOHS accreditation point within the quality objectives is the correct thing to do for the business

at this time and will be reevaluated as they look to Q1 to see if the goal will be reinstated to our 2027 objectives. Extensive work in rail makes it a sensible decision to keep abreast of changes within the rail sector and any future accreditations which will be required to work with the new governing bodies across the rail industry.

A full system audit to the ISO 9001:2015 standard has been completed with no non-conformances raised. Areas included quality policy and objectives – 03/06/2026. Occupational health reports – 30/04/2026 and 30/06/2025. Clinical supervision and infection control – 27/02/2026 and 30/06/2025. Management audit – 31/01/2026.
Improvement
New flooring in the office areas.
The accounts lady has determined the profitability of each room.
The audit forms have changed and are now given pass marks.
New cash flow and forecasting sheet has been devised.
The company is starting to tentatively look at AI for the future.

Conclusion regarding Appropriate Use of the AB Logo and Mark

Not used on documentation. Correct on the website.

Review and conclusion of client performance trends since last certification/recertification (at recertification audit and last surveillance audit prior to recertification)

The company have maintained their management system effectively with no findings throughout this certification cycle and improvements viewed during each audit.

Conclusions regarding risk assessment/risk treatment processes

Quality Risk Register - This is implemented by assessing potential problems that may occur with regards to the QM system, carrying out the service, auditing, or staff issues.
Clinical or H&S preventative action and risk assessments are carried out by the Business Manager. Weekly and monthly checks are made of the premises.
A Near Miss form is actively used to avoid potential damage to the business i.e., breach of data protection.
Reviewed at quarterly management meetings – last reviewed 03/06/2026.

Conclusions regarding context of the organization

Physiotherapy Matters was established in 2006 and located in Gosforth, Newcastle Upon-Tyne. This audit & certification only covers the Gosforth site.
PML has established a strong reputation in providing a wide range of musculoskeletal (MSK) physiotherapy healthcare services within areas of both deprivation and affluence, through private patients, GP or insurance referrals, accident injury claims, as well as maintaining Occupational Health contracts with a number of leading organisations in the Northeast of England.

PML aims to provide a multi-disciplinary team that can deliver a high level of MSK service in a number of key areas including back and neck pain, arthritis, chronic conditions, sports injuries, road accident injuries and post-operative rehabilitation.
As well as the above conditions, PML also offer several additional services such as workstation assessments (WSA), MSK educational workshops, injection therapy, acupuncture and home visit options.
The main practice offers evening and Saturday morning clinics for patient convenience.

The external and internal issues are identified and reviewed in the following ways:

- PML carry out SWOT analysis which is integrated into the annual business plan
- SWOT analysis is discussed and reviewed at the annual QMR
- External and Internal issues identified in the SWOT analysis are discussed and reviewed for changes at quarterly management review meetings

The interested parties that are relevant to the Quality Management System are defined as: clients, employees, providers, management, shareholders, statutory and regulatory bodies.
The significant requirements of these interested parties include: The consistent provision of products and services which meet customer requirements. The continual enhancement of customer satisfaction. A safe and pleasant working environment. Adherence to legal and regulatory requirements.

Climate change considerations – low impact, car share where possible, electric car, minimal clinical waste, don't use wipes now use spray.

Exclusions –
The ISO 9001 Standards exclusions that apply to Physiotherapy Matters are as follows:
Clause 8.3 is excluded as the company do not design the service there are standard procedures/treatments provided by qualified physiotherapists.
8.5.3 is excluded as the company do not have property provided by the customer or external provider.
8.5.4 is excluded as the service provided is instant and not stored in any way.

Additional information/unresolved issues

N/A

Communication/Changes during the visit (if applicable)

N/A

References to appendices:

Audit plan (as executed)

Have all shifts been audited:

Yes

The audit has been performed according to audit plan meeting audit objectives, scopes and duration (on-site and off-site) as given within the audit plan

Confirmed

Have there been any changes to Scope?

No

Have there been any changes to Headcount?

No

Have there been any Address Changes?

No

Have there been any Sites Added / Removed?

No

Have there been any Other Changes?

No

LEAD AUDITOR RECOMMENDATION

Lead Auditor's Recommendation for ISO 9001:2015

The management system is in conformity with the audit criteria and can be considered effective in assuring that objectives will be met. Continued certification is therefore recommended.

OTHER OR ADDITIONAL LEAD AUDITOR RECOMMENDATION

This audit concludes and confirms the audit objectives have been met, and the certification scope is appropriate.
This audit is not a legal/regulatory compliance audit, and therefore Intertek shall have no obligation to review the Client's processes and Facilities to determine whether the same comply with or violate any legal and/or regulatory requirements.
Please note that this audit was conducted on a sampling basis so there is a possibility that (further) non-conformities may exist within the system that have not been identified during this visit.
I would like to thank all members of staff for their help and co-operation during my visit, which ensured that the audit ran smoothly and in a timely manner.
The recommendations from this audit will be subject to an independent office review, before any final decision is made concerning the awarding or maintenance of certification.

CLIENT ACKNOWLEDGEMENT

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