Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Signature Clinic, Glasgow

Service Provider: Signature Medical Glasgow Ltd

7 March 2025

NHS SCOTLAND

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

First published May 2025

www.healthcareimprovementscotland.scot

Contents

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 29 February 2024

Requirement

The provider must ensure that relevant procedures are in place, available to staff and followed to ensure safe delivery of care.

Action taken

Relevant documented procedures were in place for all treatments and surgical procedures undertaken in the service and were available to staff. These provided a step-by-step guide for staff to follow for each treatment or surgical procedure from a patient's admission through to discharge. **This requirement is met.**

Requirement

The provider must implement a water flushing regime for less frequently used water outlets to prevent the risk of water borne infection.

Action taken

A water flushing regime had now been implemented and the flushing of all water outlets was documented. **This requirement is met.**

Requirement

The provider must ensure the ventilation system is reviewed against current national guidance. A risk assessment must be produced for the continued use of the system and added to a risk-based refurbishment plan if required.

Action taken

Following a ventilation risk assessment, additional ventilation equipment had been purchased and was being used to reduce any risks presented by the current installed ventilation system. We noted that replacing the ventilation system during any future refurbishment works to the theatre was recorded on the service's risk register. **This requirement is met.**

Requirement

The provider must ensure appropriate sterilisation and tracking of medical devices used for surgical procedures takes place.

Action taken

A contract was now in place with a a decontamination contractor to sterilise the service's surgical instruments. Appropriate tracking of the instruments used during procedures was also now in place. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 29 February 2024

Recommendation

The service should assess themselves against defined corporate objectives, values and key performance indicators.

Action taken

The service had implemented key performance indicators to assess themselves against the mission, values and vision of the service.

Recommendation

The service should ensure that there are appropriate changing and showering facilities for staff.

Action taken

We acknowledged that the building's structure prevented installation of staff showers, but a designated changing room was now available. A risk assessment addressed how contamination incidents involving blood or body fluids would be managed.

Recommendation

The service should ensure that a reliable process and system is in place to record evidence of theatre equipment safety checks.

Action taken

We saw documented evidence that theatre equipment safety checks were now carried out each day.

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 unannounced inspection to Signature Clinic on Friday 7 March 2025. We spoke with a number of managerial staff during the inspection.

Based in Glasgow, Signature Clinic is an independent clinic providing non-surgical and surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Signature Clinic, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's vision statement had recently been revised and shared with staff. Key performance indicators were regularly reviewed and included monitoring the safe care and treatment of patients. A range of meetings for the different staff groups helped ensure governance and oversight of how the service was delivered and continued to improve.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Policies and procedures set out the way the service delivered safe care. Feedback from patients and staff was actively encouraged. A comprehensive audit programme and proactive management of risks helped to ensure the safety and quality of the service. A mandatory training programme and system for sharing learning between clinics in the Signature Group kept staff updated and well informed.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and well maintained. Staff files were well organised with evidence of relevant background and safety checks. Completion of patient care records needs to be improved to ensure informed consent and patient safety.	✓ 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 Signature Medical Glasgow 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 two recommendations.

Results	
Requirements	
1	The provider must improve the standard of record keeping in patient care records to ensure they contain a detailed record of all consultations, discussions and treatment plans (see page 20). Timescale – immediate *Regulation 4(2)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must ensure the patient's GP and consent for sharing relevant information with their GP and other healthcare professionals in an emergency are documented in the patient care record. If the patient refuses, this should be documented (see page 20). Timescale – immediate *Regulation 4(3)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Results (continued)	
Recommendations	
a	The service should ensure that consent for taking pre- and post-treatment photographs is recorded in patient care records (see page 20). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
b	The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins, in line with national guidance (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

Signature Medical Glasgow 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 Signature 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service's vision statement had recently been revised and shared with staff. Key performance indicators were regularly reviewed and included monitoring the safe care and treatment of patients. A range of meetings for the different staff groups helped ensure governance and oversight of how the service was delivered and continued to improve.

Clear vision and purpose

The service had revised its vision, mission and values statement for 2025 and shared this with staff in a recent governance newsletter which was issued by the provider every 3 months. This new vision statement had also been included in recent staff education and induction sessions. We were told that, once the new document had been fully embedded in the service, the vision, mission and values would be shared with patients on the service's website.

The service had implemented key performance indicators to assess themselves against the mission, values and vision of the service. These key performance indicators included evaluating patient safety and satisfaction. Results from key performance indicators were discussed at the monthly clinical governance and compliance team meetings.

Key performance indicator data was also collated by the provider to compare Signature Clinic Glasgow with other clinics in the Signature Group. This allowed sharing of learning and information between clinics.

A target and strategy for 2025 had been developed that included:

- customer satisfaction
- employee satisfaction and retention
- career development, and
- clinic expansion.

- No requirements.
- No recommendations.

Leadership and culture

The service was staffed by registered healthcare professionals, non-registered healthcare staff and administration staff. A new clinic manager had recently started and a clear organisational structure was in place.

A range of meetings took place in the service or at Signature Group level that were attended by the service's staff and helped ensure appropriate governance of the service. Examples of these meetings included:

- daily clinic managers meetings
- weekly senior leadership team meetings
- 2-weekly governance and complaints team
- monthly clinic staff, and
- monthly clinical governance and compliance team.

The provider's clinical governance and compliance team reported to the provider's board of directors. They had oversight of the governance of the service to ensure safe patient care. We saw minutes and action plans for the monthly clinical governance and compliance team meetings. Agenda items included:

- audits
- infection prevention and control
- incident reporting
- risk register and risk assessments
- regulatory compliance, and
- complaints management.

Staff used a risk, quality and compliance electronic system to record details of any accidents and incidents, and to access audit results, risks assessments, and the service's policies and procedures. We were told the system was being updated to allow information about complaints to also be logged to improve the management of complaints.

Staff had opportunities to suggest service improvements in the monthly staff meeting.

A freedom to speak up policy described how staff could raise a safety concern in the service. Freedom to speak up guardians had been identified in the service.

- 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
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Policies and procedures set out the way the service delivered safe care. Feedback from patients and staff was actively encouraged. A comprehensive audit programme and proactive management of risks helped to ensure the safety and quality of the service. A mandatory training programme and system for sharing learning between clinics in the Signature Group kept staff updated and well informed.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service's participation policy stated how it would proactively seek and use feedback from patients to help the service to develop and improve. Methods used to obtain feedback included:

- a structured questionnaire
- social media reviews, and
- verbal, email and text feedback.

The patient feedback questionnaire asked about the quality of care received and was sent with aftercare information following a procedure. We saw examples in minutes of meetings of discussions about patient feedback received and actions to be taken to improve. Due to the low response rate of patients completing the questionnaire, an online review platform had been engaged by the provider to encourage more patients to leave reviews. The service had also recently appointed a customer relations manager to manage all feedback, suggestions and complaints.

We saw evidence that staff had the opportunity to provide feedback during staff meetings. A feedback survey had also recently been sent out to all staff in the Signature Group. We were told the results had been collated but had not yet been analysed or shared with staff. We were told a report would be prepared and shared in the provider's next governance newsletter. We will follow this up at a future inspection.

- No requirements.
- No recommendations.

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 was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration with Healthcare Improvement Scotland in May 2019, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care and these were regularly reviewed. The policies were available to staff on the service's risk, quality and compliance electronic system. This included access to the safe operating procedures that provided a step-by-step guide to all treatments and surgical procedures performed in the service.

A medicines management policy and protocols were in place. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock audit for medicines and the emergency drugs kit helped to make sure all items had not passed expiry and best-before dates. The service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that alerts received were discussed at clinical governance and compliance team meetings.

Emergency treatment protocols were displayed and staff received mandatory life support training. Emergency equipment was in place and checked daily. Completion of emergency equipment checklists was monitored and reported in the clinical governance and compliance team meetings.

A contract was in place with an external contractor for a planned programme of maintenance and safety checks. A fire safety policy was in place and a fire risk assessment had been carried out. Fire safety signage was displayed, and fire safety equipment was safety checked. A safety certificate was in place for the fixed electrical wiring and the portable electrical equipment had been tested. A water safety risk assessment had been carried out and actions completed.

An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections, such as hand hygiene, and the management of sharps and clinical waste. Cleaning schedules detailed the required cleaning tasks and recorded when they had been carried out. A contract was in place for the off-site decontamination and sterilisation of surgical instruments. The service employed an infection control nurse and a

consultant microbiologist. Formal infection control meetings took place every 3 months, with infection rates monitored and discussed at this meeting, and at the clinical governance and compliance team meetings.

A safeguarding (public protection) policy included a clear process for reporting any safeguarding concerns. A safeguarding meeting took place every 3 months to discuss and review any safeguarding events and to share any learning with all the clinics in the Signature Group. All staff received safeguarding training at induction.

A complaints policy detailed the process for managing a complaint and provided information on how patients could make a complaint to Healthcare Improvement Scotland. We saw complaints about the service had been managed in line with the service's policy, and that themes had been identified and actions taken as a result. We noted the complaints process had recently been reviewed to improve how complaints were managed. Complainants now had the option of using an independent complaints adjudication service to manage their complaint as well as contacting Healthcare Improvement Scotland. We saw evidence that staff had received information on the new complaints process in the provider's governance newsletter and during a training day. The revised complaints procedure was displayed in reception and was available on the service's website.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong) and the annual report was available on the service's website. We were told there had been no duty of candour incidents. All staff received complaints and duty of candour training at induction.

We saw that an incident management process was in place with information about any incidents logged on the service's risk, quality and compliance system, which all staff could access. This included:

- incident date and details
- investigation
- action plan, and
- learning outcome.

We saw evidence of incidents being discussed at senior leadership team meetings, clinical governance and compliance team meetings and staff meetings. This included an incident that had occurred in another Signature

Group clinic. We saw that actions taken as a result of the incident had also been implemented in the Glasgow clinic.

The service's consent policy stated that informed consent would be obtained from patients before any treatment took place. An initial consultation took place with a consulting doctor. We noted the consent process had recently been improved to ensure the patient's next consultation with the surgeon took place before the day of the procedure. This meant that patients had the opportunity to meet the surgeon and ask further questions before the day of surgery. On the day of surgery, we were told that the surgeon would go over consent again with the patient to ensure nothing had changed, for example with the patient's medical history.

Patients were provided with aftercare information following their procedure that included emergency contact information for the service. They also received follow-up telephone calls to check on their condition.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. Patient care records were scanned and held securely.

A mandatory training programme was in place for all staff. Some training was completed on an online training system and other training was carried out face to face. A practice educator visited the service to provide focused training where a need was identified, for example as a result of audit findings. Mandatory staff training for clinical staff included:

- life support
- duty of candour
- safeguarding (adult and child protection)
- complaints management
- infection prevention and control, and
- medicines management.

Compliance with the mandatory training programme was monitored to ensure completion rates were above 80%. An annual appraisal process was in place for all staff.

Development opportunities were available to staff such as a leadership programme and apprenticeships. Staff were also supported with any external training they were undertaking by arranging shifts to allow for study commitments.

- No requirements.
- No recommendations.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness. This helped to make sure patients could continue their treatment plans. Appropriate insurances were in-date and displayed in the service where required.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. An overarching quality improvement plan for all the clinics in the Signature Group included staff education, training, recruitment, marketing, patient experience and documentation. The service also had its own regulatory quality improvement plan with items specific to the Glasgow service that included findings and actions from regulatory inspections.

We saw evidence of the clinical governance and compliance team reviewing data including:

- post-surgery complications
- incidents
- complaints, and
- audits.

Where necessary, an action plan was developed and progress discussed at the clinical governance and compliance team meetings.

An audit plan for 2025 was included in the provider's governance newsletter to raise staff awareness. A practice educator carried out audits and fed back findings and required actions to the clinic manager. They then returned to the service to ensure actions had been taken and compliance had improved. We saw documented audits and action plans including:

- infection prevention and control
- medicines management, and
- patient care records.

We noted that two new audits had been added to the programme: a clinical observation audit to ensure compliance with the type and frequency of patient observations, and a safe discharge audit to ensure the procedures for observations and discharge were followed. These new audits had not yet been carried out but were scheduled to take place as part of the rolling programme of audits.

Risk assessments for clinical and business risks were completed and documented in a risk register. This was reviewed and updated regularly at the clinical governance and compliance team meetings.

- No requirements.
- No recommendations.

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 clinic environment and equipment was clean and well maintained. Staff files were well organised with evidence of relevant background and safety checks. Completion of patient care records needs to be improved to ensure informed consent and patient safety.

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.

The clinic appeared clean and well organised. The equipment was in good condition and well maintained. We saw that cleaning checklists had been completed. The service had a good supply of personal protective equipment (such as disposable aprons and gloves), and alcohol-based hand gel and hand hygiene posters were displayed.

We reviewed three patient care records of patients that had undergone a surgical procedure and found appropriate documentation of:

- patient's name, date of birth and address
- emergency contact
- detailed initial consultation with the consulting doctor
- 'surgical pause' taken before the procedure to check it was safe to proceed
- medicine dosage and batch numbers, and
- that aftercare information had been given.

We reviewed three staff files and saw that recruitment checks and documentation included:

- identity
- qualifications
- professional register
- occupational health status
- Disclosure Scotland check, and
- appropriate references.

There was also evidence of ongoing staff checks during employment such as an annual check to ensure they were still included on the relevant professional register and of annual appraisals taking place.

What needs to improve

A full medical history was taken by the consulting doctor during the first consultation with the patient. A second consultation took place, sometimes months later while the patient considered the procedure, with the surgeon. However, the patient care records we reviewed did not include evidence of a full discussion taking place with the patient during their second consultation with the surgeon. Therefore, we could not be assured that the patient's medical history was reviewed and discussed again or that fully informed consent had been obtained before the procedure was carried out.

There was also no evidence in the patient care records that a treatment plan had been written or provided to the patient. We were told that this was emailed to the patient after the first consultation but was not kept in the patient care record. Therefore, we could not be assured that the patient had received a detailed treatment plan including the procedure, aftercare and monitoring, or that this was available for the second consultation with the surgeon (requirement 1).

Some patient care records we reviewed did not have the name of the patient's GP documented. We were told that patients did not have to supply this information. There was also no consent recorded for sharing information with healthcare professionals in the event of an emergency (requirement 2).

There was no documented consent for before and after procedure photographs (recommendation a).

Sanitary fittings, including clinical hand wash basins, were not decontaminated (cleaned) with the appropriate product (recommendation b).

We noted that patients did not have the required number of observations (blood pressure, pulse, respiratory rate, temperature) taken, as required by the service's own patient observation policy. However, we noted that this had already been identified by the service and a new clinical observation audit was to be included in the service's audit programme. We were told that new patient care record documentation, due to be implemented following completion of staff training, would also help to address this. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must improve the standard of record keeping in patient care records to ensure they contain a detailed record of all consultations, discussions and treatment plans.

Requirement 2 – Timescale: immediate

- The provider must ensure the patient's GP and consent for sharing relevant information with their GP and other healthcare professionals in an emergency are documented in the patient care record. If the patient refuses, this should be documented.

Recommendation a

- The service should ensure that consent for taking pre- and post-treatment photographs is recorded in patient care records.

Recommendation b

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins, in line with national guidance.

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.ihcregulation@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

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot