

# Announced Inspection Report: Independent Healthcare

**Service:** Aspen Medi-Spa, Dornoch

**Service Provider:** Aspen Medi-Spa Ltd

24 June 2025

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>13</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>24</b>
<hr/>		

## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 4 November 2020

#### Requirement

*The provider must ensure that staff employed in the provision of the independent healthcare service provider have all appropriate pre-employment checks carried out in line with relevant guidance such as a disclosure Scotland PVG check.*

#### Action taken

The provider had not carried out any appropriate pre-employment checks in line with relevant guidance, such as a Disclosure Scotland Protecting Vulnerable Groups (PVG) check. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 5 on page 22).

### What the service had done to meet the recommendations we made at our last inspection on 4 November 2020

#### Recommendation

*The service should develop a programme of regular audits to cover key aspects of care and treatment including infection prevention and control. Audits must be documented and improvement action plans implemented.*

#### Action taken

We found that the service had not carried out any audits. This recommendation is reported in Domain 5: Planning for quality (see recommendation e on page 19).

## **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 announced inspection to Aspen Medi-Spa on Tuesday 24 June 2025. This service was previously known as Aspen Spa. We spoke with the service manager and medical practitioner during the inspection. We received feedback from two patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Dornoch, Aspen Medi-Spa is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Aspen Med-Spa, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The service stated its aim on its website. Clear and measurable objectives should be developed and be accessible to patients. The service must work in line with its practicing privileges policy and have a formal practicing privileges agreement in place with the practitioner (prescriber). Staff meetings and actions arising from them should be documented.		Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were informed about treatment options and had the opportunity to provide feedback on their experience. A duty of candour report was in place. Policies and procedures were in place to support the delivery of care. The service kept up to date with current best practice through training and development.</p> <p>The service must update its policies to reflect best practice and legislation. Staff working in the service must have an annual appraisal. A proactive approach must be taken for the assessment and management of risk. The service should follow its participation policy to gather feedback. A regular audit programme should be in place. A quality improvement plan should be developed.</p>		✓ Satisfactory

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Summary findings		Grade awarded
<p>The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.</p> <p>Patients' emergency contact details, GP details and share information with medical professionals in the event of an emergency must be recorded in patient care records. Effective systems must be in place to make sure staff are recruited safely. Infrequently used water outlets must be flushed regularly. The cleaning checklist should be completed.</p>		Unsatisfactory

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 Aspen Medi-Spa 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 six requirements and 10 recommendations.

Direction	
Requirement	
1	<p>The provider must follow its practicing privileges policy and have practice privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(d)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>The service should develop measurable key performance indicators to help monitor how well the service is being delivered and it should ensure that the identified aims, objectives and key performance indicators are available for all patients to view (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>



Direction (continued)	
Recommendations	
<b>b</b>	<p>The service should introduce formal staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
<b>2</b>	<p>The provider must complete annual appraisals with all members of staff who work in the service (see page 18).</p> <p>Timescale – by 24 September 2025</p> <p><i>Regulation 12(c)(i)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>3</b>	<p>The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(2)(a)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
<b>c</b>	<p>The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service and follow its own participation policy (see page 16).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Implementation and delivery (continued)	
Recommendations	
<b>d</b>	<p>The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 18).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.18</p>
<b>e</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 19).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the 4 November 2020 inspection report for Aspen Spa.</p>
<b>f</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirements	
<b>4</b>	<p>The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record (see page 22).</p> <p>Timescale – Immediate</p> <p><i>Regulation 4(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Requirements	
5	<p>The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 22).</p> <p>Timescale – by 24 October 2025</p> <p><i>Regulation 8(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the in the 4 November 2020 inspection report for Aspen Spa.</p>
6	<p>The provider must ensure that all infrequently used water outlets are flushed, and appropriate records kept in line with current national guidance (see page 23).</p> <p>Timescale – Immediate</p> <p><i>Regulation 3(d)(i)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Results	
Recommendations	
g	<p>The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
h	<p>The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration and indemnity insurance checks (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Results (continued)	
Recommendations	
i	<p>The service should ensure that practitioners record information in one patient care record system, so that the service manager and owner has access to all patient care records (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
j	<p>The service should ensure that the cleaning checklist is fully and accurately completed (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Aspen Medi-Spa 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 Aspen Medi-Spa 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

The service stated its aim on its website. Clear and measurable objectives should be developed and be accessible to patients. The service must work in line with its practicing privileges policy and have a formal practicing privileges agreement in place with the practitioner (prescriber). Staff meetings and actions arising from them should be documented.

#### *Clear vision and purpose*

The service stated on its website that its aim was to provide high-quality aftercare for all cosmetic treatments, delivering the highest quality of care tailored to individual needs.

The service's self-evaluation stated that its vision was to partner with highly-skilled medical doctors to offer cosmetic treatments, creating natural looks that enhance its patients' features and increase their confidence.

We were told the service treated a small number of patients each month. The service's aims and objectives included:

- providing a high standard of care
- providing a qualified medical doctor to provide treatments, and
- to have high levels of patient satisfaction.

#### **What needs to improve**

The service's aims and objectives were available in its policy folder. However, these were not available for patients to view and we saw no measurable key performance indicators in place. Key performance indicators would help to identify and measure the effectiveness of the quality of the service provided (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop measurable key performance indicators to help monitor how well the service is being delivered and it should ensure that the identified aims, objectives and key performance indicators are available for all patients to view.

### ***Leadership and culture***

The practitioner who provided the aesthetic treatment was a medical doctor, registered with the General Medical Council (GMC).

The service's approach to governance of activities included gathering patient feedback and reporting adverse events or incidents.

### **What needs to improve**

The service had practicing privileges policy in place. However, it did not have a practicing privileges contract in place with the aesthetics practitioner, who was also the prescriber. We saw no evidence that the practitioner (prescriber) was subject to management and oversight to make sure they worked in line with the service's policies and procedures. A formal practicing privileges contract would help to identify the responsibilities and accountability of the service and the prescriber for the safe delivery of care (requirement 1).

We were told that the practitioner and service manager communicated through face-to-face conversations or an online messaging forum. However, we saw no evidence of formal staff meetings. Regular formal meetings would document discussions about continuous improvement in the service. Minutes should reflect the discussions, decisions made or any actions to be taken, along with the people responsible for their completion (recommendation b).

### **Requirement 1 – Timescale: immediate**

- The provider must follow its practicing privileges policy and have practice privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed.

### **Recommendation b**

- The service should introduce formal staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions.

## Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

Patients were informed about treatment options and had the opportunity to provide feedback on their experience. A duty of candour report was in place. Policies and procedures were in place to support the delivery of care. The service kept up to date with current best practice through training and development.

The service must update its policies to reflect best practice and legislation. Staff working in the service must have an annual appraisal. A proactive approach must be taken for the assessment and management of risk. The service should follow its participation policy to gather feedback. A regular audit programme should be in place. A quality improvement plan should be developed.

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

The service's website provided information about treatments offered and cost. Patients could contact the service through the website or over the telephone.

Patients could give feedback about their experience in the service verbally directly to the practitioner. We were told that the manager phoned clients the next day after the treatments to gather feedback. They could also use a messaging app.

We were told of examples of service improvements, which included:

- ability to play music
- changing to electronic records, and
- moving to larger premises.

We were told that some new patients had used the service after recommendations from friends. All consultations were appointment-only.

### **What needs to improve**

While the service collected feedback, it did not send out a structured feedback questionnaire in line with its own participation policy. We saw no evidence that patient feedback was analysed and used to help improve the service or patient experience. A more structured approach to feedback would allow the service to demonstrate how it measures the impact of improvements and the quality of service delivered (recommendation c).

- No requirements.

### **Recommendation c**

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service and follow its own participation policy.

### **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.

Policies and procedures were in place to support the delivery of person-centred care, including those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

The service manager was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accidents and incidents. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in December 2017.

Arrangements were in place to deal with medical and aesthetic emergencies, including up-to-date training and first aid supplies. The service had a current electrical safety certificate.

Medicines were obtained from an appropriately registered pharmacy registered with General Pharmaceutical Council (GPhC) and the practitioner was registered



to receive alerts from The Medicines and Healthcare products Regulatory Agency (MHRA). A medication checklist was in place.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Electronic patient care records were stored securely on a password-protected tablet computer. The practitioner had an individual login and password. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

We were told that the practitioner carried out a face-to-face consultation and assessment to assess patients' suitability for treatment. The initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

The practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending courses, additional masterclass sessions and aesthetic conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC every 5 years. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). The duty of candour annual report was published on the service's website. There had been no incidents where duty of candour had been triggered since registration.

The service had a complaints policy in place and the website had information on how patients could complain to the service.

### **What needs to improve**

While the service manager regularly spoke with the practitioner, we saw no appraisal process in place. Having an annual appraisal would give the practitioner (prescriber) a chance to discuss progress with their role, identify personal objectives and raise any concerns with the service manager (requirement 2).

The service had a variety of policies in place. While all policies had been reviewed since our last inspection, some policies lacked specific details. For example:

- The complaints policy had an incorrect e-mail address for service users to contact Healthcare Improvement Scotland.
- The duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) did not state that a duty of candour report would be compiled and published every year.
- The medication policy did not contain details of who the prescriber was and that a face-to-face consultation would take place (recommendation d).

### **Requirement 2 – Timescale: by 24 September 2025**

- The provider must complete annual appraisals with all members of staff who work in the service.

### **Recommendation d**

- The service should ensure that all policies reflect Scottish legislation and best practice guidance.

### ***Planning for quality***

A fire safety plan was displayed in the clinic. A fire risk assessment was in place.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident.

### **What needs to improve**

While we saw that the service had a fire risk assessment in place and a patient safety risk assessment, no other risk assessments were in place to protect patients. A risk management process would demonstrate that all risks had been

considered and help to make sure the service was safe. Risk assessments must be completed, addressing all possible risks in the service. For example, the risk of:

- control of substances hazardous to health
- electrical hazards, and
- trips and falls (requirement 3).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement. For example, audits should be carried out for:

- infection prevention and control
- medicines management, and
- patient care records (recommendation e).

The service did not have a quality improvement plan. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation f).

### **Requirement 3 – Timescale: immediate**

- The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff.

### **Recommendation e**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented.

### **Recommendation f**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

## Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

### Our findings

**The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.**

**Patients' emergency contact details, GP details and share information with medical professionals in the event of an emergency must be recorded in patient care records. Effective systems must be in place to make sure staff are recruited safely. Infrequently used water outlets must be flushed regularly. The cleaning checklist should be completed.**

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. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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.

We saw the treatment room was clean and well maintained. Appropriate products were used to clean equipment and the environment, including the clinical hand wash basin in line with current infection control guidance. All equipment was single-use to prevent any risk of cross-infection. Personal protective equipment, including gloves and aprons was available. A waste management contract was in place for the safe disposal of clinical waste and sharps, such as used needles and syringes.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Clean, relaxed.'
- 'Cleanliness is number one for me, and they are over the top!'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- 'Discussion took place, questions answered and best solution found.'
- 'When asked if there was something special that needed care today, we could discuss this.'

We reviewed five patient care records and saw that the majority documented patient details, such as their:

- address
- date of birth
- name, and
- past medical history.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Details of the treatments administered, including the dose of anti-wrinkle injections or dermal fillers administered along with the medicine batch numbers and expiry dates were recorded. Aftercare information was also recorded as having been provided. The practitioner had signed and dated their entries into the patient care records.

Aftercare leaflets were recorded as being given to patients in the patient care record.

### **What needs to improve**

Patient care records did not include next of kin or emergency contact details or GP details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency (requirement 4).

We saw no evidence to show that appropriate initial background and safety checks or an induction had been carried out for the practitioner, including:

- Disclosure Scotland Protecting Vulnerable Groups (PVG) check
- professional registration
- references, and
- proof of identity (requirement 5).

The service did not have a process in place for flushing infrequently-used water outlets and recording when this was done, in line with current guidance (requirement 6).

The service did not have recruitment and induction checklist for employees or self-employed staff, including those granted practicing privileges to work in the service (recommendation g).

We saw no evidence of ongoing checks to make sure that the practitioner remained fit to continue working in the service, such as for indemnity insurance and GMC registration (recommendation h).

The service manager and owner of the service was not able to access patient care records of the staff working in the service under a practicing privilege contract. (recommendation i).

While the service had a cleaning checklist in place, we saw that it was not completed (recommendation j).

#### **Requirement 4 – Timescale: immediate**

- The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record.

#### **Requirement 5 – Timescale: by 24 October 2025**

- The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

#### **Requirement 6 – Timescale: immediate**

- The provider must ensure that all infrequently used water outlets are flushed, and appropriate records kept in line with current national guidance.

#### **Recommendation g**

- The service should implement a formal documented induction process for all new employees or self-employed staff, including those granted practicing privileges to work in the service.

#### **Recommendation h**

- The service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration and indemnity insurance checks.

#### **Recommendation i**

- The service should ensure that practitioners record information in one patient care record system, so that the service manager and owner has access to all patient care records.

#### **Recommendation j**

- The service should ensure that the cleaning checklist is fully and accurately completed.

## 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](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.



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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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