



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Proclaim Care, Hamilton

Service Provider: Proclaim Care Limited

12 June 2025

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 3 November 2020

Recommendation

The service should review its infection control policy and ensure it details how the service will implement and monitor compliance with the standard infection control precautions described in Health Protection Scotland's National Infection Prevention and Control Manual.

Action taken

The service had reviewed and updated its infection control policy in line with current Scottish guidance from Health Protection Scotland. All team members had read the updated policy and signed to confirm they understood.

Recommendation

The service should update its COVID-19 guidance to request patients wear their own face covering during assessments and treatments. This would comply with Government guidance on wearing face coverings in enclosed spaces.

Action taken

The service had updated its COVID-19 guidance to ensure a supply of face masks was available for patients entering the premises, or for staff going into patients' own homes. All team members had read the updated guidance and signed to confirm they understood.

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 Proclaim Care on Thursday 12 June 2025. We spoke with the service manager and one other member of staff during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Hamilton, Proclaim Care is an independent clinic providing non-surgical treatments, namely private injury rehabilitation services in patients' homes.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Proclaim Care, 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
A well-defined leadership structure and governance processes included a strategic plan and quality assurance framework. Senior management was visible, and staff said they felt valued, respected and well supported. Clear and measurable aims and objectives had been identified. Key performance indicators were regularly monitored to measure the service's performance.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were fully informed about treatment options and involved in all decisions about their care. Patient, staff and customer feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly, including for staff entering patients' homes. The quality improvement plan helped the service to implement and take forward improvements. Patients and their representatives must be advised that they can complain to Healthcare Improvement Scotland.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Patients reported high levels of satisfaction and told us they felt safe and cared for by staff. Patient care records were comprehensively completed. Although all staff had appropriate background and safety checks documented, a formal process should be in place for ensuring relevant annual professional registration checks are carried out.		✓✓ Good

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 Proclaim Care Limited 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 one requirement and three recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure the complaints policy and information about making a complaint makes specific reference to patients in Scotland and:</p> <ul style="list-style-type: none">a) highlights the patients' right to contact Healthcare Improvement Scotland at any time, andb) provides the full contact information for Healthcare Improvement Scotland (see page 19). <p>Timescale – immediate</p> <p><i>Regulation 15(6)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)	
Recommendation	
a	<p>The service should update its recruitment policy to include the health clearance and immunisation requirements for individual job roles (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 4.24</p>

Results	
Requirements	
None	
Recommendations	
b	<p>The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (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>
c	<p>The service should implement a formal process to ensure all relevant annual professional registration checks on the registered nurses working in the service are carried out (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](#)

Proclaim Care Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Proclaim Care 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

A well-defined leadership structure and governance processes included a strategic plan and quality assurance framework. Senior management was visible, and staff said they felt valued, respected and well supported. Clear and measurable aims and objectives had been identified. Key performance indicators were regularly monitored to measure the service's performance.

Clear vision and purpose

Proclaim Care provides an injury rehabilitation case management and treatment service. Referrals into the service come from patients, insurance companies and solicitors acting on patients' behalf. The service is part of a national organisation providing services across the United Kingdom.

The service's aims were clearly displayed on its website, advising that it aimed to return patients to, or as close to, their pre-injury state. The service's purpose of making a positive difference to people's lives, and its values of inspiring, achieving, excelling and integrity, was detailed in the service's quality strategy.

The service's vision for the next 3–5 years to 'transform the provision, access and inclusivity of injury rehabilitation and health management' included a number of strategic objectives. These included:

- developing a fully integrated social media and company marketing strategy
- embedding a wellbeing strategy to support staff
- developing a digital transformation strategy
- building a research and development programme to identify and innovate services, and
- aligning its training academy delivery to staff's personal development plans.

Key performance indicators had been identified to help measure and evaluate how well the service was performing. These included:

- restructuring the quality forum working group to support the continuous improvement of the service and corrective actions taken
- objectively measuring improvements in the service and producing user-friendly reports, and
- developing the human resources function to streamline recruitment, 'onboarding' of staff, staff training and data collection.

A regular staff newsletter issued by the service included information on the service's aims and objectives, and how it was performing against the key performance indicators.

- No requirements.
- No recommendations.

Leadership and culture

Staff in the service included:

- registered nurses
- physiotherapist
- occupational therapists, and
- office and administrative staff.

The service had an effective leadership structure through its Board and senior management team, which was made up of:

- a chief executive officer
- a board of directors, including a non-executive board member
- heads of service, and
- various managers, including a training manager, business development manager, clinical business manager, finance and information team manager.

Associated teams were also in place to support the managers and heads of service.

The service's governance approach included:

- a complaints handling process
- a risk register and risk assessments
- gathering and evaluating patient feedback, and
- reporting of adverse events.

Board meetings took place every 2 months and there was a monthly communications meeting with the senior management team. We saw a range of minutes of meetings, and these showed that information on progress with key performance indicators, audits, issues, training compliance, patients' pathways and staff requirements were reviewed. Updates from the strategic plan were shared at these meetings. New actions and updates on previously agreed actions were recorded. Service improvements were also discussed at the different management and governance meetings.

We saw action logs generated from various senior meetings, and a tracker was kept detailing actions completed and those still outstanding. This was kept on an internal online communication channel for all staff to view, review and contribute to.

The service had a comprehensive and inclusive programme of department and staff meetings, including those for:

- quality forum
- health and safety
- managing patient care, and
- monitoring compliance with appropriate legislation.

The service's quality strategy was defined by the Board of directors and was informed by the needs of the people using the service, as well as the third party organisations representing patients. This included insurance companies, employers, occupational health services and other rehabilitation providers, and solicitors. Staff could access the strategy through the staff intranet. Third party representatives had access to information through reports and updates, and patients could attend the provider's annual conference.

The quality strategy was embedded throughout the service's key strategic documents. This included the service's annual strategic plan, the quality improvement plan and a quality assurance framework. The provider assessed its governance processes in line with the quality assurance framework. The

strategic plan was reviewed every year to assess progress. This information was discussed at Board and senior management meetings. Although the strategic plan was not available on the service's website, it could be requested by the third party organisations acting on behalf of patients.

Various systems and processes were used to monitor performance against the key performance indicators, for example regularly reviewing audit outcomes, and reviewing data, including staff development, patient feedback and engagement, to help improve the service. The service's software management system also helped to monitor and manage quality improvement in the service. The senior management team continually reviewed how the service was delivered, including how patient assessments were carried out. Staff and patient feedback and views also helped the service to plan and deliver accessible options for patients.

We saw evidence that the service had identified priorities for the coming year in its quality strategy. Annual goals for 2024–2025 had also been identified. These included:

- growing the business
- developing specialist pathways for patients with limb amputations
- launching a virtual desktop case management function
- introducing performance management 'dashboards', and
- researching and trialing different approaches to improve recruitment.

The service's quality assurance framework identified five quality markers. These were:

- patient centred
- communication
- commercial awareness
- critical thinking, and
- case progression.

These quality markers were embedded into the service's ways of working and helped to formalise and direct the way the service drives and measures improvement. The quality improvement plan was also used to measure how the service was performing against its key performance indicators.

An annual online staff survey was carried out. Survey results showed staff were satisfied at work, had an appropriate work/life balance, felt supported and valued by senior management, and felt able to offer recommendations and suggestions for how to improve the service. For example, we were told that the creation of various additional senior team member roles was directly due to staff feedback through the annual staff survey.

Staff we spoke with were clear about their roles and how they could impact change in the service. They reported that they felt the senior management team listened to and valued them. Staff were kept up to date through:

- supervision and appraisal sessions
- internal online communication channels
- organisation memos and emails
- staff newsletters
- annual report available through the service's intranet
- team huddles (every 2 weeks with agenda, minutes recorded and available for all staff to access), and
- annual staff conference.

The service benchmarked (compared) itself against the provider's other services in the UK. For example, the quality forum considered the activities and quality improvements required across the service, as well as what improvements had been made as a result of staff, patient and customer engagement and feedback, staffing and skill mix, staff training opportunities, qualifications and continuing professional development. This information was then shared and discussed at team meetings.

The senior management team worked well together and was open to ideas for improvement. Staff told us they felt empowered to speak up and felt safe to do so.

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Patient, staff and customer feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly, including for staff entering patients' homes. The quality improvement plan helped the service to implement and take forward improvements. Patients and their representatives must be advised that they can complain to Healthcare Improvement Scotland.

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

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries through the service's website. Due to the nature of the service, third parties could contact the service on the patient's behalf.

The service's website provided information on the core services available to patients. Information on news updates, details for contacting the service, employment opportunities and how to access a case manager was also available.

The service actively sought feedback from patients about their experience of the service using a variety of methods, in line with its patient participation policy. For example, through surveys, communication with their solicitors (or other third party representatives) and direct requests for feedback. Surveys were issued to patients on the closure of a case or at the 3-month stage of an ongoing case. Feedback from solicitor customers was gathered through closure surveys and review meetings.

We saw that the service collated and regularly reviewed all feedback received, with information used to better meet the needs of patients, and inform the service's improvement activities and the quality improvement plan. Any changes in the service that led to improvements were monitored and evaluated through the service's audit programme. For example, twice weekly 'SNAP'

meetings now took place to address any challenges due to capacity with a dedicated case cover team available to provide support when staff were on annual leave or absent. This helped to ensure continuity of care as much as possible for patients.

A summary of patient feedback received was provided to the clinical team leaders every 3 months to share with their teams, and was also shared with the quality forum for review and discussion.

Information on improvements made in the service was communicated to staff, patients and third-party organisations through various channels. This included the service's intranet and online communication channels, and during meetings and provider conferences. The service showcased some of the improvement work that had taken place in videos which included patients presenting and giving testimonials at the provider conference in 2024.

Staff were encouraged to share positive feedback from patients, other people who engaged with the service and team members through internal online communication channels. For example, staff used 'hashtags' to recognise individual team members for their contributions to patient care.

The service recognised staff performance in a variety of ways, including an annual staff award. All staff were eligible for nominations and the awards were voted on by staff. This event was one of the highlights of the provider's annual conference in recognising the good work staff do. Staff's length of service was also recognised by the service at 5-year intervals, and team members were also nominated for external awards to showcase them in the wider community.

Several wellbeing initiatives were also available to staff, including access to a private GP. An annual staff wellbeing day was held, and a health and wellbeing forum was available on the staff intranet with access to several trained mental health first aiders on the team.

- 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 manager was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we noted that the service had

not had any events that should have been notified to Healthcare Improvement Scotland.

A clear system was in place to record and manage accident and incidents using an electronic incident management system. Each one was reviewed and reported through the clinical governance framework. Learning was fed back to staff through:

- emails
- one-to-one meetings
- huddles, and
- team meetings.

The service was proactive in developing and implementing policies to help make sure that patients and staff were safe. Policies were reviewed every year, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- lone worker policy, and
- safeguarding (public protection) of children and adults.

The service carried out an immediate needs assessment for all patients, and all patient consultations were by appointment only. Patient assessments took place in either the patient's own home or in meeting rooms, or they could be carried out virtually or by telephone, if required. As staff were not able to influence infection control measures in these settings, they were provided with guidance on infection control measures to be taken during visits to patients, including hand hygiene. All visits to patients' own environments were risk assessed before the visit. To ensure staff followed due processes, they were accompanied and assessed on one visit every year by a supervisor. This information was recorded in the staff files.

Mandatory basic life support and first aid training were carried out by staff at regular intervals and recorded on their individual training records. We saw all training was up to date.

Information on how to raise a concern or make a complaint was available on the service's website. The service's complaints policy was available to patients on

request. At the time of our inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in August 2018.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was available on the service's website. We noted that the service had no incidents for the previous year.

Patient information leaflets were sent out either electronically or in paper format, depending on patient preference. Immediate needs assessments were usually carried out face to face. However, they could also be carried out by telephone or virtually. This was a comprehensive assessment of a patient's current injuries, as well as information on their previous abilities and psychological state, and included an agreed action plan of preferred rehabilitation to get them back to, or as near to, their 'normal' functioning ability or to their identified goals. This information was then presented to the patient, their representative or their solicitor and the insurance company. Patients could contact their allocated case manager by telephone or email if they had any concerns or outstanding queries.

Patient care records were stored on an electronic and password-protected system. 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.

Staff were recruited in line with the service's recruitment and staffing policy, which included a description of the expectations on all staff working in the service. The recruitment process was completed by the provider's human resources department. All staff members were subject to the background checks required during the recruitment process, including them not being listed under the Protection of Vulnerable Groups (Scotland) Act 2007. Staff files contained a checklist to help make sure that appropriate recruitment checks were carried out.

Staff completed a 6-month induction period and were allocated mandatory training to complete. This included safeguarding of adults and children, and duty of candour. The training manager was responsible for making sure that staff completed mandatory training. Staff files we reviewed included evidence of completed mandatory training.

A training needs analysis was carried out every year to ensure the service was able to take a proactive approach to anticipating workforce requirements. This aimed to minimise any disruptions to the service to safeguard the delivery of patient care.

Staff had a personal development plan which they agreed with their respective line managers, and this was overseen by the appropriate head of department. Staff were encouraged to identify further training or development needs which they felt would benefit them in their current roles and also with potential promotional opportunities.

All staff had an annual appraisal carried out, and this information was available in the staff files. The appraisals we saw had been comprehensively completed. Staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

Staff supervision sessions were carried out regularly and recorded in staff files. This involves staff reflecting on their practice and identifying any learning needs.

We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues, including working with staff in the provider's other UK services.

What needs to improve

Although information on how to make a complaint could be accessed through the service and on its website, there was no reference to patients in Scotland being able to complain to Healthcare Improvement Scotland or our contact details (requirement 1).

The service's recruitment processes did not include checking the occupational health status of the preferred candidate for the post. Although this is not a pre-employment requisite, the Scottish Government's safer recruitment guidance states 'employers should state that all offers of employment are subject to or on condition of a satisfactory health report.' The service's recruitment policy should include the health clearance and immunisations requirements for individual job roles (recommendation a).

Requirement 1 – Timescale: immediate

- The provider must ensure the complaints policy and information about making a complaint makes specific reference to patients in Scotland and:
 - a) highlights the patients’ right to contact Healthcare Improvement Scotland at any time, and
 - b) provides the full contact information for Healthcare Improvement Scotland.

Recommendation a

- The service should update its recruitment policy to include the health clearance and immunisation requirements for individual job roles.

Planning for quality

The service’s risk management process included corporate and clinic risk registers, auditing and reporting systems. These detailed the actions taken to mitigate or reduce any identified risks to staff and patients. The service carried out a variety of risk assessments to help identify and manage risk. These included risk assessments for:

- contingency planning
- data protection
- health and safety
- lone working, and
- infection prevention and control.

The risk assessments were included in a risk register, which was reviewed regularly. We found that the risk assessments were easy to follow. We saw that all risks had been reviewed and that action plans were in place detailing what action had been taken to reduce any identified risks.

In the event that the service was unable to operate, such as a temporary closure of the service, we saw an arrangement was in place that patients would be referred to another service. This business continuity information was included as part of the service’s quality strategy.

We saw evidence that the service had been accredited through a globally recognised external quality management system, focussing on quality management, and data confidentiality, integrity and security. We saw that information generated from this external quality management system was reviewed by the senior management team, and then disseminated and shared

with staff. This helped to ensure that all staff understood how delivery of the service was continually monitored. Regular discussions took place about complaints and adverse events, including lessons learned at both clinical and management level.

The service completed monthly audits, such as those for:

- complaints
- patient care records
- staff training records
- patient and staff feedback
- customer audits (solicitors and insurance companies), and
- visit risk assessments to patients' own homes.

We saw that all results from audits were documented, and actions taken if appropriate. Audit results were also reflected in the service's quality improvement plan, which was regularly reviewed and updated.

Information in the quality improvement plan also included:

- recruiting staff from experienced clinical backgrounds
- staff coaching and mentoring
- report writing and quality - new competencies had been developed for the clinical team members to align to the new Institute of Registered Case Managers (IRCM) standards
- staff capacity
- customer experience, and
- maintaining the external accreditations.

We saw improvements made to the service as a result of staff, patient or customer feedback included:

- staff induction plans now included more physical 'on the job' training
- increased number of face-to-face sessions during the staff induction period
- increased membership of the quality forum, including customer representation, human resources, operations, finance, IT, transformation and training

- a new referral process across all areas of the service, including improving communication and documentation to enhance the customer experience and give patients increased direct communication earlier in their journey with multiple points of contact, and
- a patient rehabilitation tracker to assist patients with goals, increasing their involvement in their own care.

■ No requirements.

■ No recommendations.

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

Patients reported high levels of satisfaction and told us they felt safe and cared for by staff. Patient care records were comprehensively completed. Although all staff had appropriate background and safety checks documented, a formal process should be in place for ensuring relevant annual professional registration checks are carried out.

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 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 comprehensive self-evaluation.

We reviewed five electronic patient care records. All entries were legible, signed and dated by the patient or their representative and staff. Each patient care record showed a clear pathway from the patient's immediate needs assessment to the recommended treatments and rehabilitation programmes suggested.

Patient information documented included a full medical history, with details of any:

- existing health conditions
- medications
- previous treatments, and
- referral, if appropriate.

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

- 'I always get presented with options where applicable.'
- 'Everything was explained to me and all my questions answered.'
- 'Treatment was suggested and discussed prior to agreeing to all treatment.'

- ‘The practitioners were fully qualified in their respective fields.’
- ‘A range of knowledgeable and very supportive professionals have been available to support me.’

The three staff files we reviewed showed that all appropriate pre-employment checks had been carried out. This included information on staff identity, qualifications, fitness to practice, Protecting Vulnerable Groups (PVG) checks, appraisal and supervision sessions. We also saw evidence in staff files and training records of completed mandatory training and additional role-specific training.

What needs to improve

We found the service had retained original Disclosure Scotland certificates following completed PVG checks for the staff members who carried out patients’ immediate needs assessments. This is not in line with current legislation. These certificates should be destroyed, and a system introduced to record Disclosure Scotland identification numbers for all staff (recommendation b).

Although the service discussed their Nursing and Midwifery Council (NMC) professional registration and revalidation with nursing staff during their supervision sessions and annual appraisals, no formal process was in place to assure the service that staff members’ professional registration status remained up to date (recommendation c).

- No requirements.

Recommendation b

- The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Recommendation c

- The service should implement a formal process to ensure all relevant annual professional registration checks on the registered nurses working in the service are carried out.

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.ihtregulation@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

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