

Announced Inspection Report: Independent Healthcare

Service: Regenesys, Stirling

Service Provider: CS Clinics Ltd

17 July 2025

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1 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 Regenesys on Thursday 17 July 2025. We spoke with a number of staff during the inspection and on the telephone prior to the inspection. We received feedback from 116 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Stirling, Regenesys is an independent clinic providing non-surgical treatments and offering consultations and treatment for neurodevelopmental conditions, including attention deficit hyperactivity disorder (ADHD).

The inspection team was made up of one inspector and one clinical expert.

What we found and inspection grades awarded

For Regenesis, 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
<p>The service had a clear vision of delivering patient-centred neurodevelopmental assessment and treatments, as well as aesthetics and wellbeing services. The service had a supportive and caring culture for staff.</p> <p>Measurable key performance indicators should be developed. Clinical governance processes should be improved.</p>		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were provided with comprehensive information about the services and treatments provided. Patient and staff feedback was actively sought and used to improve the service. Policies and procedures helped to support staff to deliver patient-centred care.</p> <p>Healthcare Improvement Scotland must be notified about certain changes in the service. Staff must have regular appraisals. The service must have access to relevant information from the patient's primary care healthcare record. Policies should reflect practice in the service. Risk management and audit process should be further developed.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment and equipment were clean, fit for purpose and was regularly maintained. Patients were very satisfied with their experience in the service.</p> <p>Patient care records must be consistently fully completed. Immunisation status and health declarations must be requested for all current and future staff working the service.</p>		✓ 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 CS Clinics 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 five requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop measurable key performance indicators and a process for measuring these to check they are being met (see page 12).</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>
b	<p>The service should ensure that clinical governance policies and procedures are accurate, reflects practice and supports service oversight and improvement (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	
1	<p>The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure that all staff working in the service have a regular performance review (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must implement a system to ensure that it has access to relevant information from the patient’s primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should ensure staff have received training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection) (see page 21).</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>

Implementation and delivery (continued)

Recommendations

- d** The service should develop an induction and ongoing training programme for staff. A written record of all relevant training should be kept for each practitioner (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

- e** The service should develop comprehensive risk management process including a risk register highlighting all risks in the service to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- f** The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 22).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- g** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).

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

- h** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented. Patient care record audits should include all aspects of care documented (see page 23).

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

Results	
Requirements	
4	<p>The provider must ensure that a detailed patient care record is in place which sets out how the patient's health, safety and welfare needs will be met (see page 27).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>The provider must ensure that appropriate health clearance and immunisation status checks, are carried out and recorded for:</p> <p><i>(a) all staff before they begin working in the service, and</i> <i>(b) all staff currently working in the service (see page 27).</i></p> <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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](#)

CS Clinics, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Regenesys for their assistance during the inspection.

2 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 had a clear vision of delivering patient-centred neurodevelopmental assessment and treatments, as well as aesthetics and wellbeing services. The service had a supportive and caring culture for staff.

Measurable key performance indicators should be developed. Clinical governance processes should be improved.

Clear vision and purpose

The service provided care for attention-deficient hyperactivity disorder (ADHD), wellbeing and aesthetics. Its vision was to provide these treatments safely and effectively and its approach to aesthetics and wellness was to improve patients' self-confidence, as well as their physical appearance.

The service's purpose was: 'To empower, inform and promote people to be confident to make decisions about their own health and wellbeing.' It stated it would achieve this with clinically trained professionals treating patients.

We were told that the service had expanded its neurodevelopmental services since it's registration with Healthcare Improvement Scotland in September 2023. The service manager (lead clinician) told us that the service received a higher demand than expected for its neurodevelopmental services, mostly after 'word-of-mouth' recommendations. To meet the demand, the service had increased the number and range of clinical healthcare professionals granted practicing privileges working in the service. These are staff not directly employed by the provider but given permission to work in the service and included a registered mental health nurse and a speech and language therapist. The service planned to continue to expand its neurodevelopmental services.

What needs to improve

The service had identified patient feedback and patient return rates as key performance indicators. However, it did not have a formal process in place to record or monitor these outcomes. Implementing a system to collate, review

and monitor these outcomes would support the service to evaluate effectiveness over time (recommendation a).

- No requirements.

Recommendation a

- The service should develop measurable key performance indicators and a process for measuring these to check they are being met.

Leadership and culture

The service owner, registered manager and clinical lead, is an independent nurse prescriber experienced in assessing and treating adults and children with neurodevelopmental conditions. The owner was also trained and experienced in delivering aesthetics and wellbeing services. The healthcare professionals working under practicing privileges contracts included consultant psychiatrists and registered nurses qualified to prescribe medications. The service also had a self-employed receptionist-administrator to support the day-to-day running of the clinic. The service did not directly employ any staff.

All patients seeking an ADHD assessment would receive an assessment from at least two professionals as part of the diagnostic process. The care pathway was clearly documented in a standard operating procedure and an electronic patient record information system, which allowed consistent patient-centred care. We were told the appointment booking system automatically sent:

- appointment reminders
- confirmation emails
- consent forms
- medical forms, and
- post-appointment and aftercare advice.

This helped to make sure patients had the right information at the right time.

All staff we spoke with said that the main reason in the service was that is prioritised patient-centred care. Staff reporting systems were clear and staff were confident issues or concerns would be taken seriously and dealt with promptly. Staff we spoke with were positive about their role in the service were clear about what was expected of them. They told us that leadership created a culture that was:

- open and supportive
- prioritised patient safety, and
- supported shared learning and communication.

The service had implemented 6-monthly team meetings for staff working in the neurodevelopmental services. We saw from minutes of meetings that topics included:

- operational issues
- possible service remodeling, and
- service developments.

Staff we spoke with said these meetings were beneficial to professional development, patient care and service development. Staff also used an online group messaging app to quickly share important or urgent information.

The service manager (clinical lead) was on-site when patient care was delivered, which meant they had oversight of care and treatment carried out.

Neurodevelopmental practitioners recorded patient care in a shared electronic system, while aesthetics practitioners used separate systems. Practitioners shared an electronic copy of the patient care record for each patient seen each day with the service manager (clinical lead) to allow oversight. This meant the service manager (clinical lead) had access to all patient records for emergency, oversight and audit purposes.

What needs to improve

The service had a clinical governance policy in place. However, this did not accurately reflect the governance activities in the service. For example, while the policy stated directors would meet monthly to discuss clinical governance, the service no longer had two directors. This meant governance was not implemented in line with policy and measuring its effectiveness was not possible (recommendation b).

While the service held team meetings, these were infrequent. Team meeting minutes evidenced actions and responsibilities agreed. More frequent meetings

would support safe and effective service improvement and growth. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should ensure that clinical governance policies and procedures are accurate, reflects practice and supports service oversight and improvement.

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 provided with comprehensive information about the services and treatments provided. Patient and staff feedback was actively sought and used to improve the service. Policies and procedures helped to support staff to deliver patient-centred care.

Healthcare Improvement Scotland must be notified about certain changes in the service. Staff must have regular appraisals. The service must have access to relevant information from the patient's primary care healthcare record. Policies should reflect practice in the service. Risk management and audit process should be further developed.

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

We were told the service followed a patient-centred approach to care and treatment, involving all patients in their own care and supported them to make informed decisions. Patients who responded to our online survey told us they felt fully informed and involved in their treatment plan. Comments included:

- 'Everything is done collaboratively, choices given and pros and cons discussed.'
- 'I was fully involved in discussions and decisions about what medication would be right for me. I was able to give feedback and explain how I was feeling during titration and reviews.'
- 'My opinion is always asked for and choices given and a forward path explained should anything go wrong.'

The service accepted patient feedback at any stage of the care pathway and made some service improvements based on feedback received. For example, the service implemented the use of appointment cards for return appointments after patient feedback on its previous practice. We were told patients had found this helpful. A suggestions box was also available in reception for anonymous suggestions.

The service had active social media accounts, which included information about:

- attending and arranging appointments
- Nursing and Midwifery Council updates
- photos of patient outcomes, and
- services available.

It also promoted the service's community engagement, including fundraising activities for charitable causes.

The service's website included information about the aesthetics and neurodevelopmental services available in the clinic. We were told the website was being redeveloped to provide more accurate and up-to-date information.

Staff we spoke with said the service had a positive and open culture, which meant they felt comfortable making suggestions for change. One practitioner told us they shared ideas from their experience working in other clinics, which had been implemented. For example, sharing patient care records with the service manager (clinical lead) daily.

What needs to improve

Staff we spoke with said they felt confident to share ideas and suggestions. We also saw staff ideas and suggestions discussed at team meeting minutes. However, this approach had not been formalised (such as in a standing agenda item at team meetings). The service told us it planned to develop its staff engagement processes. We will follow this up at future inspections.

While the service had a participation policy in place, it was not fully implemented and the methods used to gather and share feedback were inconsistent. For example, some aesthetics practitioners had their own mechanism for requesting patient feedback and sharing this on their own social media platforms. We did not see a process in place for receiving feedback from patients of the neurodevelopment services. We were told the service planned to improve systems and processes for obtaining patient feedback. We will follow this up at future inspections.

- 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.

A range of policies and procedures helped support the delivery of safe, person-centered care. We saw policies were current and had review dates scheduled. Key policies included those for:

- arrangements for dealing with emergencies including resuscitation
- chaperone
- consent
- infection prevention and control
- medication management, and
- practicing privileges.

The service had a complaints policy in place, which included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland, if needed. The service had not received any complaints since its registration in September 2023. The complaints policy was displayed in the service. We were told the complaints policy would be on the service's updated website.

Duty of candour is where healthcare organisations have a responsibility to be open and honest with patients if something goes wrong. The service had a duty of candour policy in place and a yearly duty of candour report was available on the service's website.

The service had a policy for the privacy, dignity and respect for service users. All patients who responded to our online survey said they had been treated with dignity and respect.

Aesthetics patients were offered a free, no-obligation in-person consultation with a prescribing practitioner for all aesthetic treatments. This included a cooling-off period and no cancellation fees if the person changed their mind. Consultation appointments were personalised to the individual and included a discussion of the patient's:

- expectations
- goals, and
- the risks and benefits of different treatments.

A full past medical history was recorded through an electronic questionnaire. A discussion about past medical history was also carried out to explore any psychological concerns, such as body dysmorphia (a condition where a person is preoccupied with perceived flaws in their appearance)). Patient consultations were always carried out face-to-face with a prescribing practitioner. Patients received a detailed consent-to-treatment form before their appointment, which the patient and practitioner discussed and signed. Consent to take photographs for different purposes was also obtained. Patients were provided with aftercare information and follow-up appointments.

All new neurodevelopmental-service patients were invited to book an initial consultation appointment before booking an assessment appointment. This was to discuss the patients' situation and decide if an assessment appointment would be useful. Other advice and information were given if needed. Where the patient already had a diagnosis of ADHD and was seeking a transfer of care, a full assessment was not always necessary. The service had developed a checklist of information and evidence that had to be available in a diagnosis assessment before it would accept the ongoing care of an individual. This was to help make sure the diagnosis was reliable and accurate. The service did not accept ADHD diagnosis from abroad.

The majority of patient care was carried out in-person in the clinic for all services. Review appointments for neurodevelopmental services were sometimes carried out online.

Almost all patients who responded to our online survey said they were given sufficient time to reflect on treatment options before giving consent to treatment. Patients told us:

- 'The clinic understands my neurodiversity and gives me space and time to understand any treatment and explain their thoughts.'
- 'I had a conversation in advance of my treatment and had time to consider the options. At the appointment I was able to ask a few more questions ahead of giving consent.'
- 'There was never a rush to make a decision and always ensured when chose treatment that if I felt wasn't quite right adjustments were made quickly.'

At least two different professional disciplines would carry out neurodevelopmental assessments. Screening and standardised assessment tools, developmental or informant questionnaires were used to assess the patient's medical and psychosocial history to determine if a diagnosis was appropriate. Child assessments usually included a play session, a parent or guardian session, communication with the school or a classroom observation.

Patients were given a copy of their assessment report, and this was also sent to the patient's GP.

All patient information was stored securely on password-protected electronic devices. This helped to protect confidential 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 the service followed appropriate data protection regulations. All professionals involved in a patient's care had appropriate access to the patient care record.

The service had a process in place for managing accidents and incidents. We were told there had not been any accidents or incidents since it registered with Healthcare Improvement Scotland.

The service's practicing privileges policy described the requirements for these members of staff. For example, making sure they were appropriately qualified and that the appropriate recruitment checks were completed. Registration checks were carried out when they started working in the service and every 2–3 months as part of routine management checks. All staff we spoke with said they received an induction to the service that covered:

- buildings safety and operations
- health and safety
- information systems
- patient care, and
- processes.

The service engaged with its healthcare communities through attendance at conferences and membership of national local groups. For example, the aesthetics practitioners attended the 2025 Scottish Aesthetics Conference to learn about new treatments and industry updates. The neurodevelopmental practitioners were members of UK Adults ADHD Network. This helped them to stay up-to-date with new developments and training opportunities. One neurodevelopmental practitioner regularly contributed to conferences and shared these presentations with the other practitioners.

A registered nurse in the service was being supported to complete the independent nurse prescriber course, with colleagues in the service carrying out the supervisory and professional oversight roles.

What needs to improve

Healthcare Improvement Scotland's notifications guidance details specific events and circumstances which services are required to report to us. The service had not submitted any notifications since it opened. We saw that the service did not notify Healthcare Improvement Scotland about services offered and changes to relevant individuals (requirement 1).

While some staff who also worked in the NHS had an appraisal, this was not the case for all staff. The service should implement a system to make sure all staff have a regular performance review relevant to their role in the service (requirement 2).

While consent to share information with a patient's GP was routinely obtained, the service did not ask GPs for patients' medical history before prescribing controlled drugs, in line with GMC guidance (requirement 3).

Most staff working under practicing privileges worked in the NHS and kept up to date with their mandatory training in their substantive roles. However, this was not the case for all practitioners. The service must make sure all staff granted practicing privileges have carried out relevant governance-procedures training, including:

- duty of candour
- complaints management,
- obtaining informed consent, and
- safeguarding (public protection) (recommendation c).

Staff induction and training was not documented in staff files (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Requirement 2 – Timescale: immediate

- The provider must ensure that all staff working in the service have a regular performance review.

Requirement 3 – Timescale: immediate

- The provider must implement a system to ensure that it has access to relevant information from the patient's primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.

Recommendation c

- The service should ensure staff have received training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection).

Recommendation d

- The service should develop an induction and ongoing training programme for staff. A written record of all relevant training should be kept for each practitioner.

Planning for quality

The service had a range of policies and procedures in place to provide a safe work environment. These included those for:

- bullying and harassment
- fire safety, and
- whistleblowing.

The service had an up-to-date fire safety inspection certificate and fire (evacuation) risk assessment. All staff we spoke with told us their induction to the service included fire safety and evacuation procedures. The fire risk assessment included planned actions to improve monitoring of fire safety.

The service had outlined risk assessments for specific clinical activities which were most likely to impact patient care. These risk assessments also included plans to improve processes.

The service carried out some regular audits, including those for:

- cleaning
- infection prevention and control, and
- medication fridge temperatures.

We saw examples of audits helping to identify issues and informing improvement actions taken in the service.

What needs to improve

While the service had individual risk assessments for some clinical and non-clinical activities, these did not cover all clinical activities the service carried out. The service did not have a risk register with information from all risk assessments carried out (recommendation e).

The service had a risk assessment and management plan for dealing with flooding. However, it did not have a business continuity plan describing what steps would be taken to protect patient care if other unexpected event happened, such as staff absence (recommendation f).

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. While we saw some improvement activities, the service did not have a formal quality improvement plan in place. This would help to keep track of improvements made, measure the impact of any changes made and demonstrate a culture of continuous improvement (recommendation g).

While the service carried out some audits, other key aspects of the service were not audited, such as audits of prescriptions. A monthly audit of patient care records also focused on demographic details rather than quality of patient information recorded (recommendation h).

- No requirements.

Recommendation e

- The service should develop comprehensive risk management process including a risk register highlighting all risks in the service to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

Recommendation f

- The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Recommendation g

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

Recommendation h

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

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 clinic environment and equipment were clean, fit for purpose and was regularly maintained. Patients were very satisfied with their experience in the service.

Patient care records must be consistently fully completed. Immunisation status and health declarations must be requested for all current and future staff working the service.

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 comprehensive self-evaluation.

The clinic environment and equipment was of a high standard. It was visibly clean, organised and well maintained. Completed cleaning checklists were in place for all areas. Practitioners cleaned their equipment between appointments and the clinic was cleaned at the end of the day. The service manager (clinical lead) carried out a monthly infection prevention and control audit, which included the environment and maintenance issues. We saw that issues noted were quickly addressed. These activities helped to prevent the spread of bacteria and germs and potentially harmful cross-contamination.

Personal protective equipment was readily available. Appropriate equipment used was single-use to prevent the risk of cross-infection. All clinical rooms used for non-surgical cosmetic procedures were equipped with a wash hand basin in line with national guidance. Antibacterial hand wash and disposable paper hand towels were used to support good hand hygiene. Sharps bins which were dated, signed and location recorded in line with national guidance. A clinical waste management contract was in place for the disposal of sharps and other clinical waste.

A separate therapy room was used for the majority of neurodevelopmental appointments. This was a bright, spacious room designed to be less clinical and create a calm, relaxed environment for patients and their families.

All patients who responded to our online survey told us they were satisfied with the equipment and environment. Some comments included:

- 'Lovely clinic, very clean, calm & welcoming.'
- 'I feel very comfortable on the premises from the moment I walk in the door. It is a calming environment. The therapy room is bright and set up in a way that creates a comforting and relaxing environment.'
- 'The clinic is always clean and tidy. It's a very welcoming and comfortable environment.'

All patients who responded to our online survey told us they were confident staff had the right knowledge and skills to administer their treatments. Comments included:

- '[the practitioner] is exceptionally knowledgeable. I have been working with people for my ADHD for nearly my entire life. She knows it.'
- 'My clinician is clearly well-trained and invested in the field.'
- 'Obvious expertise shown from skillful questioning and explanations and advice given.'
- 'The staff are professional and open to answer any questions regarding their qualifications, professional history and their skills regarding the treatment I receive...the openness and transparency at Regenesys was part of my decision to undergo treatment there. I always feel fully informed.'

We reviewed three patient care records for the aesthetics services and found that all demonstrated safe, person-centred care and were fully completed with information, including:

- consent to treatment, photographs and sharing information
- emergency contact
- GP details
- medical history
- medicine batch numbers and expiry dates
- the aftercare information provided, and
- treatment plans and discussions.

We reviewed five neurodevelopmental patient care records. Assessments and diagnostic reports that the service completed were very detailed and provided clear rationale for diagnosis and able to identify formulation, including multidisciplinary team discussions. Where patients received their diagnostic assessment with Regenesi there was generally more comprehensive structured documentation, with all relevant files uploaded and complete.

The service had many returning patients. All patients who responded to our online survey said the service was professional and well organised. Comments included:

- 'Professionalism was evident at all steps of the process from contact, to consultation, to treatment and all contacts inbetween.'
- 'Appointments booked in advance with reminders sent. Clear instructions on how to contact them. Detailed report forwarded to my own GP after every appointment with all relevant information.'
- 'Appointments are every punctual, staff have always felt to be genuinely committed to making sure the environment is calming and respectful. It is a very welcoming experience.'
- 'Always professional and treated like a human and not a number.'

The service had a safer staff recruitment policy, which set out the process for practice and privileges staff starting to work in the service. Most of the appropriate pre-employment checks had been completed in the three staff files we reviewed, including:

- Disclosure Scotland checks
- professional registration status
- proof of identification
- references, and
- signed practicing privileges contract.

What needs to improve

The five neurodevelopmental patient care records we reviewed were inconsistently completed. While we saw evidence of past medical history and psychological assessment for all patients, three out of five records did not have consent to treatment recorded. Treatment plans and aftercare advice were not consistently documented. Some patients transferring care from another service, who already had an established diagnosis, had missing or incomplete files (requirement 4).

The service's practicing privileges policy stated that immunisation status would be obtained for all staff as part of pre-employment checks. However, this had not been implemented (requirement 5).

Requirement 4 – Timescale: immediate

- The provider must ensure that a detailed patient care record is in place which sets out how the patient's health, safety and welfare needs will be met.

Requirement 5 – Timescale: immediate

- The provider must ensure that appropriate health clearance and immunisation status checks, are carried out and recorded for:

*(a) all staff before they begin working in the service, and
(b) all staff currently working in the service.*

- No recommendations.

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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