

Announced Inspection Report: Independent Healthcare

Service: One Private Healthcare, Glasgow

Service Provider: One Private Healthcare Ltd

10 September 2025

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1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 7 June 2023

Requirement

The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Action taken

All staff working in the service now had Protecting Vulnerable Groups (PVG) and basic disclosure checks carried out and a process was in place for ongoing checks to be carried out at regular intervals. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 7 June 2023

Recommendation

The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

Action taken

A risk register had still not been developed. **A new requirement has been made** and is reported in Domain 5 (Planning for quality) (see requirement 4 on page 23).

Recommendation

The service should further develop its programme of audits to cover key aspects of care and treatment.

Action taken

While the service had further developed its programme of audits to include clinical and non-clinical activities, the audits we reviewed did not specify the exact activity or process being audited, and did not set out clear audit criteria or standards against which performance was being measured. **A new recommendation has been made** and reported in Domain 5 (Planning for quality) (see recommendation k on page 23).

Recommendation

The service should expand the range of information audited as part of the patient care record audit.

Action taken

We reviewed the patient care record audit and found that the service had not expanded the range of information audited. From the patient care records we reviewed, we found patient information was missing from the majority of patient care records. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation l on page 23).

Recommendation

The service should review and further develop its recruitment policy in line with Scottish Government's Safer Recruitment through Better Recruitment guidance.

Action taken

Although the service had recently reviewed its recruitment policy, this still did not provide clear and specific guidance or a structured approach to recruitment that was in line with national recruitment guidance from the Scottish Government. **A new recommendation has been made** and reported in Domain 4 (Quality improvement) (see recommendation g on page 21).

Recommendation

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

Action taken

The service had still not developed a quality improvement plan. This is reported in Domain 5 (Planning for quality) (see recommendation m on page 23).

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 One Private Healthcare on Wednesday 10 September 2025. We spoke with both the manager and the clinical lead 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 Glasgow, One Private Healthcare is an independent clinic providing non-surgical treatments such as GP consultations, mental health assessments and aesthetic treatments.

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

What we found and inspection grades awarded

For One Private Healthcare, 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
There was a lack of understanding of the provider's role in terms of leadership, governance and accountability. A clear strategy should be developed that sets out the service's vision, with measurable objectives to help assess and measure the service's performance. Clinical governance meetings should be reintroduced.	Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
A process was in place to manage complaints, and accidents and incidents, and a yearly duty of candour report was available in the service. A proactive approach must be taken for the assessment and management of risk, including for fire safety. The provider must work in line with its practicing privileges policy and have formal practicing privileges agreements in place. Formal meetings with staff working under practicing privileges should be introduced. Although patient feedback was regularly requested, a structured process for reviewing and analysing feedback should be developed. Policies and procedures should be reviewed and made clear for staff to follow. Further development of the service's audit programme, including audits of patient care records, and mandatory staff training would help to provide quality assurance and ensure patient safety. A quality improvement plan should also be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well maintained, and patients felt treated with dignity and respect. The standard of record keeping in patient care records must be improved. An up-to-date record of medical indemnity insurance for staff should be kept. A formal process of screening referrals should be introduced. Sanitary fittings should be cleaned with appropriate cleaning products.	✓ 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 One Private Healthcare 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 16 recommendations.

Direction	
Requirement	
1	The provider must have clear leadership, governance structures and clinical oversight in place that promotes quality and safety through leadership that is accountable and fully engaged in the service (see page 16). Timescale – by 29 January 2026 <i>Regulation 13(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

Direction (continued)	
Recommendations	
a	The service should develop a strategy that sets out a vision, and clear and measurable aims and objectives, along with key performance indicators that will help it achieve these aims and objectives. This should be shared with staff and patients (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should recommence the business and clinical governance meetings to provide monitoring and oversight of safe patient care provided in the service (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
c	The service should develop a programme of formal clinical staff meetings for those working in the service under a practicing privileges agreement (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
2	The provider must follow its practicing privileges policy and have practicing 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 21). Timescale – immediate <i>Regulation 12(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

Implementation and delivery (continued)

Requirements

- 3** The provider must carry out a fire risk assessment and develop a fire safety plan to demonstrate the fire safety arrangements in the service, including fire safety information for staff and patients (see page 23).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 4** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, including carrying out risk assessments and developing a risk register (see page 23).

Timescale – immediate

Regulation 13(2)(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a recommendation in the June 2023 inspection report and as a requirement in the December 2022 inspection report for One Private Healthcare.

Recommendations

- d** The service should review and update its website to provide additional patient information, such as staffing, information on how to make a complaint, opening hours, potential costs and helpful information resources for the treatments provided (see page 18).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

- e** The service should develop a structured approach for reviewing all types of feedback received. This should include a process for informing patients, staff and stakeholders about how their feedback has been used to improve the service and measuring the impact made as a result (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care. Statement 4.8

Implementation and delivery (continued)

Recommendations

- | | |
|----------|--|
| f | <p>The service should ensure that staff working under practicing privileges have regular one-to-one meetings as part of managing their performance (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> |
| g | <p>The service should review and further develop its recruitment and practicing privileges policies to ensure a comprehensive and structured approach to recruitment. This should be in line with national recruitment guidance from the Scottish Government (see page 21).</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> <p>This was previously identified as a recommendation in the June 2023 inspection report for One Private Healthcare.</p> |
| h | <p>The service should ensure that a record of up-to-date training, yearly appraisal and revalidation is kept for all staff, including clinical staff working in the service under a practicing privileges agreement (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> |
| i | <p>The service should carry out a comprehensive review of all policies and procedures with appropriate clinical input to ensure that they are accurate, clear for staff and reflect practice in the service (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |

Implementation and delivery (continued)

Recommendations

- j** The service should develop a list of mandatory training for staff and ensure this training is completed. This should include training to ensure patient safety, as well as governance procedures such as:
- complaints management
 - duty of candour
 - infection prevention and control
 - fire safety
 - information management, and
 - safeguarding (public protection) (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

- k** The service should ensure that each audit carried out as part of the service's audit programme clearly identifies the specific activity being reviewed and the explicit criteria against which activity is being measured (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

This was previously identified as a recommendation in the June 2023 and December 2022 inspection reports for One Private Healthcare.

- l** The service should expand the range of information audited as part of the patient care record audit (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

This was previously identified as a recommendation in the June 2023 inspection report for One Private Healthcare.

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

This was previously identified as a recommendation in the June 2023 and December 2022 inspection reports for One Private Healthcare.

Results

Requirement

- 5** The provider must improve the standard of record keeping in the patient care records to include:
- more comprehensive records of the consultation and treatment provided
 - patients' GP details and next of kin or emergency contact
 - correct treatment information on consent forms, and
 - written correspondence to patients' GPs when prescribing controlled drugs (see page 26).

Timescale – immediate

Regulation 4

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- n** The service should ensure that it has a record of up-to-date medical indemnity insurance for staff granted practicing privileges (see page 26).

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

- o** The service should develop a formal process for screening and accepting referrals for patients accessing treatment (see page 26).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23

- p** The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance (see page 26).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

One Private Healthcare 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 One Private Healthcare 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

There was a lack of understanding of the provider's role in terms of leadership, governance and accountability. A clear strategy should be developed that sets out the service's vision, with measurable objectives to help assess and measure the service's performance. Clinical governance meetings should be reintroduced.

Clear vision and purpose

The service provided a range of GP and mental health consultations, as well as aesthetic treatments such as botulinum toxin and dermal filler injections.

What needs to improve

The service had no aims and objectives, or overarching vision statement. There was no strategy or key performance indicators to measure performance and to help the service achieve its vision or objectives. Once developed, the service's vision and objectives should be shared with staff and patients (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategy that sets out a vision, and clear and measurable aims and objectives, along with key performance indicators that will help it achieve these aims and objectives. This should be shared with staff and patients.

Leadership and culture

The service was provided by a small team led by a consultant psychiatrist, who was also the service's clinical lead. They had a broad range of experience in delivering healthcare for patients with mental health support needs in the NHS and the independent sector. Other staff members included a manager (who also carried out administration duties) and an administration staff member. A small number of clinical staff (medical practitioners) worked under a practicing

privileges arrangement. Staff working under practicing privileges are not directly employed by the provider but are given permission to work in the service. The clinical staff were registered with the General Medical Council (GMC).

A whistleblowing policy was in place that detailed the process for supporting and encouraging staff to raise concerns they may have about patient safety or practice.

What needs to improve

There was a lack of understanding by the provider about their role in terms of leadership, governance and accountability. We found the service's approach to governance was limited, and there was a lack of clinical input and oversight from the clinical lead in carrying out quality assurance and governance activities, for example providing input into the content of clinical policies and audits (requirement 1).

We found that the monthly business and clinical governance meetings between the manager and the clinical lead had not taken place since April 2025 (recommendation b).

Although we were told there was regular communication with staff working under practicing privileges to allocate work, we noted there was no formal process for sharing of information such as quality improvement activity, patient feedback, risk, and health and safety. For example, there were no regular clinical team meetings. This also meant clinical staff had no formal mechanism for inputting into how the service was delivered (recommendation c).

Requirement 1 – Timescale: by 29 January 2026

- The provider must have clear leadership, governance structures and clinical oversight in place that promotes quality and safety through leadership that is accountable and fully engaged in the service.

Recommendation b

- The service should recommence the business and clinical governance meetings to provide monitoring and oversight of safe patient care provided in the service.

Recommendation c

- The service should develop a programme of formal clinical staff meetings for those working in the service under a practicing privileges agreement.

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

A process was in place to manage complaints, and accidents and incidents, and a yearly duty of candour report was available in the service.

A proactive approach must be taken for the assessment and management of risk, including for fire safety. The provider must work in line with its practicing privileges policy and have formal practicing privileges agreements in place. Formal meetings with staff working under practicing privileges should be introduced. Although patient feedback was regularly requested, a structured process for reviewing and analysing feedback should be developed. Policies and procedures should be reviewed and made clear for staff to follow. Further development of the service's audit programme, including audits of patient care records, and mandatory staff training would help to provide quality assurance and ensure patient safety. A quality improvement plan should also be developed.

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

Key information about the treatments offered was available on the service's website and patients could access the service through the website or by calling directly.

The service's participation policy described how the service would obtain and review feedback from patients. Information about how to provide feedback to the service was available in the reception area. We noted the service emailed a patient satisfaction questionnaire to patients following an assessment.

Patients who completed our survey told us they felt fully informed and involved in decisions about their treatment:

- 'Everything was explained in depth and always reassured that it was on my terms.'
- 'After my consultation I was given time to think and even when I returned this was discussed again.'

What needs to improve

Outwith information about treatments offered, the service's website did not include other information that could be useful for patients, such as staff working in the service, how to make a complaint, opening hours, potential costs and helpful resources (recommendation d).

The service gathered patient feedback, and occasionally received feedback from stakeholders such as law firms and from the staff working under practicing privileges. Although we noted this was discussed at the business meeting, we found no evidence that feedback was recorded, analysed or used to inform how the service was delivered. A more structured approach for all types of feedback should include:

- recording and analysing results
- implementing changes to drive improvement
- a process to inform patients, staff and stakeholders of how their feedback was used, and
- measuring the impact of improvements (recommendation e).

■ No requirements.

Recommendation d

- The service should review and update its website to provide additional patient information, such as staffing, information on how to make a complaint, opening hours, potential costs and helpful information resources for the treatments provided.

Recommendation e

- The service should develop a structured approach for reviewing all types of feedback received. This should include a process for informing patients, staff and stakeholders about how their feedback has been used to improve the service and measuring the impact made as a result.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since the last inspection in 2023, the

service had submitted appropriate notifications to keep us informed about changes and events in the service.

An up-to-date complaints policy was in place. Written information about how to make a complaint and details of how to contact Healthcare Improvement Scotland was displayed in the reception area. We were told the service had received no complaints since its last inspection.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy, and a yearly report was displayed in the service.

We saw evidence of a logbook that was used to record any accidents and incidents that occurred in the service. We noted that none had taken place and this was confirmed by the manager.

A variety of policies and procedures were in place to support the delivery of person-centred care. We noted that all policies were available in paper format for staff to access, and the majority of policies had recently been reviewed.

The service's infection prevention and control policy referred to the standard infection control precautions in place to prevent the risk of infection, such as hand hygiene practice, and the use of personal protective equipment (such as gloves and aprons). A good supply of single-use equipment was available to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

Medicines and dermal fillers used for aesthetic treatments were ordered from appropriately registered suppliers. Medicine fridges were used to store medicines, with the temperature of the fridge regularly recorded to make sure they were being stored at the correct temperature. We saw that all medicines, including a small number of emergency medicines held in stock, were in-date and stored securely.

Electronic patient care records were stored on a secure password-protected database and paper records were also stored securely. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Consultations and treatments were appointment-only to help maintain patient privacy and dignity. Patients accessing the service for mental health assessments could choose to have their consultations carried out face to face or remotely over a video link.

We saw all staff working in the service had been enrolled in the Protecting Vulnerable Groups (PVG) scheme.

What needs to improve

Although the service had a practicing privileges policy, there were no practicing privileges contracts in place with the clinical staff working in the service. We saw no evidence that they were 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 clinical staff to help ensure the safe delivery of care (requirement 2).

We found that the service did not carry out one-to-one meetings with staff working under practicing privileges. This meant that there was no formal process for managing performance (recommendation f).

We reviewed the service's recruitment and practicing privileges policies and noted both policies did not provide comprehensive guidance, or a structured approach to recruitment. These policies should be in line with national recruitment guidance from the Scottish Government (recommendation g).

We were told staff working under a practicing privileges agreement were asked to provide the service with evidence of their training, yearly appraisal and completed revalidation (a process to confirm clinicians are fit to practice). Whilst a process was in place to record this, we noted none of the clinical staff had provided up-to-date information (recommendation h).

Although we found a wide range of policies and procedures, not all of them were specific to the nature of the service being provided. We also found limited detail in the policies and procedures, and found that they did not provide clear and specific information and guidance for staff. We also noted some policies were duplicated, for example we found different versions of the safeguarding (public protection) policy. During the inspection, we discussed with the service the need for a comprehensive review of all policies with clinical input to ensure they were accurate and reflected practice in the service (recommendation i).

We noted that mandatory staff training outlined in various policies had not taken place. For example, safeguarding (public protection), information management, duty of candour, and infection prevention and control (recommendation j).

Requirement 2 – Timescale: immediate

- The provider must follow its practicing privileges policy and have practicing 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 f

- The service should ensure that staff working under practicing privileges have regular one-to-one meetings as part of managing their performance.

Recommendation g

- The service should review and further develop its recruitment and practicing privileges policies to ensure a comprehensive and structured approach to recruitment. This should be in line with national recruitment guidance from the Scottish Government.

Recommendation h

- The service should ensure that a record of up-to-date training, yearly appraisal and revalidation is kept for all staff, including clinical staff working in the service under a practicing privileges agreement.

Recommendation i

- The service should carry out a comprehensive review of all policies and procedures with appropriate clinical input to ensure that they are accurate, clear for staff and reflect practice in the service.

Recommendation j

- The service should develop a list of mandatory training for staff and ensure this training is completed. This should include training to ensure patient safety, as well as governance procedures such as:
 - complaints management
 - duty of candour
 - infection prevention and control
 - fire safety
 - information management, and
 - safeguarding (public protection).

Planning for quality

What needs to improve

We noted that a fire risk assessment had been carried out for the shared commercial building from where the service was provided. However, we found that the service had not carried out a fire risk assessment for its own designated area and there was no specified fire safety plan in place (requirement 3).

While we saw the service carried out environmental checks in the service, we found there was no structured process to identify and manage risk. Risk assessments would demonstrate that potential risks had been considered and that appropriate actions were in place to remove or reduce these. A risk register would also help the service to ensure appropriate processes were in place to help manage and monitor risks identified. For example, the risk of:

- control of substances hazardous to health
- needlestick injuries
- prescribing of controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers)
- complications from aesthetic treatments, and
- IT failure (requirement 4).

Following the last inspection in 2023, we noted the service had expanded its audit programme to include clinical and non-clinical activities, such as complaints, patient feedback, recruitment checks and medication stock. However, the audits we reviewed did not specify the exact activity or process being audited and did not set out clear audit criteria or standards against which performance was being measured (recommendation k).

We found the service had not expanded the range of information audited as part of the patient care record audit, and we found similar issues with the audit not specifying the exact activity or process being audited and not setting out clear audit criteria or standards against which performance was being measured. Introducing a more comprehensive audit of patient care records would ensure patient care records are being fully completed (recommendation l).

The service had still not developed a quality improvement plan. This 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 m).

Requirement 3 – Timescale: immediate

- The provider must carry out a fire risk assessment and develop a fire safety plan to demonstrate the fire safety arrangements in the service, including fire safety information for staff and patients.

Requirement 4 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, including carrying out risk assessments and developing a risk register.

Recommendation k

- The service should ensure that each audit carried out as part of the service's audit programme clearly identifies the specific activity being reviewed and the explicit criteria against which activity is being measured.

Recommendation l

- The service should expand the range of information audited as part of the patient care record audit.

Recommendation m

- 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 maintained, and patients felt treated with dignity and respect.

The standard of record keeping in patient care records must be improved. An up-to-date record of medical indemnity insurance for staff should be kept. A formal process of screening referrals should be introduced. Sanitary fittings should be cleaned with appropriate cleaning products.

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.

The clinic environment was clean and well maintained. Cleaning schedules were completed to show that appropriate cleaning had been carried out. Blood spillage kits were in place and staff were aware of how to use them.

Patients who completed our survey told us they were treated with dignity and respect:

- 'Always treated politely by all involved: be that the consultant or administration and reception team.'
- 'I felt totally at ease throughout.'

From the three staff files we reviewed, we found that all appropriate recruitment checks had taken place. This included identity checks, PVG and professional registration checks. A process was also in place for the service to record ongoing professional monitoring of the staff members granted practicing privileges. We saw the service had recently carried out checks to ensure that clinical staff remained on their professional register.

What needs to improve

We reviewed three patient care records for patients attending the service for aesthetic treatments such as dermal filler and found these had not been comprehensively completed. We found information was being documented more in a note-taking format and was not standardised across the patient care records we reviewed. Diagrams showing where treatment had taken place were also hand drawn and difficult to interpret. We also found:

- patients' next of kin or GP details had not been documented
- two patients had no record that aftercare advice had been provided, and
- consent forms used for dermal filler treatments provided information about botulinum toxin.

We reviewed four patient care records for patients attending the service for mental health treatment, including neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD) and autism. We found:

- three patient care records did not document patients' GP details or next of kin
- one patient care record had no letter sent to the patient's GP to provide information relating to their assessment and prescription for controlled drugs, and
- two patient care records had multiple draft letters for GPs and it was not clear if any of these letters had been sent (requirement 5).

Whilst a process was in place to record ongoing professional monitoring of staff working under practicing privileges, we found the service had no record of up-to-date medical indemnity insurance for two of these clinical staff members (recommendation n).

We were told that all referrals to the service were screened by the lead clinician to ensure the service was able to meet the needs of these patients. We also saw the service accepted referrals for patients who had been diagnosed with a neurodevelopmental mental health condition from other private services who were seeking assessment for medication. However, we found that these processes for screening new referrals and reviewing referrals from other services to confirm the service agreed with the diagnostic reports provided were not formalised (recommendation o).

The service's clinical hand wash basin was not being cleaned with the appropriate cleaning solution in line with national infection prevention and control guidance (recommendation p).

Requirement 5 – Timescale: immediate

- The provider must improve the standard of record keeping in the patient care records to include:
 - more comprehensive records of the consultation and treatment provided
 - patients' GP details and next of kin or emergency contact
 - correct treatment information on consent forms, and
 - written correspondence to patients' GPs when prescribing controlled drugs.

Recommendation n

- The service should ensure that it has a record of up-to-date medical indemnity insurance for staff granted practicing privileges.

Recommendation o

- The service should develop a formal process for screening and accepting referrals for patients accessing treatment.

Recommendation p

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.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
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