Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Blythswood Health and Wellbeing, Glasgow

Service Provider: Blythswood Health and Wellbeing Ltd

29 October 2025

NHS SCOTLAND

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First published January 2026

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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 Blythswood Health & Wellbeing on Wednesday 29 October 2025. We spoke with the manager during the inspection. We also telephoned a number of staff after the inspection. We received feedback from four 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 of this service.

Based in Glasgow, Blythswood Health and Wellbeing is an independent independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Blythswood Health & Wellbeing, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
A clear vision was reflected through the service's core beliefs. Leadership was visible, attentive and responsive, with issues addressed and staff encouraged to share ideas for improvement. A staff handbook reinforced professional standards and expectations, contributing to a positive culture.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient and staff feedback was actively gathered and shared to inform service improvement. A quality management system and ISO 9001 accreditation supported high standards of patient care. A quality improvement plan was in place. An audit programme and clinical governance informed the improvement plan. Compliance of mandatory training should be monitored.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic was clean and well-equipped clinic. Strong infection prevention and control practices were in place. The provider must request PVG scheme membership and health declarations for all staff.	✓ 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 Blythswood Health & Wellbeing 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 one requirement and two recommendations.

Implementation and delivery	
Requirements	
	None
Recommendations	
a	The service should work with the services granted a service-level agreement to ensure that specific feedback from patients who receive services in the clinic is shared with the manager (see page 11). 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 implement its mandatory training and monitor compliance (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Results	
Requirement	
1	The provider must ensure that all staff working in the service, including those with practising privileges, have appropriate, and documented, immunisation status and health declaration in place, and are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider (see page 18). Timescale – immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
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

Blythswood Health and Wellbeing Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Blythswood Health and Wellbeing 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

A clear vision was reflected through the service's core beliefs. Leadership was visible, attentive and responsive, with issues addressed and staff encouraged to share ideas for improvement. A staff handbook reinforced professional standards and expectations, contributing to a positive culture.

Clear vision and purpose

The service's vision stated that it aimed to 'create healthier, safer workplaces where every employee thrives, enabling businesses to achieve their full potential.' This vision was available for patients to view in the patient waiting room and on the service's website. It was supported through the service's purpose, values and core beliefs. The service core beliefs were:

- compliance and ethical responsibility
- equity and accessibility
- innovation in healthcare
- partnership and collaboration
- prevention over treatment, and
- workplace health is a priority.

The service had identified quality objectives and used key performance indicators to monitor service improvement. Key performance indicators included:

- complaints on scheduling, appointments and delays
- compliance with yearly staff competency training, and
- maintaining quality management system accreditation.

The main services delivered were occupational health and fit-to-work medical assessments. The service had service-level agreements with other healthcare providers to offer services from the clinic, such as UK Vein (a UK-wide service

offering minor surgical procedures, namely treatment of varicose veins). Each practitioner in these providers was granted practising privileges (staff not directly employed by the provider but given permission to work in the service). These services had separate websites and social media platforms. We were told that only services aligned with the clinic's core beliefs were considered to operate in the clinic under a service-level agreement.

- No requirements.
- No recommendations.

Leadership and culture

The company director was also the registered manager and had a non-clinical role. The service employed one full-time clinic administrator and we were told it was recruiting a clinic manager to increase the resilience of leadership. Practitioners working in the service were a mix of medical and nursing staff, all granted practising privileges in a consultancy role. As well as performing their clinical role, the lead GP provided clinical leadership for the service.

Staff we spoke with said they received an induction into the service from the registered manager and that leadership was visible and attentive. While staff had not raised any major concerns, we were told that any issues raised were quickly dealt with. We were told that leadership was responsive to ideas and suggestions. For example, a staff member told us they had raised an issue of confidentiality due to noise travel between the reception and the waiting area. To address this, the service introduced background music which helped to reduce risk of breaches of confidentiality.

The service's staff handbook supported induction, was available on-site and included guidance on expectations around:

- bribery
- dress code
- professional standards, and
- receipt of gifts.

This helped to set out clear standards of what was expected from staff and practitioners working in the clinic.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patient and staff feedback was actively gathered and shared to inform service improvement. A quality management system and ISO 9001 accreditation supported high standards of patient care. A quality improvement plan was in place. An audit programme and clinical governance informed the improvement plan.

Compliance of mandatory training should be monitored.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service had a proactive approach to gathering patient feedback. A suggestion box and paper feedback questionnaires were available in the waiting area. We were told all patients using the service were sent a link to complete a feedback questionnaire for an online review platform. The public could see these reviews through a link on the service's website.

All patient feedback was kept on a compliments and complaints log, which allowed the service to review feedback and share results with staff. We saw that the service had not received any complaints or negative feedback since the service had started gathering patient feedback in January 2025. The service had shared a summary of the feedback gathered with its patients in the patient waiting area. A 'you said, we did' poster celebrated positive feedback received from patients and stated an ongoing commitment to listening to feedback.

Patients of the services granted a service-level agreement were also able to provide feedback through feedback links for online review platforms. This information was available through some doctor-review applications.

The service had launched a yearly staff survey to gather feedback on the communication, support and culture in the service. All staff had engaged with the process and results were positive in all domains. The service told us the survey link would be kept open between surveys so that staff could offer anonymous feedback at any time of the year. We saw responses were discussed at team meetings held every 2 months. The service had received a suggestion to move from paper records uploaded to an electronic system to fully electronic

patient records. We saw that it was in the process of developing a survey for staff granted a service-level agreement to work in the clinic.

What needs to improve

We noted that no process was in place to make sure the service manager received feedback from patients accessing services granted a service-level agreement to operate from the clinic. This meant the manager and staff were not receiving all information about their patients' experiences in the clinic. Gathering this feedback would help these services to improve those patients' quality of care and service provided (recommendation a).

- No requirements.

Recommendation a

- The service should work with the services granted a service-level agreement to ensure that specific feedback from patients who receive services in the clinic is shared with the manager.

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.

Healthcare Improvement Scotland's notifications guidance details specific events and circumstances which services are required to report to us. The manager had submitted notifications, as required, demonstrating they understood their responsibilities. We saw the service had a process for recording accidents and incidents. No accidents or incidents had been reported since the service's registration in May 2023.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. A duty of candour policy was in place and an annual report was available on the service's website. The service had not had any duty of candour incidents since its registration in May 2023.

The service's complaints policy was displayed in the patient waiting area and on its website. It included information about contacting Healthcare Improvement Scotland and our contact details. The service had not received any complaints since its registration with Healthcare Improvement Scotland in May 2023.

The majority of the services delivered at the clinic were standardised or bespoke fit-to-work medical or occupational health assessments. Many of which are

predetermined by the industry or workplace. For example, rail medicals for workers whose duties require them to work on or near the railway line. We saw evidence that the service had a proactive approach to establishing onward referral routes in the event that health issues were identified as part of the assessment process. This was positive for patient care and patient safety. We saw that the service had processes in place to support patients communicating with their GP or obtain further information if this was required. Clear processes were in place for obtaining consent to share information with the GP and a patient's workplace.

The service had a comprehensive set of policies and procedures in place to support the safe delivery of care. For example, those for:

- infection prevention and control
- health and safety, and
- recruitment and selection.

Detailed standard operating procedures (SOPs) supported all the services delivered under service-level agreements in the clinic. The SOPs included guidance for staff on the consultation, consent, treatment and aftercare process. This meant the care pathway was transparent and consistent for all patients receiving the same service.

We saw evidence that the registered manager carried out background checks on all the services granted a service-level agreement to operate in the service. This included research on the business' values and practices, online presence and any relevant registrations and reports from regulatory or authority bodies, such as the Care Quality Commission. A signed service-level agreement detailed how the service and its staff were to work in the clinic. This meant lines of responsibility and accountability and were clear. This was a comprehensive approach to managing the practising privileges arrangements to protect the service and maintain high standards of patient care. We also saw signed practising privileges contracts in place for individual staff members, describing their individual responsibilities in the clinic.

The service had a process in place for routinely checking the professional registration status of all practitioners working in the clinic. We saw the service was developing training records for all the practitioners granted practising privileges working directly for the service. This included records of mandatory training carried out as part of their other work roles. The service had a process for checking that these staff had an appraisal relevant to their role.

The service used paper patient care records, stored in fireproof, locked filing cabinets. Completed assessments were scanned and uploaded so an electronic version could be shared with the patient, GP or workplace. We saw these electronic versions of files stored in password-protected folders on staff electronic devices. We were told services granted service-level agreements each used electronic patient care records. The registered manager had access to these patient care records for emergency and audit purposes. The provider was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights, to make sure confidential patient information was safely stored.

What needs to improve

The service had recently developed a list of mandatory training for all staff working in the service. However, at the time of our inspection it was not fully implemented and staff compliance with the training was not monitored (recommendation b).

Recommendation b

- The service should implement its mandatory training and monitor compliance.

Planning for quality

The service had external accreditation in ISO 9001. This meant the service effectively implemented a quality management system to support business development and maintain high standards. The system supported:

- audit scheduling
- leadership
- operation management
- outcome and quality monitoring, and
- service planning.

The service submitted evidence as part of a yearly audit to review and maintain its accreditation. The service had also recently employed a business consultant to audit it against the Healthcare Improvement Scotland Quality Assurance Framework. These processes supported the service to identify areas of strength and areas for improvement and build a culture of continuous improvement. We saw the service created, implemented and reviewed action plans as a result of these processes.

The service had a non-conformant log where it recorded any instances where it did not meet the service's timescales for patient assessment or reporting. This

recorded the reason for non-compliance and action taken to address this issue. This supported the service to have an overview of compliance issues and themes or repeat issues.

The service had a proactive and responsive approach to risk, including a range of risk assessments which supported a safe clinical environment. For example, those for:

- control of substances hazardous to health
- fire safety, and
- oxygen.

The service had a comprehensive schedule of audits, including those for:

- cleaning
- medication
- medication fridge, and
- patient care records.

We saw that issues identified during audits were addressed, such as disposing medication when it was out-of-date.

The service had a schedule of meetings in place to support safe and effective patient care and service development. Clinical review, health and safety meetings were held every 2 months with staff working directly for the service. We saw that a standard agenda included:

- operational issues
- patient and staff feedback
- results of audits, and
- safety.

The service had recently introduced 3-monthly meetings with services granted a service-level agreement to discuss any issues specific to those services, staff and patients. This was positive as it created a forum to discuss collective issues and make decisions.

The service kept a stock of emergency medications and medications used for vaccinations. We saw these were stored appropriately and in-date. The service did not use or prescribe controlled drugs. All medications used in the service

were ordered from appropriately registered suppliers. A medication fridge was used to store medicines and the temperature of the fridge was in the appropriate limits on the day of our inspection. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) and received relevant medication safety alerts.

The service had a comprehensive continuity plan, which set out how it would deal with any unexpected interruption to service delivery. This included:

- communication with staff and patients
- individual roles and responsibilities, and
- management of information.

The service had a quality improvement plan in place, which included working towards Safe Effective Quality Occupational Health Service (SEQOHS) accreditation.

- No requirements.
- No recommendations.

Key Focus Area: Results

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

Our findings

The clinic was clean and well-equipped clinic. Strong infection prevention and control practices were in place. The provider must request PVG scheme membership and health declarations for all staff.

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 consisted of:

- a large waiting area
- a staff kitchen area
- staff and patient toilets
- treatment rooms, and
- two minor surgical suites.

The service was accessed through external and internal stairs and level access in. All areas were visibly clean, organised and maintained to a high standard. All clinic rooms had appropriate wash hand basins or scrub-up troughs in line with national infection prevention and control guidance. The flooring and ventilation in the minor surgical areas was in line with national guidance. While the flooring in the other clinic rooms was not compliant with national infection prevention and control guidance, the flooring and skirting was in good condition and had a silicone seal to reduce and control risks. Antibacterial hand wash and disposable paper hand towels were available to support good hand hygiene. A clinical waste contract was in place.

The service had a comprehensive approach to infection prevention and control. We saw daily, weekly and monthly cleaning schedules were in place. The

process of cleaning between patient appointments was clear and was carried out by staff.

Equipment, materials and stock for the different services operating in the clinic were ordered and managed by the individual services. We saw single-use equipment was in good supply and equipment was PAC-tested and in good condition. We were told that the service invested in the latest equipment available to deliver care so that its patients received assessments of the highest standard. For example, the service had made a recent investment in vision equipment.

Staff we spoke with said the clinic was well run, well-presented and patients had good experience at the clinic. Patients told us:

- 'Very good experience again here at blythswood, friendly reception very welcoming.'
- 'Had a lovely experience, staff were very friendly and helpful.'
- 'Communication with company really good. Very open and friendly place…staff and doctor good.'
- 'Excellent office staff who fully explain everything.'

We reviewed six staff records for staff granted practising privileges. We saw that all of these staff had:

- appraisals
- a practising privileges contract, or an equivalent, and
- relevant professional registration and qualification checks.

We reviewed four patient care records. We found that all were fully completed, including information about:

- assessment reports
- consent to assessment and sharing information
- emergency contact and GP details, and
- medical history.

What needs to improve

We saw two out of the six staff records that we reviewed did not have a Disclosure Scotland Protecting Vulnerable Groups (PVG) background check

applied for by the service and relevant immunisation or health declaration (requirement 1).

The service had access to all patient care records for audit and emergency purposes. However, the service did not audit all patient care records as it did not feel this was clinically appropriate. We were told it was developing a process where services working from the clinic shared the results from patient care records and any relevant learning. We will follow this up at future inspections.

Requirement 1 – Timescale: immediate

- The provider must ensure that all staff working in the service, including those with practising privileges, have appropriate, and documented, immunisation status and health declaration in place, and are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider.

- 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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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