

Unannounced Focused Inspection Report: Independent Healthcare

Service: Elanic, Glasgow

Service Provider: Elanic Ltd

11 November 2025

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 20 March 2024

Recommendation

The service should share its vision and purpose statement with staff and patients.

Action taken

Due to the focused nature of this inspection, we did not review progress against this during the inspection. This recommendation will be carried forward.

Recommendation

The service should ensure that the complaints information for patients is accessible.

Action taken

A brief complaints procedure was available on the service's website under the terms and conditions information. There was also a small notice in the patient waiting area about how to make a complaint. However, patients could only access the full complaints policy by contacting the service. This recommendation is reported in Domain 5 (Quality improvement) (see recommendation c on page 19).

Recommendation

The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland.

Action taken

As this was an unannounced inspection, we did not request a self-evaluation ahead of the inspection. This recommendation will be carried forward.

Recommendation

The service should have an induction programme for all new staff, including those working under practicing privileges.

Action taken

We found that most staff had not had a formal induction. This is reported in Domain 7 (Quality control). **A new requirement has been made** (see requirement 9 on page 25).

Recommendation

The service should review the pre-employment procedure and the information requested for those granted practicing privileges in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance (2016).

Action taken

We found a lack of references for a number of staff, including those working under practicing privileges. This is reported in Domain 7 (Quality control). **A new requirement has been made** (see requirement 7 on page 25).

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 unannounced inspection to Elanic on Tuesday 11 November 2025. The focus of the inspection was to make sure the service was delivering care safely to patients, was recruiting and training staff safely, and was handling complaints appropriately. We spoke with a number of staff during the inspection. We received feedback from six patients through an online survey we had asked the service to issue to its patients for us. We also received feedback from 12 staff members through an online survey we had asked the service to issue during the inspection.

Based in Glasgow, Elanic is an independent clinic providing non-surgical and surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Elanic, 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
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>A clear governance structure was in place. Managers were visible and staff felt able to raise concerns.</p> <p>Minute taking should be improved.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care</i>	
<p>The care environment and patient equipment was clean, and equipment was fit for purpose and was regularly maintained. Staff followed World Health Organization guidelines to ensure safe surgery for patients. Staff described the provider as a good employer and the service as a good place to work. Patients were very satisfied with their care and treatment.</p> <p>Patient care records must be fully completed. Safer recruitment practices must be followed and staff files need to contain all required information. Disclosure Scotland checks, including Protecting Vulnerable Groups (PVG) checks, must be carried out and regular appraisals held with staff. Theatre safety huddle documentation should be fully completed.</p>		Unsatisfactory

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Elanic 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 10 requirements and seven recommendations. Two recommendations have also been carried forward from the March 2024 inspection.

Direction
Requirements
None
Recommendations
<p>a The service should formally record the minutes of senior management team meetings. These should include any actions taken and those responsible for the actions (see page 15).</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>

Direction (continued)

Recommendations

b The service should ensure that the minutes of the clinical governance meetings are sufficiently detailed to ensure those not in attendance are clear about what has been discussed and agreed (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

Implementation and delivery

Requirements

1 The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 19).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011

2 The provider must ensure that a duty of candour report is produced and published every year (see page 19).

Timescale – by 18 February 2026

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

3 The provider must ensure that all complaints are investigated in line with its complaints policy and that the complaints log is fully completed (see page 19).

Timescale – immediate

Regulation 15(3)

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

Implementation and delivery (continued)

Requirements

4 The provider must ensure that all risk registers are routinely reviewed and discussed by appropriate senior staff who have not been responsible for compiling the risk registers (see page 20).

Timescale – immediate

Regulation 13(2)(a)

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

Recommendations

c The service should ensure that the complaints policy is easily accessible for patients on its website (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

This was previously identified as a recommendation in the March 2024 inspection report for Elanic.

d The service should ensure that the recruitment and selection, and practicing privileges, policies are updated to reflect current Scottish legislation and standards (see page 19).

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

e The service should ensure all staff receive relevant training specific to their role, including basic life support and duty of candour training (see page 19).

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
Requirements
<p>5 The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(c)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i></p>
<p>6 The provider must ensure that all patient care records are fully completed and contain all the relevant information (see page 25).</p> <p>Timescale – by 18 February 2026</p> <p><i>Regulation 4(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<p>7 The provider must ensure that safe recruitment of staff is completed in line with policy and national guidance, including the obtaining of two references to ensure any person working in the service has the qualifications, skills and experience necessary for the work that they will be carrying out (see page 25).</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> <p>This was previously identified as a recommendation in the March 2024 inspection report for Elanic.</p>
<p>8 The provider must ensure that any person working in the service has undergone relevant Disclosure Scotland checks and are enrolled in the Protecting Vulnerable Groups (PVG) scheme before starting work in the service (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 9</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)

Requirements

9 The provider must ensure that any person working in the service has undergone an induction and completed mandatory training (see page 25).

Timescale – immediate

Regulation 12(c)(ii)

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

This was previously identified as a recommendation in the March 2024 inspection report for Elanic.

10 The provider must ensure that staff receive regular individual performance reviews and appraisals, and that these are recorded in the staff files (see page 25).

Timescale – by 31 March 2026

Regulation 12(c)(i)

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

Recommendations

f The service should ensure that relevant staff working in the service have had appropriate occupational health checks carried out (see page 25).

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

g The service should ensure that theatre safety huddle documentation is fully completed and includes relevant information about the day's surgical list and its patients (see page 25).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Recommendations carried forward from our March 2024 inspection

Recommendations
<p>The service should share its vision and purpose statement with staff and patients.</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<p>The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland.</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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

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

Elanic 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 Elanic for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

A clear governance structure was in place. Managers were visible and staff felt able to raise concerns.

Minute taking should be improved.

Clear vision and purpose

Not inspected.

Leadership and culture

The service had a highly skilled staffing resource which included a mix of clinical and non-clinical staff. For example:

- healthcare support workers
- medical staff, and
- registered nurses.

A senior management team led the service and was made up of the:

- medical director
- clinical manager
- director of strategy and operational excellence, and
- managing director.

Staff told us they felt the managers were approachable and visible, and they could raise any concerns or share ideas with them either formally or informally.

A daily team meeting was held with managers from each department attending. They then disseminated information to staff in their departments. An action list was produced following each meeting.

Various internal and online communication methods kept staff updated on general information and any changes to policies and procedures. A staff newsletter was produced and sent to all staff. We were told that all staff had regular one-to-one meetings with their line managers.

What needs to improve

We were told that the senior management team held meetings every 2 weeks. However, we were also told that no minutes were produced from these meetings. We discussed with the service the importance of noting when decisions and/or actions had been agreed in order that a record was kept (recommendation a).

A clinical governance group met every 3 months to discuss relevant matters. However, the minutes of the meeting lacked any detail of what had been discussed or any actions to be taken (recommendation b).

- No requirements.

Recommendation a

- The service should formally record the minutes of senior management team meetings. These should include any actions taken and those responsible for the actions.

Recommendation b

- The service should ensure that the minutes of the clinical governance meetings are sufficiently detailed to ensure those not in attendance are clear about what has been discussed and agreed.

Key Focus Area: Implementation and delivery

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

Our findings

Policies and procedures set out the way the service delivered safe care. Medicines management was good. Processes were in place to manage and reduce complaints, incidents and risks. An audit programme was in place.

A duty of candour report must be produced and published each year. Healthcare Improvement Scotland must be notified about certain matters that occur in the service. Policies should refer to current Scottish legislation and guidance. The complaints policy should be easily accessible on the service's website. Staff should have training in basic life support and duty of candour.

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

Not inspected.

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 duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong).

Policies for the management of information were in place. Patient care records were stored on a password-protected electronic database. 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.

Policies were in place that detailed safe recruitment and staffing, including recruitment and selection. A practicing privileges policy was also in place for staff not employed directly by the provider but given permission to work in the service. These policies described how staff would be appointed to work in the service. They included the appropriate pre-employment checks to be carried out for both employed staff and healthcare professionals appointed under practicing privileges. We also saw standard operating procedures in place for induction and training, appraisals and developing personal development plans.

A mandatory training framework for staff included online training on:

- health and safety principles
- infection control
- information governance
- safe moving and handling, and
- safeguarding of vulnerable adults.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in locked cupboards and fridges, and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Emergency medicines were easily accessible and checked every month. We saw emergency equipment trolleys were checked daily and kept in accessible locations. Staff we spoke with were familiar with the location of the emergency equipment.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment took place. When making an appointment, patients received a consent form with information about the treatment they had booked, including the risks.

Patients had to complete a medical history questionnaire before their appointment. They then had a face-to-face consultation with the practitioner before attending their treatment appointment. Discussions at the consultations included:

- expected outcomes of treatment
- full medical history
- risks and side effects, and
- aftercare.

This allowed the patient a cooling-off period and gave them time to consider the information received before going ahead with treatment.

Written aftercare information was given to patients following their procedure or treatment, including the service's contact number and out-of-hours contact information.

Patients who responded to our online survey felt they had received enough information about their treatment or procedure. Comments included:

- ‘... team could not have been more helpful and explained everything clearly and what the outcomes would be.’
- ‘All the details of surgery were explained to me during the consultation along with the outcome I could expect. I was walked through what would happen on the day of the surgery step by step and discussed recovery times and after care.’
- ‘I was... provided information leaflets explaining all of the pre, during and after surgery details.’

What needs to improve

Healthcare Improvement Scotland’s notifications guidance details specific events and circumstances which services are required to report to us. We noted two significant events recorded on the service’s clinical incident reporting system which should also have been reported to us (requirement 1).

Part of a provider’s duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure. The most up-to-date duty of candour report available on the service’s website was for 2023 (requirement 2).

Complaints were collated in a complaints log and we saw:

- evidence of investigation
- identified areas for improvement, and
- implementation of changes as a result.

However, during the inspection we noted that not all complaints had been investigated in line with the complaints policy and the complaints log was not comprehensively completed for all complainants (requirement 3).

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service, to the Independent Sector Complaints Adjudication Service (ISCAS) or to Healthcare Improvement Scotland. However, patients could only access this policy by requesting it from the service. Although we also saw a small notice in the patient waiting area about making a complaint, this was not detailed in relation to timescales or what to expect. A short section on the terms and conditions section the website referred to complaints, but no detail in relation to timescales or what to expect was included (recommendation c).

The recruitment and selection, and practicing privileges, policies referred to out-of-date legislation and standards (recommendation d).

We found that no duty of candour review had taken place for an incident where duty of candour should have been triggered. Duty of candour reviews help to promote a culture of learning and continuous improvement. We saw no evidence that staff had completed duty of candour training. Although we saw that some administration staff had completed life support training, we were not provided with evidence that relevant clinical staff had completed life support training specific to their role (recommendation e).

Requirement 1 – Timescale: immediate

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

Requirement 2 – Timescale: by 18 February 2026

- The provider must ensure that a duty of candour report is produced and published every year.

Requirement 3 – Timescale: immediate

- The provider must ensure that all complaints are investigated in line with its complaints policy and that the complaints log is fully completed.

Recommendation c

- The service should ensure that the complaints policy is easily accessible for patients on its website.

Recommendation d

- The service should ensure that the recruitment and selection, and practicing privileges, policies are updated to reflect current Scottish legislation and standards.

Recommendation e

- The service should ensure all staff receive relevant training specific to their role, including basic life support and duty of candour training.

Planning for quality

We saw a risk register of clinical and non-clinical risks in place for risks identified in the service, such as:

- general health and safety risks for all clinic areas
- risks from procedures, for example blood and body fluids, and
- ventilation.

The risk assessments included what action had been taken to reduce or minimise the risks identified. We were told that the risk registers were reviewed by the relevant manager every 3 months.

An annual audit programme helped to review the safe delivery of care and quality of the service provided. Audits included infection prevention and control, medicine management and patient care records. We saw evidence that the results of these were discussed at the clinical governance meetings. We reviewed the monthly patient care records audit carried out in September and October 2025 and saw that an action plan was developed detailing what action would be taken forward to address the audit findings.

What needs to improve

Although risk registers were reviewed every 3 months by the relevant manager, these were not reviewed or routinely discussed in any other group or forum to get the views of other key staff (requirement 4).

Requirement 4 – Timescale: immediate

- The provider must ensure that all risk registers are routinely reviewed and discussed by appropriate senior staff who have not been responsible for compiling the risk registers.
- No recommendations.

Key Focus Area: Results

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

Our findings

The care environment and patient equipment was clean, and equipment was fit for purpose and was regularly maintained. Staff followed World Health Organization guidelines to ensure safe surgery for patients. Staff described the provider as a good employer and the service as a good place to work. Patients were very satisfied with their care and treatment.

Patient care records must be fully completed. Safer recruitment practices must be followed and staff files need to contain all required information. Disclosure Scotland checks, including Protecting Vulnerable Groups (PVG) checks, must be carried out and regular appraisals held with staff. Theatre safety huddle documentation should be fully completed.

The clinic environment was modern, clean and well equipped. Equipment was in good condition. Cleaning of the theatre, treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. We saw cleaning checklists were completed to show that appropriate cleaning was taking place.

Patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The clinic felt a safe and professional environment.’
- ‘Always clean and professional! Tea and biscuits after surgery were also fab.’

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment such as disposable aprons and gloves and alcohol-based hand gel. An appropriate waste management contract was in place and sharps (needles and syringes) were well managed.

We reviewed four patient care records, all of whom had surgical procedures carried out. All consultations included a completed proforma and we saw evidence that treatment options had been discussed, as well as risks and benefits of treatment. All patient care records we reviewed included:

- medical history, with details of any health conditions
- consent to treatment and sharing of information
- intraoperative paperwork, including pre-theatre and World Health Organization (WHO) checklists, anaesthetic, surgical and recovery notes, and
- patient risk assessments.

Surgical procedures were carried out under local anaesthetic or with sedation and this was recorded in the patient care records. During our inspection, we carried out a walkthrough of a patient's journey with a member of staff. This included arrival at the clinic, through theatre, recovery room and then on to discharge.

Before the patient arrived in theatre, we were told a pre-safety surgical brief was carried out. This made sure all staff were aware of any potential concerns or issues, including any patient issues, supply/instrument issues or anaesthetic concerns. We were told and saw evidence in the patient care records that staff followed WHO guidelines, such as taking a 'surgical pause' before starting surgery to check they had the correct patient and equipment. Staff also told us how they followed safe procedures for managing swabs and instruments in line with guidelines, including those for tracking and tracing instruments. We saw from the patient care records that patients' vital observations, such as blood pressure, electrocardiogram (ECG) and oxygen saturation were documented pre-, during and post-surgery.

Results from our online staff survey showed that the majority of staff:

- felt there was positive leadership at the highest level of the organisation
- felt they could influence how things were done in the service
- felt their line manager took their concerns seriously, and
- would recommend the service as a good place to work.

Comments we received from staff were mostly positive and included:

- ‘We offer an amazing level of care to all patients. We put patients first. We make sure that patients are happy with us as a provider of healthcare.’
- ‘It is a workplace that cares about its employees... although there are multiple teams/departments, everyone still manages to keep a warm, friendly and kind workplace which... makes a drastic difference to motivation, interest and pride.’
- ‘Guidance on some of the new systems implemented. There have been several so there is still some getting used to them, so further training is needed.’
- ‘Some teams have a greater workload, whilst others have a much more relaxed job load/role. I think a re-visit and further clarification of job roles and tasks would be great.’

Patients who responded to our online survey were extremely satisfied with the care and treatment they received from the service. Comments included:

- ‘I felt safe, cared for, respected and included in my care throughout the entire process. My journey wasn’t straightforward but I felt that it was handled well and... all my concerns were addressed appropriately and in a timely way.’
- ‘Start to finish has been a great experience and cannot thank them enough. Highly recommend... for any procedure needing done.’
- ‘The aftercare was amazing and I always felt so looked after.’
- ‘My journey throughout... was smooth sailing... I would highly recommend and I will most certainly use in future... .’

What needs to improve

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. Although requested, the service did not submit an annual return this year (requirement 5).

Although most patient care records contained the required information, we noted that some documentation had not been signed or dated by the relevant practitioner or patient. This was noted on several documents across all patient care records reviewed. Other documents had been left blank. This meant it was difficult to determine if these documents were relevant to that patient and should have been completed. For example, this could include information relating to venous thrombosis risk assessments and discharge planning. If

documents, for example specific risk assessments, are not required for a patient's care they must either be removed from the patient care record or labelled as not applicable (requirement 6).

We reviewed four files of employed staff members and one file of a staff member working under practicing privileges. We were told that the service was moving to a new human resources (HR) system and that staff files were currently being uploaded. All of the staff files we reviewed had gaps and information missing. This included:

- references
- Disclosure Scotland and Protecting Vulnerable Groups (PVG) checks
- evidence of induction or mandatory training
- interview notes
- appraisals/personal development plans, and
- occupational health checks.

The service's recruitment and selection, and practicing privileges, policies state that the service will take up two references. However, two staff files we reviewed had no references and the remainder only had one reference, including one that was a copy of another service's previous request for references for that staff member (requirement 7).

Three staff files had no evidence of Disclosure Scotland checks being carried out. Although another file did have evidence of the appropriate checks being completed, this was almost 3 months after the staff member's start date. The service's recruitment and selection, and practicing privileges, policies state that all Disclosure Scotland checks must be completed before staff start working in the service (requirement 8).

Three staff files had no evidence of induction or mandatory training being carried out (requirement 9).

Two staff files had no evidence of any appraisals carried out or performance development plans being developed (requirement 10).

Three staff files had no evidence of occupational health checks carried out (recommendation f).

We reviewed a selection of completed theatre safety huddle documentation. This is a brief daily meeting where the multidisciplinary team (doctors, nurses, healthcare assistants) discuss potential or actual patient safety risks, equipment

issues and care plans to improve communication and prevent errors, often following a structured agenda. We found this paperwork was not comprehensively completed and lacked detail (recommendation g).

Requirement 5 – Timescale: immediate

- The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.

Requirement 6 – Timescale: by 18 February 2026

- The provider must ensure that all patient care records are fully completed and contain all the relevant information.

Requirement 7 – Timescale: immediate

- The provider must ensure that safe recruitment of staff is completed in line with policy and national guidance, including the obtaining of two references to ensure any person working in the service has the qualifications, skills and experience necessary for the work that they will be carrying out.

Requirement 8 – Timescale: immediate

- The provider must ensure that any person working in the service has undergone relevant Disclosure Scotland checks and are enrolled in the Protecting Vulnerable Groups (PVG) scheme before starting work in the service.

Requirement 9 – Timescale: immediate

- The provider must ensure that any person working in the service has undergone an induction and completed mandatory training.

Requirement 10 – Timescale: by 31 March 2026

- The provider must ensure that staff receive regular individual performance reviews and appraisals, and that these are recorded in the staff files.

Recommendation f

- The service should ensure that relevant staff working in the service have had appropriate occupational health checks carried out.

Recommendation g

- The service should ensure that theatre safety huddle documentation is fully completed and includes relevant information about the day's surgical list and its patients.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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](http://www.healthcareimprovementscotland.org)

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.
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