Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Quantum Health, Glasgow

Service Provider: Medical Weight Loss Limited

9 December 2025

NHS SCOTLAND

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www.healthcareimprovementscotland.scot

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 23 November 2021

Requirement

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

A register of risk assessments had been produced and was reviewed each year. **This requirement is met**.

Requirement

The provider must develop a recruitment policy, practicing privileges policy and a training and induction policy to ensure safe recruitment and consistent induction and training processes for any new staff working in the service.

Action taken

A staff governance policy was in place, covering:

- induction
- practicing privileges staff
- recruitment, and
- training.

This requirement is met.

Requirement

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

A formal, documented system to regularly review the quality of the service had been implemented, including:

- a quality improvement plan
- governance meetings every 6 months
- key performance indicator monitoring, and
- patient feedback review.

This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 23 November 2021

Recommendation

The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Action taken

Schedules were in place to document the cleaning and condition of the environment and equipment.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Action taken

An audit programme was in place. However, this did not include an audit of patient care records. This recommendation is reported in Domain 5: Planning for quality (see recommendation f on page 21).

Recommendation

The service should ensure necessary measures to manage fire risk are in place throughout the service.

Action taken

Fire extinguishers were in place in accessible locations and had been checked regularly. The service displayed its fire evacuation procedures. However, a fire risk assessment had not been carried out. This recommendation is reported in Domain 4: Quality improvement (see recommendation d on page 20).

Recommendation

The service should ensure that patient consent to treatment, and to sharing information with their GP and other healthcare staff in an emergency, if required, is obtained and documented in patient care records.

Action taken

Patient consent for treatment was obtained. However, patients were not asked to consent to sharing information with their GP and other healthcare staff if required. A new requirement has been given and is reported in Domain 7: Quality control (see requirement 4 on page 24).

Recommendation

The service should request next of kin contact details and GP contact details for each patient.

Action taken

Next of kin contact details were not requested. While patients did not always provide GP details, it was not documented that the patient had refused to disclose the information. A new requirement has been given and is reported in Domain 7: Quality control (see requirement 4 on page 24).

Recommendation

The service should formally record the minutes of management meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.

Action taken

We saw that meetings had set agendas and minutes were recorded. Any actions were documented and the person responsible for completing the action was named.

Recommendation

The service should develop a structured processes of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

Action taken

While the service did request feedback from patients through online review platforms, it did not request any structured feedback. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation c on page 17).

Recommendation

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

Action taken

We saw evidence that a quality improvement plan was in place and reviewed at the 6-monthly quality governance meetings.

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 Quantum Health on Tuesday 9 December. This service was previously known as Medical Weight Loss Ltd. We received feedback from 21 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Quantum Health is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector and a subject matter expert.

What we found and inspection grades awarded

For Quantum Health, 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**
Performance against measurable key performance indicators was monitored. Good communication kept staff up to date and informed. Sharing the service's vision will inform patients and further embed the values in the activities of the service.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Benchmarking the service against similar services as part of a quality assurance system demonstrated a culture of quality improvement. Patients felt fully informed and involved in decisions about their care and treatment. A yearly gas safety check and fire risk assessment would improve fire safety. Staff appraisals would provide the opportunity to evaluate, discuss and improve performance.	✓Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The care environment and patient equipment were clean. Standard infection prevention and control measures were in place. Developing the patient assessment process and detailed patient care records would evidence patient safe and effective care and treatment. Appropriate checks on all staff would help make sure they are safe to work in the service.	✓ 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 Medical Weight Loss Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in five requirements and six recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should share its vision with patients and staff (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 introduce a team meeting for all staff, including those with practicing privileges. Meeting minutes should be shared with staff who are unable to attend (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 ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals. This includes practicing privileges staff (see page 19). Timescale – by 9 March 2026 *Regulation* 12 (c)(i) *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must ensure an annual gas safety check is carried out on the gas boiler and system (see page 19). Timescale – by 9 March 2026 *Regulation* (10(2)(b)) *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
c	The service should develop a more structured process of gaining regular patient feedback with a process of informing patients of how their feedback has been used to improve the service (see page 17). 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 November 2021 inspection report for Quantum Health.
d	The service should ensure an annual fire risk assessment is carried out (see page 20). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.19

Implementation and delivery (continued)

Recommendations

e The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason. It should include how patients would be kept informed and alternative arrangements made (see page 21).

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

f The service should further develop its audit programme to include audits of patient care records (see page 21).

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

Results

Requirements

3 The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 24).

Timescale – immediate

Regulation 8(1)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)	
Requirements	
4	The provider must ensure that the patient care record includes: *(a) patients' GP details and consent to share information with other health care professionals, and* *(b) next of kin or emergency contact details.* If the patient refuses to provide this information, this should be documented (see page 24). Timescale – by 9 March 2026 *Regulation 4(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
5	The provider must improve and document the assessment, treatment plans, ongoing care, observations and prescribed medications of ADHD patients. (see page 24). Timescale – by 9 March 2026 *Regulation 4(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

Medical Weight Loss Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

Our findings

Performance against measurable key performance indicators was monitored. Good communication kept staff up to date and informed. Sharing the service's vision will inform patients and further embed the values in the activities of the service.

Clear vision and purpose

The service had a vision and purpose framework that laid out in detail, the:

- aims and objectives
- core values
- leadership structure
- mission, and
- vision statement.

The service's defined key performance indicators were in line with the service's yearly business report. Key performance indicators were reviewed monthly and included:

- appointment attendance rate
- laboratory test results processing time
- patient satisfaction, and
- waiting times.

What needs to improve

The service told us in its self-evaluation that it planned to make the vision more visible, including it on patient information, signage and staff materials. However, this was not in place at the time of our inspection (recommendation a).

- No requirements.

Recommendation a

- The service should share its vision with patients and staff.

Leadership and culture

The clinic team was made up of a medical director, nurse practitioner and administration lead, as well as pharmacists working in the service under practicing privileges agreements (staff not employed directly by the provider but given permission to work in the service).

All patients who responded to our survey said they had confidence in the staff. Comments included:

- 'Everyone in the clinic was very professional from the outset.'
- 'I had full confidence that the staff had the right knowledge and skills to administer my treatment.'

We saw that the medical director (who was also the registered manager) provided visible leadership in the service. They had oversight of the service through governance procedures, which were discussed at minuted governance meetings, including:

- audits
- key performance indicators, and
- regular meetings.

The leadership role and responsibilities were clearly defined in a leadership structure policy.

We saw that the service had weekly team communication through an online app and a 6-monthly service review meeting that was minuted.

What needs to improve

Staff working under practicing privilege agreements did not attend meetings in-person or virtually. We did not see evidence that meeting minutes were shared with these staff (recommendation b).

- No requirements.

Recommendation b

- The service should introduce a team meeting for all staff, including those with practicing privileges. Meeting minutes should be shared with staff who are unable to attend.

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

Benchmarking the service against similar services as part of a quality assurance system demonstrated a culture of quality improvement. Patients felt fully informed and involved in decisions about their care and treatment.

A yearly gas safety check and fire risk assessment would improve fire safety. Staff appraisals would provide the opportunity to evaluate, discuss and improve performance.

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

Patients could provide feedback to the service through online review platforms and we saw that the service responded to these reviews. Feedback was logged and shared in the clinical governance meeting. Any actions taken after patient suggestions for improvement were also discussed during the meetings and documented in the minutes. These included improvements to the booking system, appointment reminders and the process for sharing test results.

Staff were given the opportunity to provide feedback on the service informally and during meetings and we saw examples of staff suggestions for improvement that had been acted on. For example, the service had spaced out appointments to make sure patient appointments were on time and updated patient information packs.

Staff were rewarded with discounts for themselves, as well as friends and family for services that the clinic offered.

What needs to improve

The service actively encouraged patients to leave feedback on online review platforms. However, it did not have a method of obtaining structured feedback, such as in a survey with set questions. While the service made improvements based on patient feedback and suggestions, it did not share the actions it had taken in response to the suggestions with patients (recommendation c).

- No requirements.

Recommendation c

- The service should develop a more structured process of gaining regular patient feedback with a process of informing patients of how their feedback has been used to improve the service.

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.

A wide range of policies and procedures were in place to maintain the effective and safe running of the service. Staff signed to say they had read and understood each policy.

An infection prevention and control policy set out the standard precautions that would be taken to reduce the risks of infection. For example, precautions included hand hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks). A contract was in place to make sure that clinical waste was disposed of appropriately.

The service had a process in place to document and report accidents and incidents. We were told that no accidents or incidents had occurred up to the date of our inspection.

Appropriate safety checks had been carried out on the fixed electrical wiring and portable electrical appliances in the service.

The service had appropriate medicines management policies in place. Medicines were stored appropriately and checks carried out for stock and expiry dates. Documented temperature checks helped make sure medicines that required to be stored in a refrigerator were safe to use. The service was a designated yellow fever vaccination centre and displayed its registration certificate. Emergency policies and protocols were in place.

The service's website provided information to patients, such as the services offered, costs and staff providing the services. Patients who responded to our online survey indicated they had felt fully informed and involved in decisions about their treatment. Comments included:

- 'Fully informed prior to carrying out any tests/treatment for costs etc.'
- 'The doctor discussed everything with me before and after the blood test. He listened to my concerns attentively.'
- 'I was given everything I needed for informed consent and for what I needed to kickstart my recovery.'

A safeguarding policy was in place that described the reporting process for staff to follow if they had a safeguarding concern. The service had a privacy and dignity policy, as well as a chaperone policy in place. All patients who responded to our online survey felt they had been treated with dignity and respect.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A yearly duty of candour report was published on the service's website. We saw that a system was in place for investigating a duty of candour incident. No duty of candour incidents had been recorded in the service.

We were told that the service had not received any complaints at the time of our inspection. The service had a process in place to deal with any complaint, as well as a complaints log which was reviewed as an agenda item at the quality governance meeting. The service's complaints management process was displayed in the reception area.

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. Any changes made to a patient care record could be tracked to maintain security. An information management policy detailed how patient information would be stored securely, as well as the retention period and the method of destruction. A poster in the reception area informed patients how their information was used, in line with legislation.

The service had a staff governance policy in place that included recruitment, induction and training.

The doctor, nurse and pharmacists also worked in the NHS, where they were subject to mandatory training and continued professional development. This was also part of their professional register-revalidation requirements and made sure that the service kept up to date with changes in the legislation and best practice guidance. The service's list of mandatory training for the staff included training for:

- basic life support
- duty of candour
- fire safety
- general data protection
- infection prevention and control, and
- safeguarding (adult and child protection).

What needs to improve

The service did not have a yearly appraisal process for all staff, including those working under practicing privileges agreements (requirement 1).

The service had a gas heating and hot water system in the premises. An annual gas safety check had not been carried out (requirement 2).

Fire safety measures were in place, such as:

- an evacuation procedure
- fire safety signage and equipment
- fire safety training, and
- smoke alarm testing.

However, the service had not carried out a yearly fire risk assessment (recommendation d).

Requirement 1 – Timescale: by 9 March 2026

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals. This includes practicing privileges staff.

Requirement 2 – Timescale: by 9 March 2026

- The provider must ensure an annual gas safety check is carried out on the gas boiler and system.

Recommendation d

- The service should ensure an annual fire risk assessment is carried out.

Planning for quality

Appropriate insurances were in-date, such as professional indemnity, public and employer liability insurance. Employer liability insurance certificate was displayed.

The service had a process in place to manage risk. General health and safety risks were detailed in risk assessment log, with controls mitigating the risks documented.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service had implemented a formal documented system for regularly reviewing the quality of the service, including:

- a quality improvement plan informed from audit outcomes, feedback and key performance monitoring results
- governance meetings every 6 months
- key performance indicator monitoring, and
- patient feedback review.

The service had a programme of audits in place, including audits for:

- clinic environment and equipment
- compliance with mandatory training
- fire safety
- health and safety
- infection prevention and control measures, and
- information management.

The service was benchmarked against other providers of independent healthcare, which provided comparable GP and phlebotomy services. A 6-monthly report was produced comparing aspects of the services, such as:

- patients' access to appointments
- pricing transparency
- the processing time for laboratory test results, and
- the services offered and clarity of patient information available on service websites.

What needs to improve

We requested the service's contingency plan in case of emergencies, such as:

- equipment breakdown
- flood, and
- power failure.

However, we did not receive the contingency plan (recommendation e).

The service's audit programme did not include an audit of patient care record audits to help make sure all required information had been documented (recommendation f).

Recommendation e

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason. It should include how patients would be kept informed and alternative arrangements made.

Recommendation f

- The service should further develop its audit programme to include audits of patient care records.

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 care environment and patient equipment were clean. Standard infection prevention and control measures were in place. Developing the patient assessment process and detailed patient care records would evidence patient safe and effective care and treatment. Appropriate checks on all staff would help make sure they are safe to work in the service.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment was clean and well-equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day with appropriate cleaning products. We saw that clinical waste, including sharps waste was well managed.

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

- ‘It was a very professional and clean environment.’
- ‘A comfortable environment, I felt at ease.’

We reviewed seven patient care records during our inspection. Of these seven, four were for patients accessing the attention deficit hyperactivity disorder (ADHD) service and three for other general medical conditions. All seven patient care records documented the:

- initial consultation
- medical history
- patient contact details, and
- recommended aftercare instructions.

Entries in all patient care records were digitally signed, dated and timed.

What needs to improve

We reviewed four staff files (one employed clinical member of staff and three practicing privileges staff). While some checks had been carried out, in particular for the employed member of staff, we saw that not all the staff files included evidence of:

- completion of induction and mandatory training
- Disclosure Scotland check
- employment contract or practicing privileges agreement
- occupational health status, and
- references (requirement 3).

Next of kin or emergency contact details and consent to share information with other healthcare professionals were not requested. Patients did not always provide GP details. However, patient care records did not document that the patient had refused to disclose the information (requirement 4).

For those patients accessing the ADHD service, we found further gaps in the documentation. These included:

- details of prescribed medication and the process of adjusting medication dosages not documented
- physical observations were not documented at review appointments
- screening questionnaires not used
- treatment plans were not clear until the point of discharge, and
- while diagnostic reports were detailed and included patients' self-reported symptoms, none were from observers, such as friends or family (requirement 5).

Requirement 3 – Timescale: immediate

- The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly.

Requirement 4 – Timescale: by 9 March 2026

- The provider must ensure that the patient care record includes:

  (a) patients' GP details and consent to share information with other health care professionals, and
  (b) next of kin or emergency contact details.

  If the patient refuses to provide any information, this should be documented.

Requirement 5 – Timescale: by 9 March 2026

- The provider must improve and document the assessment, treatment plans, ongoing care, observations and prescribed medications of ADHD patients.

- 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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