



Healthcare
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Scotland

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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Luxe Skin by Doctor Q, Glasgow

Service Provider: Quvent Limited

14 January 2026

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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 5 March 2020

Recommendation

The service should develop and implement a duty of candour policy.

Action taken

A duty of candour policy was now in place. The duty of candour report was published on the service's website every year.

Recommendation

The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

Action taken

Although the service continued to gather feedback from patients, there was still no formal process in place for reviewing feedback. This recommendation is reported in Domain 3 (Co-design, co-production) (see recommendation c on page 16).

Recommendation

The service should adhere to national guidance for the disposal and handling of medicine following administration of medicines to patients.

Action taken

A waste management contract was in place for the disposal of all clinical waste, including hazardous waste such as botulinum toxin, in line with national clinical waste legislation.

Recommendation

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

Action taken

The service had still not developed a programme of regular audits covering key aspect of care and treatment. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 19).

Recommendation

The service should develop and implement an adult support and protection policy.

Action taken

An adult support and protection policy had now been implemented setting out how any concerns about the safety of a patient would be escalated.

Recommendation

The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records.

Action taken

The patient care records we reviewed did not contain patient consent to share their information with other healthcare professionals in the event of an emergency situation. This is reported in Domain 7 (Quality control) (see requirement 6 on page 24).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

The service had still not developed a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 20).

Recommendation

The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided.

Action taken

A process was now in place to review policies every 6 months. Policies were version controlled with changes, if any, documented from previous policy reviews.

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 Luxe Skin by Doctor Q on Wednesday 14 January 2026. We spoke with the owner (sole practitioner) during the inspection. We received feedback from 11 patients through an online survey we had asked the service to issue for us before the inspection.

Based in Glasgow, Luxe Skin by Doctor Q is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors, with one of the inspectors observing.

What we found and inspection grades awarded

For Luxe Skin by Doctor Q, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings	Grade awarded	
<p>The service's vision, purpose, aims and objectives were available for patients to view on its website. Although the service had identified key priorities to ensure it was able to demonstrate continuous improvement, a process should be developed to ensure the aims and objectives are being met.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints.</p> <p>Healthcare Improvement Scotland must be notified of any incidents, accidents or adverse events that take place in the service. An audit programme should be developed that includes a range of audits relevant to healthcare settings. Patient feedback should be formally reviewed and improvements made as a result of feedback shared with patients. A risk management system must be in place and a quality improvement plan should be developed.</p>	Unsatisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment and equipment were clean and well maintained. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Appropriate policies, processes and training were in place for providing intense pulsed light (IPL) and laser treatments.</p> <p>A cleaning schedule must be introduced, and the treatment rooms should be free from clutter. Information about patients' GPs, next of kin or emergency contacts must be documented in patient care records, as well as consent for sharing information with other healthcare professionals. Good medicines governance must be followed, including obtaining informed consent from patients for the use of</p>	Unsatisfactory	

unlicensed medicines and the prescribing of emergency stock medicines.	
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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 Quvent 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 six requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should implement a process to make sure that its aims and objectives are being met (see page 14). 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 18).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Applications and Registration)

Regulations 2011

- 2** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 19).

Timescale – immediate

Regulation 13(2)(a)

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

Recommendations

- b** The service should review its participation policy to include how it will inform patients about how their feedback has been used to improve the service (see page 16).

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

- c** The service should formalise its approach to reviewing and using feedback from patients to demonstrate how this is used to improve the quality of the service (see page 16).

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

This was previously identified as a recommendation in the March 2020 inspection report for Luxe Skin by Doctor Q.

Implementation and delivery (continued)

Recommendations

- d** The service should implement a system to record any accidents, incidents and adverse events (see page 18).

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

- e** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 19).

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

This was previously identified as a recommendation in the March 2020 inspection report for Luxe Skin by Doctor Q.

- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).

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 March 2020 inspection report for Luxe Skin by Doctor Q.

- g** The service should develop a contingency plan that sets out arrangements for patient aftercare and follow-up arrangements if the service ceased trading (see page 20).

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

Results

Requirements

- 3** The provider must develop a cleaning schedule which includes details on cleaning products, processes and records of completion of cleaning (see page 23).

Timescale – immediate

Regulation 3(d)(i)

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

- 4** The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent. This should be reflected in the medicines management policy (see page 23).

Timescale – by 14 April 2026

Regulation 3(d)(iv)

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

- 5** The provider must demonstrate good medicine governance in line with current best practice guidelines for the prescribing and administration of emergency stock medication (see page 24).

Timescale – immediate

Regulation 3(d)(iv)

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

Results (continued)

Requirements

- 6** The provider must ensure patients' GPs, next of kin or emergency contact details, as well as consent to share information with other healthcare professionals in the event of an emergency situation, are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 24).

Timescale – by 14 April 2026

Regulation 4(1)

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

This was previously identified as a recommendation in the March 2020 inspection report for Luxe Skin by Doctor Q.

Recommendation

- h** The service should ensure that the clinical environment is free from clutter at all times. This would also help to facilitate effective cleaning (see page 24).

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

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

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

Quvent 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 Luxe Skin by Doctor Q 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

The service's vision, purpose, aims and objectives were available for patients to view on its website. Although the service had identified key priorities to ensure it was able to demonstrate continuous improvement, a process should be developed to ensure the aims and objectives are being met.

Clear vision and purpose

The service's aims and objectives of being a trusted, high quality independent healthcare provider with its vision of 'delivering safe, ethical and evidence-based aesthetic medicine that enhances patients' confidence and wellbeing' was clearly displayed on the service's website for all patients and potential patients to view.

The service's purpose was also stated on its website. This included to:

- provide patient-centred care
- ensure robust consent and realistic expectations, and
- deliver consistent, high quality outcomes supported by evidence-based protocols.

The owner (practitioner) was a GP and an experienced advanced aesthetics practitioner. They were qualified to deliver minor surgical treatments and interventions.

Key priorities had been identified to help monitor and measure the quality and effectiveness of the service. These included:

- formalising quality improvement planning and documentation
- strengthening the measurement of outcomes and results, and
- improving patient feedback and stakeholder engagement.

What needs to improve

No process was in place to show how the service would measure its performance against the identified aims and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should implement a process to make sure that its aims and objectives are being met.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints.

Healthcare Improvement Scotland must be notified of any incidents, accidents or adverse events that take place in the service. An audit programme should be developed that includes a range of audits relevant to healthcare settings. Patient feedback should be formally reviewed and improvements made as a result of feedback shared with patients. A risk management system must be in place and a quality improvement plan should be developed.

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

We were told that a number of patients were returning patients who had used the service for many years. New patients were usually patients who had been recommended to the service by existing patients or by word of mouth, including social media reviews. All consultations were by appointment only.

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries either through the service's website or social media pages.

The service's website was comprehensive, informative and included the practitioner's background, experience and qualifications. Treatments and costs were stated, and an email confirmation was sent after patients booked an appointment.

Feedback from patients about their overall experience of the service was gathered in several ways, including verbal feedback, email and social media reviews. Patients were also sent a bespoke patient questionnaire after their treatment. This helped to encourage patients to participate and be involved in the future direction of the service. For example, as a result of patient feedback refreshments were now provided for patients waiting for treatment and laser treatments had been introduced.

What needs to improve

The service's participation policy advised how the service would gather patient feedback and their overall experience. However, the policy did not detail how any improvements or changes made as a result of patient feedback would be shared with patients (recommendation b).

Although we were told that the service regularly reviewed patient feedback, and we saw improvements made in the service after receiving patient feedback, no formal process was in place demonstrating how this took place. This should include:

- regularly recording and analysing results
 - implementing changes to drive improvement
 - measuring the impact of improvements to show how these have improved the quality of the service, and
 - informing patients about changes made as a result of their feedback (recommendation c).
- No requirements.

Recommendation b

- The service should review its participation policy to include how it will inform patients about how their feedback has been used to improve the service.

Recommendation c

- The service should formalise its approach to reviewing and using feedback from patients to demonstrate how this is used to improve the quality of 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 practitioner was aware of the notification process to Healthcare Improvement Scotland and the need to notify us of certain events that occur in the service. For example, we had recently approved a notification for the service to provide laser treatments.

The service proactively developed and implemented policies to help ensure that patients had a safe experience in the service. Policies were reviewed every year, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- infection prevention and control
- medicines management, and
- safeguarding (public protection) of adults.

Arrangements were in place to deal with medical and aesthetic emergencies, including emergency medicines available for patients who may experience aesthetic complications following treatment. This included up-to-date training in medical and aesthetic emergencies by the practitioner.

Maintenance contracts for fire safety equipment and the fire detection system were up to date. Appropriate hazard and warning signage was in place to advise when laser treatments were being delivered. As no products were used in the service that required refrigeration, a medical fridge was not required to store medication.

The service's complaints policy was available on the service's website. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included our contact details. We noted that the service had received, and locally resolved, two complaints or concerns raised by patients directly with the service. No complaints had been received by Healthcare Improvement Scotland since the service was registered with us in January 2018.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The most recent duty of candour report was available on the service's website. We noted that the service had no duty of candour incidents for the previous year.

Patients were emailed information about their treatment before their appointment. On the day of treatment, patients had a face-to-face consultation with the practitioner where they completed a consent form, which was signed by both the patient and practitioner. An appropriate cooling-off period was included to allow them time to consider the treatment options. A comprehensive assessment took place which included a full medical history, as well as current medications. Aftercare information was emailed to all patients following their treatment. We saw examples of aftercare instructions for a variety of treatments delivered by the service.

If patients experienced an adverse event following treatment, they could contact the practitioner by telephone outwith clinic times and emergency appointments were offered, if required. This information was detailed in the aftercare information and discussed with patients during and after treatments.

Patient care records were stored on an electronic and password-protected system. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service worked in line with data protection regulations.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This is how doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues. This included supportive professional relationships with other independent healthcare peers in England in healthcare services regulated by the Care Quality Commission.

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. The service submitted an annual return, as requested. Although the service was aware of the notification process to Healthcare Improvement Scotland, we noted the service had provided information on its annual return advising that two patients had been treated for wound infections following treatment. These incidents must also be notified to Healthcare Improvement Scotland (requirement 1).

We saw no evidence of a system for recording accidents, incidents or adverse events which may occur in the service (recommendation d).

Requirement 1 – Timescale: immediate

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

Recommendation d

- The service should implement a system to record any accidents, incidents and adverse events.

Planning for quality

We were told the service had identified what steps would be taken to protect patient care if an unexpected event occurred, such as the service closing. Arrangements were in place with other services in the surrounding areas to treat patients, if required.

What needs to improve

Although the service had carried out fire and laser safety risk assessments, no formal risk management system was in place to demonstrate that general risks had been identified and assessed, for example needlestick injuries, lone working and complications from aesthetic treatments. A wider range of risk assessments would demonstrate that all potential risks had been considered and that appropriate actions were in place to remove or reduce these (requirement 2).

Although we were told that the service carried out audits on adverse incidents and medicine stock dates, this evidence was not available on the day of inspection. The service did not carry out any other audits and no formal audit programme was in place. This would help the service improve how its audit activity was planned. A wider range of audits, such as patient care records, patient feedback, and infection prevention and control practices, would help to ensure the service was auditing key aspects of care and treatment (recommendation e).

Although we saw improvements being made in the service as a result of patient feedback, we saw no evidence of a quality improvement plan. This would help the service to structure and record its improvement processes. This could include outcomes identified from audits, complaints, accidents and incidents, and patient feedback (recommendation f).

Although the service was able to tell us about the plans in place should the service be unable to continue delivering care or treatment to patients, we saw no evidence of a formal contingency plan in place (recommendation g).

Requirement 2 – Timescale: immediate

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

Recommendation e

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

Recommendation f

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

Recommendation g

- The service should develop a contingency plan that sets out arrangements for patient aftercare and follow-up arrangements if the service ceased trading.

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 environment and equipment were clean and well maintained. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Appropriate policies, processes and training were in place for providing intense pulsed light (IPL) and laser treatments.

A cleaning schedule must be introduced, and the treatment rooms should be free from clutter. Information about patients' GPs, next of kin or emergency contacts must be documented in patient care records, as well as consent for sharing information with other healthcare professionals. Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines and the prescribing of emergency stock medicines.

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.

We saw that the service was clean, and that infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single use to prevent the risk of cross-infection, where appropriate. A clinical waste contract was in place, and clinical waste and used sharps equipment was stored securely and disposed of appropriately. We saw a good supply of antibacterial hand wash and disposable paper hand towels.

Patients who responded to our online survey told us they felt safe in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'It is a beautiful, relaxing and spotless treatment room.'
- 'Facilities and equipment are spotless and immaculate. The doctor explains what equipment... and where it will be used.'
- 'Very clean and lovely space.'

We reviewed five electronic patient care records. We saw evidence of initial consultations with patients and discussions taking place with outcomes and proposed treatment plans. This included making sure patients had realistic expectations and agreed the most suitable options available to them. We were told treatment costs were discussed during the initial consultation. We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits. Consent was also obtained for taking photographs. Signatures from both the patient and the practitioner were noted on all documentation. A record of treatment and batch numbers, including expiry dates for medicines used, was also included in the patient care records. We were told that patients were given verbal and written advice after their treatments, including information about contacting the practitioner out of hours, and this was recorded in their notes.

Feedback from our online survey was very positive about the experience patients had in the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- '... was very kind and professional listened to my concerns and advised treatment plan.'
- 'It was very clear from the consultation the experience and professionalism.'
- 'Everything flowed smoothly and on time. I was made to feel welcome and was not kept waiting.'
- 'Very professional, very well organised, your experience starts the minute you are greeted by the concierge at the front door.'

Intense pulsed light (IPL) therapy and laser skin treatments were provided to patients. The service had a registered laser protection advisor and local rules were in place to ensure patient and staff safety. All safety measures were in place when this treatment was being carried out, including safety warning signs on the locked treatment room door. We saw evidence of up-to-date core of

knowledge laser safety training completed by the practitioner. Documented checks, including annual maintenance checks on the laser equipment, had been carried out and were available to view.

What needs to improve

We were told the practitioner cleaned the service at the end of each day. However, there was no evidence of a cleaning schedule identifying the areas to be cleaned, the frequency or what cleaning products were being used to clean equipment (requirement 3).

We were told that the service used bacteriostatic saline to reconstitute the vials of botulinum toxin (this is when a liquid solution is used to turn a dry substance into a specific concentration of solution). The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was no evidence in the patient care records we reviewed that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, or that consent had been sought before treatment was administered (requirement 4).

We saw evidence that one of the emergency prescription-only medications held as stock in the service had been prescribed for the practitioner. Stock medicines must not be assigned to an individual as that medicine cannot then be used by another patient (requirement 5).

From the patient care records we reviewed, we found no evidence of patients' GP, next of kin or emergency contact details documented, or their consent to share information with other healthcare professionals (requirement 6).

We found that areas within the treatment rooms were cluttered with significant amounts of material and non-clinical items on windowsills and work surfaces. This means these surfaces cannot be effectively cleaned (recommendation h).

Requirement 3 – Timescale: immediate

- The provider must develop a cleaning schedule which includes details of cleaning products, processes and records of completion of cleaning.

Requirement 4 – Timescale: by 14 April 2026

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent. This should be reflected in the medicines management policy.

Requirement 5 – Timescale: immediate

- The provider must demonstrate good medicine governance in line with current best practice guidelines for the prescribing and administration of emergency stock medication.

Requirement 6 – Timescale: by 14 April 2026

- The provider must ensure patients' GPs, next of kin or emergency contact details, as well as consent to share information with other healthcare professionals in the event of an emergency situation, are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

Recommendation h

- The service should ensure that the clinical environment is free from clutter at all times. This would also help to facilitate effective cleaning.

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.



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

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or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot