Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: One Private Healthcare, Glasgow

Service Provider: One Private Healthcare Ltd

13 March 2026

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2026

First published May 2026

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit https://creativecommons.org/licenses/by-nc-nd/4.0/

www.healthcareimprovementscotland.scot

Contents

1 A summary of our follow-up inspection 4

2 Progress since our last inspection 7

Appendix 1 – About our inspections 17

1 A summary of our follow-up inspection

Previous inspection

We previously inspected One Private Healthcare on 10 September 2025. That inspection resulted in five requirements and 16 recommendations. As a result of that inspection, One Private Healthcare Ltd produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at: Find an independent healthcare provider or service – Healthcare Improvement Scotland

About our follow-up inspection

We carried out an announced follow-up inspection to One Private Healthcare on Friday 13 March 2026. The purpose of the inspection was to follow up on the progress the service has made in addressing the five requirements and 16 recommendations from the last inspection. This report should be read along with the September 2025 inspection report.

We spoke with both the manager and the clinical lead during the inspection.

The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*	✓ Satisfactory

The grading history for One Private Healthcare can be found on our website.

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]

We found that the provider had met all five requirements made at the previous inspection on 10 September 2025. It had also taken steps to act on the majority of the recommendations we had made.

What action we expect One Private Healthcare Ltd to take after our inspection

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

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

This inspection resulted in one recommendation which remains outstanding, and two new recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	The service should review and update its website to provide additional patient information, such as staffing, information on how to make a complaint, opening hours, potential costs and helpful information resources for the treatments provided (see page 10). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9 This was previously identified as a recommendation in the September 2025 inspection report for One Private Healthcare.
b	The service should develop a process for informing patients and stakeholders about how their feedback has been used to improve the service and measuring the impact made as a result (see page 10). 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 ensure that all staff complete all mandatory training. This should include training in duty of candour (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

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

We would like to thank all staff at One Private Healthcare for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 10 September 2025

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

Clear vision and purpose

Recommendation

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

Action taken

The service's mission statement was 'to deliver high quality, compassionate and patient-centred care that promotes wellbeing, confidence and dignity'. We saw from staff meetings that staff had helped to develop the service's mission statement and core values. The core values included:

- compassion and respect
- patient-centred excellence
- collaboration and support
- integrity and accountability, and
- continuous improvement.

The service had set out its strategic priorities for 2025-2027. These included:

- growth of, and access to, the service
- quality and governance
- operational efficiency, and
- patient and staff experience.

Key performance indicators had been identified by the service to help measure its performance in achieving its strategic priorities. Some examples included:

- patient satisfaction
- staff engagement
- professional development
- access and timeliness of appointments, and
- quality and safety.

We were told that the mission statement would be shared with patients on the service's updated website when this goes live. We will follow this up at the next inspection.

Leadership and culture

Requirement

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

Action taken

We saw that the clinical lead had taken a proactive leadership role in the service's governance procedures. This included providing clinical input and oversight in carrying out quality assurance and governance activities. For example, reviewing and updating clinical policies, audits, and leading clinical governance and business meetings. **This requirement is met.**

Recommendation

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

Action taken

The service's business and clinical governance monthly meetings between the manager and clinical lead had recommenced. We saw that regular agendas had been set and that these meetings were minuted with actions identified, where necessary.

Recommendation

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

Action taken

We saw in the clinical lead's diary that they had developed a schedule of planned meetings every 3 months with clinical staff working in the service under a practicing privileges agreement (staff not directly employed by the provider but given permission to work in the service).

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

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

Recommendation

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

Action taken

The service had still not updated its website. We were told the website was currently under review and additional information would be available to patients once the website was updated and live (see **recommendation a on page 6)**.

Recommendation

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

Action taken

We saw from the business and clinical governance meetings that patient and staff feedback was included as an agenda item. However, a process had still not been developed for informing patients and stakeholders (such as law firms) about how their feedback had been used to make improvements to the service, and how the impact of these changes would be measured. **A new recommendation has been made** (see **recommendation b on page 6)**.

Quality improvement

Requirement

The provider must follow its practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed.

Action taken

We saw that practicing privileges contracts detailing the terms and conditions of working in the service were now in place for clinical staff working under a practicing privileges agreement. **This requirement is met.**

Recommendation

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

Action taken

We saw that the clinical lead had scheduled one-to-one meetings every 3 months for staff working under practicing privileges.

Recommendation

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

Action taken

The service had updated its recruitment and practicing privileges policies to ensure these were now in line with national recruitment guidance. The recruitment policy included an induction checklist for staff to complete.

Recommendation

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

Action taken

We saw that a training log had been developed to record training for staff employed in the service. A system was also in place to record yearly appraisals, revalidation and training for staff working under practicing privileges.

Recommendation

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

Action taken

We noted that the service was in the process of reviewing all of its policies and procedures, with input and oversight from the clinical lead. We were provided with a range of policies that had recently been reviewed. Some examples included:

- governance
- safeguarding (public protection)
- duty of candour
- data protection, and
- infection prevention and control.

Recommendation

The service should develop a list of mandatory training for staff and ensure this training is completed. This should include training to ensure patient safety, as well as governance procedures such as:

- *complaints management*
- *duty of candour*
- *infection prevention and control*
- *fire safety*
- *information management, and*
- *safeguarding (public protection).*

Action taken

The service had purchased online training modules for staff to complete. From the training records we reviewed, we saw that all staff had completed conflict resolution and fire safety training. However, only the manager had completed training for information governance, and infection prevention and control. Although the service told us that all remaining staff members were in the process of completing infection prevention and control and information governance training, we saw that these training modules remained outstanding at the time of the inspection. We noted that no staff members, including the manager, had completed safeguarding training. We also noted that the list of training for staff to complete did not include duty of candour. **A new recommendation has been made** (see **recommendation c on page 6**).

Planning for quality

Requirement

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

Action taken

A fire risk assessment had now been carried out and a fire safety plan had been developed. **This requirement is met.**

Requirement

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

Action taken

A risk register and associated risk assessments had now been developed. We saw that the risk register covered organisational risks such as appropriate staffing, reputational damage and cyberattacks, as well as risks relating to staff and patients, including health and safety. It also detailed existing and identified actions in place to reduce or manage these risks. **This requirement is met.**

Recommendation

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

Action taken

A number of audit tools had now been developed that set out the specific areas of activity being reviewed and the criteria being measured. We saw that audits had been completed for infection prevention and control, health and safety, staff files and patient care records.

Recommendation

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

Action taken

We saw that the range of information now being audited as part of the patient care record audit had been expanded. We reviewed a recent patient care record audit and noted that the following checks were included:

- patient identification
- consent
- assessment and diagnosis
- safeguarding, and
- documentation received.

Recommendation

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

Action taken

A quality improvement plan had now been developed that included actions required, timescales and staff responsibilities. We noted that the plan included the requirements and recommendations made at the previous Healthcare Improvement Scotland inspection carried out in September 2025.

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

Requirement

The provider must improve the standard of record keeping in the patient care records to include:

- *more comprehensive records of the consultation and treatment provided*
- *patients' GP details and next of kin or emergency contact*
- *correct treatment information on consent forms, and*
- *written correspondence to patients' GPs when prescribing controlled drugs.*

Action taken

A checklist for all patient care records had been developed to ensure that the records were fully completed and all necessary information had been obtained from the patient. We saw that consultation documentation had been created for patients attending the service for aesthetic treatments. This included facial mapping and specific aesthetics consent forms, for example dermal filler. We reviewed three patient care records and found that these had been comprehensively completed, including documenting the patient's next of kin and GP details. We saw that when patients had been prescribed controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers), the service had provided written correspondence to the patient's GP about their assessment and the medication prescribed by the service. **This requirement is met.**

Recommendation

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

Action taken

We saw that all staff working in the service under a practicing privileges agreement now had appropriate up-to-date medical indemnity insurance in place.

Recommendation

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

Action taken

A clinical and administration policy and procedure manual had now been developed. This included guidance and protocols for staff for screening and accepting patient referrals into the service.

Recommendation

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

Action taken

We saw that cleaning products being used, including for sanitary fittings, were now in line with national infection prevention and control guidance.

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]

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

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot