Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Elanic, Glasgow

Service Provider: Elanic Ltd

1 June 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

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Elanic on 11 November 2025. That inspection resulted in 10 requirements and nine recommendations. As a result of that inspection, Elanic 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 Elanic on Monday 1 June 2026. The purpose of the inspection was to follow up on the progress the service has made in addressing the 10 requirements and nine recommendations from the last inspection and the two requirements and one recommendation from the complaint investigation also carried out on 11 November 2025. This report should be read along with the November 2025 inspection report.

We spoke with a number of staff during the inspection.

The inspection team was made up of two inspectors.

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 Elanic 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 of the requirements made at our previous inspection on 11 November 2025. It had also taken steps to act on all of the recommendations we made.

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 no requirements and no recommendations.

We would like to thank all staff at Elanic 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 11 November 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 share its vision and purpose statement with staff and patients.

Action taken

Copies of the vision and purpose statement were available throughout the service. We saw evidence that the vision and purpose statement had also been shared with staff in a recent newsletter.

Leadership and culture

Recommendation

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

Action taken

We saw evidence of senior management team meetings with clear actions and accountability recorded.

Recommendation

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.

Action taken

We reviewed minutes from the monthly clinical governance meetings. We found these were now more detailed with clear actions and accountability recorded.

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

Quality improvement

Requirement

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

Action taken

A standard operating procedure for notifications had now been developed. This detailed who was responsible for notifying certain matters to Healthcare Improvement Scotland. Notifications were now being made to Healthcare Improvement Scotland in line with our guidance. **This requirement is met.**

Requirement

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

Action taken

Duty of candour policy is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The most recent annual duty of candour report had now been published on the service's website. **This requirement is met.**

Requirement

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

Action taken

A weekly complaints and incidents meeting had now been introduced to monitor emerging themes and improvement actions required. This ensured that complaints were recorded and managed in line with the complaints policy. During this meeting, the complaints log was reviewed, timescales and actions monitored, themes identified and corrective actions agreed. **This requirement is met.**

Recommendation

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

Action taken

An accessible version of the complaints policy was now available on the service's website. This included details of who to contact for a full copy of the complaints policy.

Recommendation

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

Action taken

The recruitment and selection, and practicing privileges, policies had now been updated to reflect current Scottish legislation and standards.

Recommendation

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

Action taken

We saw evidence that staff had now completed training appropriate to their role. This included basic life support and duty of candour training.

Planning for quality

Requirement

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.

Action taken

The service's risk register contained columns for themes and committee ownership, risk scores, actions to be taken, last committee review date and outcome from the previous meeting. From our review of minutes from the clinical governance committee, we saw discussions were now taking place relating to risks in the service. **This requirement is met.**

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 complete and submit an annual return as requested by Healthcare Improvement Scotland.

Action taken

The provider had submitted its annual return to Healthcare Improvement Scotland for review. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. **This requirement is met.**

Requirement

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

Action taken

We reviewed five patient care records and found them to be fully completed, and appropriately signed and dated by the relevant practitioner and patient. An audit of patient care records had recently been carried out to monitor compliance with record keeping and to help identify any areas for improvement. **This requirement is met.**

Requirement

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.

Action taken

No new staff had been recruited to work in the service since the last inspection in November 2025. However, we saw evidence that retrospective checks had been undertaken for existing staff members, such as evidence of qualifications held and reference checks. **This requirement is met.**

Requirement

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.

Action taken

No new staff had been recruited to work in the service since its last inspection in November 2025. We saw that a section had now been added to existing staff records to record an individual's Disclosure Scotland background check. **This requirement is met.**

Requirement

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

Action taken

No new staff had been recruited to work in the service since its last inspection in November 2025. We saw records for existing staff who had completed induction and mandatory training that was specific to their role. **This requirement is met.**

Requirement

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

Action taken

A performance review and appraisal programme had now been set up. We saw that these had been recorded in staff files. **This requirement is met.**

Recommendation

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

Action taken

We saw evidence of occupational health checks were now documented in clinical staff records.

Recommendation

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.

Action taken

A surgical safety brief now provided clear information about the surgical list. This is 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.

Recommendation

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

Action taken

The service had completed its self-evaluation when requested by Healthcare Improvement Scotland.

3 Update following our complaint investigation on 11 November 2025

What the provider had done to meet the requirements we made following a complaint investigation of 11 November 2025

Requirement

The provider must review the service's complaints policy to ensure:

(a) that the complainant is informed of any action (if any) that is to be taken within 20 working days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances

(b) a written copy of the complaints policy is supplied to every patient, and to any representative of a patient if that person so requests, and

(c) that the complaints policy includes the name and address of Healthcare Improvement Scotland and informs the complainant they can contact Healthcare Improvement Scotland at any time.

(d) The service should ensure the complaints policy is accessible for patients to access on their website.

Action taken

The complaints policy had now been updated. An accessible version of the policy was now available on the service's website. This included details of who to contact for a full copy of the policy. **This requirement is met.**

Requirement

The provider must ensure that detailed patient care records are kept so that safe care of patients can be demonstrated.

Action taken

We reviewed five patient care records and found them to be fully completed, and appropriately signed and dated by the relevant practitioner and patient. An audit of patient care records had recently been carried out to monitor compliance with record keeping and to help identify any areas for improvement. **This requirement is met.**

What the service had done to meet the recommendation we made following a complaint investigation on 11 November 2025

Recommendation

The service should ensure all complaints are properly investigated, learning shared with staff and action plans developed.

Action taken

A weekly complaints and incidents meeting had now been introduced to monitor emerging themes and improvement actions required. This ensured that complaints were recorded and managed in line with the complaints policy. During this meeting, the complaints log was reviewed, timescales and actions monitored, themes identified and corrective actions agreed.

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

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