

Announced Inspection Report: Independent Healthcare

Service: The Women's Clinic, Glasgow

Service Provider: The Women's Clinic Ltd

16 July 2026

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First published October 2026

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1 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 The Women's Clinic on Thursday 16 July 2026. We spoke with the service manager (laser aesthetics practitioner) during the inspection. We received feedback from four patients to our online survey we asked the service to issue to its patients before the inspection. This was our first inspection to this service.

Based in Glasgow, The Women's Clinic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Women's Clinic, 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
A laser aesthetics practitioner provided and managed the service and minor surgical treatments were provided by medical doctors. The service's overall aim was published on its website and key priorities had been identified. Formal key performance indicators should be developed to help the service monitor how well it is performing. Staff meetings would help to keep staff informed.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient information was available on the service's website and patient feedback was monitored on online review sites. Policies and procedures set out the way the service delivered safe care. Laser equipment was managed safely and a chaperone system was in place to protect patient dignity. The service's certificate of registration must be displayed. Duty of candour reports must be published each year. Medicines must be prescribed on a named patient basis. Paper patient care records must be stored outwith public areas. Evidence must be retained to show that appropriate background checks, and ongoing key rechecks, are carried out on staff. Formal one-to-one meetings with staff should also be introduced. A formal system for gathering and reviewing patient feedback, an audit programme and a quality improvement plan should be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment and equipment was clean and well maintained, with appropriate infection prevention and control practices in place. Patients were complimentary about the clinic environment. Patients' next of kin or emergency contact details must be documented in patient care records. Patient assessment forms must make clear the type of examination to be carried out. Signed patient consent forms must be held securely in	✓ Satisfactory

patient care records. The laser rejuvenation form must include space to record the unique laser handpiece batch number. The laser treatment form should be amended to make it clearer to understand.	
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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 The Women’s Clinic 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 eight requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should identify overarching key performance indicators and develop a process for monitoring and measuring these to help achieve its aim (see page 11). 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 programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions (see page 12). 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 clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration (see page 17). Timescale – immediate <i>Regulation Section 10Q(5)</i> <i>The National Health Service (Scotland) Act 1978</i>
2	The provider must produce and publish a duty of candour report every year, even when no duty of candour incidents have occurred (see page 17). Timescale – immediate <i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i>

Implementation and delivery (continued)	
Requirements	
3	The provider must ensure that medicines given to patients following treatment are prescribed to them on a named patient basis (see page 17). Timescale – immediate <i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
4	The provider must ensure that appropriate background checks are carried out on all staff before they start working in the service and that ongoing checks are then carried out at appropriate regular intervals (see page 18). Timescale – immediate <i>Regulation 9</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendations	
c	The service should review its participation policy to introduce a wider range of patient feedback methods. The policy should also include details of a structured approach to gathering and analysing patient feedback to demonstrate how improvements to the service are made as a result of feedback (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should relocate the patient care record filing cabinet to an area out of public access (see page 18). Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.2
e	The service should introduce regular formal one-to-one meetings with staff working under practicing privileges arrangements, as part of ongoing performance management (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Implementation and delivery (continued)	
Recommendations	
f	The service should develop a programme of regular audits to cover key aspects of care and treatment such as of the clinic environment, medicines management and patient care records. 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
g	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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

Results	
Requirements	
5	The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 22). Timescale – immediate <i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
6	The provider must amend its patient assessment form to make clear that the type and purpose of internal speculum examination to be carried out is limited to assessing tissue quality for laser use and is not diagnostic (see page 22). Timescale – immediate <i>Regulation 3(d)(v)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>

Results (continued)	
Requirements	
7	The provider must ensure that signed patient consent forms are held securely in the patient care records (see page 22). Timescale – immediate <i>Regulation 4</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
8	The provider must amend the laser rejuvenation form to include space to record the unique laser handpiece batch number (see page 22). Timescale – immediate <i>Regulation 4</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendation	
h	The service should review the format of the laser treatment form to make it easier to record and check the information documented (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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](#)

The Women's Clinic Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Women's Clinic for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

A laser aesthetics practitioner provided and managed the service and minor surgical treatments were provided by medical doctors. The service's overall aim was published on its website and key priorities had been identified.

Formal key performance indicators should be developed to help the service monitor how well it is performing. Staff meetings would help to keep staff informed.

Clear vision and purpose

The service's aim was to ensure that its clinic was always comfortable, private and welcoming. This aim had been published on its website for patients to see.

The service had identified three key priorities. These were to:

- uphold its values to ensure patient dignity and successful outcomes
- maintain the highest level of service to its patients, and
- constantly learn and make improvements where necessary.

What needs to improve

Key performance indicators had not been identified. These would help the service evaluate how well it is achieving its aim (recommendation a).

- No requirements.

Recommendation a

- The service should identify overarching key performance indicators and develop a process for monitoring and measuring these to help achieve its aim.

Leadership and culture

A laser aesthetics practitioner with extensive experience in laser treatments led and managed the service. Minor surgical treatments were provided by two medical doctors registered with the General Medical Council, who worked at the service under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). One of these doctors regularly worked at the service and the other had not been engaged since the service was registered. However, a practicing privileges contract was in place between the service and each doctor, detailing the responsibilities of each party.

Informal communication about the day-to-day running of the service took place in person with the doctor who regularly worked at the service, as they were on site at all times when the clinic was operating.

What needs to improve

While we were told there was regular communication with staff working under practicing privileges to allocate work, we noted there was no formal process for sharing of information such as quality improvement activity, patient feedback, risk, and health and safety. For example, there were no regular clinical team meetings. This also meant clinical staff had no formal mechanism for inputting into how the service was delivered (recommendation b).

- No requirements.

Recommendation b

- The service should introduce a programme of regular staff meetings, with a record of discussions, decisions reached and staff responsible for taking forward any actions.

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

Patient information was available on the service's website and patient feedback was monitored on online review sites. Policies and procedures set out the way the service delivered safe care. Laser equipment was managed safely and a chaperone system was in place to protect patient dignity.

The service's certificate of registration must be displayed. Duty of candour reports must be published each year. Medicines must be prescribed on a named patient basis. Paper patient care records must be stored outwith public areas. Evidence must be retained to show that appropriate background checks, and ongoing key rechecks, are carried out on staff. Formal one-to-one meetings with staff should also be introduced. A formal system for gathering and reviewing patient feedback, an audit programme and a quality improvement plan should be developed.

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

Information for patients was available on the service's website. This included the treatments offered, their benefits and risks, aftercare, costs, biographies of the practitioners and their backgrounds. It also included the service's complaints procedure and information on how to complain to Healthcare Improvement Scotland as the healthcare regulator.

A patient participation policy described how the service engaged with its patients to seek their feedback on how to improve. An online review site was used as the main method of seeking patient feedback, along with talking to patients on a one-to-one basis. The service manager told us they monitored feedback and took action to make improvements where appropriate.

All patients who responded to our online survey told us they had received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- 'I felt fully involved in every decision regarding my care and treatment. All of my options were explained clearly and thoroughly, giving me the information and confidence I needed to make informed decisions. I was encouraged to ask questions and share my thoughts and preferences, and

I always felt that my choices were listened to, respected and valued throughout my treatment.'

- 'The surgeon explained exactly what would be done and made sure I was happy with this before we proceeded.'

What needs to improve

The service did not have any evidence to demonstrate how patient feedback was used to make improvements to how the service was delivered. We discussed using multiple methods to engage patients and encourage constructive feedback, such as a suggestion box, patient experience surveys at the end of treatment and a general survey of all patients each year. We also discussed introducing a formalised way of measuring feedback and demonstrating how this is used to improve the way the service is delivered (recommendation c).

- No requirements.

Recommendation c

- The service should review its participation policy to introduce a wider range of patient feedback methods. The policy should also include details of a structured approach to gathering and analysing patient feedback to demonstrate how improvements to the service are made as a result of feedback.

Quality improvement

We saw that the service was providing care in line with its agreed conditions of registration.

The service manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance. During our inspection, we saw that the service had not experienced any events that should have been notified to Healthcare Improvement Scotland. The service had a paper system in place to manage, record and review any accidents or incidents that occurred.

The service recognised the importance of people's dignity and respect. All consultations were appointment-only and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room meant patients' privacy and dignity was not compromised. All doors could be locked from the inside, and opaque screening and blinds were fitted on the windows in the consulting room and the pre/post-treatment room to protect patients' privacy and dignity. A chaperone policy ensured that patients receiving

intimate treatment had a formal chaperone present throughout their examination and treatment. The service manager performed this role.

The service had developed and implemented key relevant policies to help make sure that patients experienced safe treatment and care. Policies were reviewed regularly to make sure they remained relevant to the service and in line with national guidance. Key policies in place included those for:

- complaints
- duty of candour
- infection prevention and control
- medicine management, and
- safeguarding (public protection).

The service's complaints policy advised patients that they could contact Healthcare Improvement Scotland at any point and included our contact details. No complaints had been received by the service or Healthcare Improvement Scotland since its registration with us in October 2025.

A duty of candour policy described how the service would meet its professional responsibility to be honest with people when something goes wrong and staff had been trained in duty of candour principles.

An infection prevention and control policy set out how the risk of cross-infection would be minimised. This was in line with national best practice. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. A cleaning schedule was used to demonstrate that daily and weekly cleaning tasks had been carried out. Appropriate cleaning products were used.

A medical doctor under a practicing privileges arrangement was the main prescriber for the service. They had a face-to-face consultation with each patient before any prescription-only medicine was prescribed or administered, such as botulinum toxin. Arrangements were in place to manage medicines and deal with medical emergencies. This included up-to-date training and a medical emergency kit. All medications were obtained from an appropriately registered supplier, were in-date and were stored in a locked cupboard or pharmacy fridge. Regular monitoring and recording of fridge temperatures was in place to make sure medications were being stored at the correct temperature.

Maintenance contracts helped to make sure that the fire safety equipment and electrical portable appliances were regularly tested. A current fire risk assessment and electrical installation condition report showed that the risks from fire and electrics was being appropriately managed.

The provider had appointed a suitable laser protection advisor to provide expertise to the service in the safe operation of its laser equipment. They assessed the premises and laser equipment and produced local rules that detailed how laser equipment must be managed. Staff had been trained in the safe use of the laser equipment. Safety goggles were available for staff and patient use, and safety signage was in place to prevent unauthorised access to the treatment room when lasers were in use.

Patient care records were kept in both paper and electronic format on the service's password protected tablet device. A suitable back-up system was in place in case of system failure. 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.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment was carried out. Other appropriate consent was also obtained, such as consent for digital images to be taken and shared where appropriate. Aftercare information was given to patients following treatment.

The service maintained supportive professional relationships with other independent healthcare professionals who offered similar services. This allowed for shared learning, informal support and peer review.

Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- 'The surgeon and practitioner had great knowledge and showed a lot of compassion... they made me feel completely at ease.'
- 'I felt completely confident that the staff had the necessary skills, knowledge and expertise to administer my treatment safely and effectively. Their professionalism, competence and attention to detail were evident throughout, and they took the time to ensure I understood each stage of my treatment. Their reassuring manner and high level of expertise gave me complete confidence that I was in safe and capable hands.'

What needs to improve

The service was not clearly displaying its Healthcare Improvement Scotland registration certificate (requirement 1).

While we noted that the service had not experienced any incidents that required it to follow the duty of candour process, a duty of candour report was not being published each year (requirement 2).

Aftercare bags were prepared for patients to take home with them after treatment with items to aid their recovery, including boxes of paracetamol and ibuprofen. However, these were not prescribed to the individual patient. Medicines must be prescribed on a named patient basis (requirement 3).

Although we were told that appropriate background checks had been carried out on the medical doctors granted practicing privileges, there was no evidence to demonstrate this had taken place. A checklist of all the checks to be carried out before granting practicing privileges would help the service demonstrate these checks had been carried out before appointment. There was also no record of ongoing checks to ensure that staff remained safe to work in the service. For example, checking staff indemnity (insurance) renewal, professional registration status and revalidation with the General Medical Council (requirement 4).

Paper patient care records were being stored in a filing cabinet that was located inside the patient toilet. While this cabinet was locked, it should be stored somewhere out of public access (recommendation d).

No performance management meetings took place between the service and staff working under practicing privileges arrangements (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration.

Requirement 2 – Timescale: immediate

- The provider must produce and publish a duty of candour report every year, even when no duty of candour incidents have occurred.

Requirement 3 – Timescale: immediate

- The provider must ensure that medicines given to patients following treatment are prescribed to them on a named patient basis.

Requirement 4 – Timescale: immediate

- The provider must ensure that appropriate background checks are carried out on all staff before they start working in the service and that ongoing checks are then carried out at appropriate regular intervals.

Recommendation d

- The service should relocate the patient care record filing cabinet to an area out of public access.

Recommendation e

- The service should introduce regular formal one-to-one meetings with staff working under practicing privileges arrangements, as part of ongoing performance management.

Planning for quality

Appropriate medical malpractice and public liability insurance was in place and in-date and covered all named individuals working from the service.

A business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

The service used checklists to proactively assess and manage risks to patients, and make sure that care and treatment was delivered safely. This included checklists for cleaning tasks, pharmacy fridge temperature monitoring, emergency kit checks and stock control.

What needs to improve

There was no evidence of an audit programme covering key aspects of care and treatment, such as the environment, condition of equipment, patient care records and medicines management (recommendation f).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A formal quality improvement plan would help the service structure and record improvement processes and outcomes, measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation g).

- No requirements.

Recommendation f

- The service should develop a programme of regular audits to cover key aspects of care and treatment such as of the clinic environment, medicines management and patient care records. Audits should be documented and improvement action plans implemented.

Recommendation g

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

Key Focus Area: Results

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

Our findings

The clinic environment and equipment was clean and well maintained, with appropriate infection prevention and control practices in place. Patients were complimentary about the clinic environment.

Patients' next of kin or emergency contact details must be documented in patient care records. Patient assessment forms must make clear the type of examination to be carried out. Signed patient consent forms must be held securely in patient care records. The laser rejuvenation form must include space to record the unique laser handpiece batch number. The laser treatment form should be amended to make it clearer to understand.

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.

The service was delivered from premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was very good. We saw good compliance with infection prevention and control procedures. Single-use medical devices and patient equipment were used for some treatments to prevent the risk of cross-infection. An up-to-date clinical waste management contract and clear procedures were in place for the safe disposal of medical sharps (such as syringes and needles), clinical waste and single-use patient equipment. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. We saw a good supply of appropriate personal protective equipment, such as disposable gloves, aprons and face masks was available.

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

- 'The place was spotless.'
- 'Super clean, tidy and well kept.'
- 'The clinic was very clean.'

We reviewed eight electronic patient care records. The majority were of a good standard with details of patient assessment, consent and treatment. They also included the patient's details, medical history and GP details.

Patients told us they felt involved about decisions in their care and treatment:

- 'Everything was explained in detail from cost, expectations, benefits, potential risk and side effects etc. The clinic made me feel at ease before, during and after my procedure. Aftercare advice was given and I was checked on regularly for the first 2 weeks post op and was made very clear to contact them if I had any questions or concerns at any time.'
- 'I could not have asked for a better experience. Staff were so incredibly informed, welcoming, and comforting.'
- 'From start to finish, everything was explained thoroughly and clearly, which made me feel completely informed and reassured throughout my treatment.'

What needs to improve

There was no space in the patient assessment form to record the patient's next of kin or emergency contact information (requirement 5).

The patient assessment form included a section for cervical examination, which stated this was for diagnostic purposes. The practitioner who carried out this assessment on patients was not medically trained and therefore unable to perform an examination for diagnostic purposes. The practitioner told us their examinations were limited to checking the integrity of the patient's skin and tissue quality in terms of its suitability for laser treatment, which they were appropriately trained and competent to do. The assessment form must make clear the purpose of the internal speculum examination so that the information recorded in the form is clear (requirement 6).

During our review of patient care records, we found that one patient's consent form was missing. The practitioner told us that the patient took home the only copy, as it also included aftercare information (requirement 7).

The laser rejuvenation form did not have space to record the unique batch number of the laser handpiece used for treatment. These are single-use items so batch numbers must be recorded for traceability if there is an issue following treatment (requirement 8).

The laser treatment form, which forms the entire patient care record, was set out in a confused format with no clear, dedicated sections for documenting patient information, medical history, risks and benefits discussion, consent and

aftercare advice. As a result, the form was difficult to understand and locate information quickly and easily (recommendation h).

Requirement 5 – Timescale: immediate

- The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

Requirement 6 – Timescale: immediate

- The provider must amend its patient assessment form to make clear that the type and purpose of internal speculum examination to be carried out is limited to assessing tissue quality for laser use and is not diagnostic.

Requirement 7 – Timescale: immediate

- The provider must ensure that signed patient consent forms are held securely in the patient care records.

Requirement 8 – Timescale: immediate

- The provider must amend the laser rejuvenation form to include space to record the unique laser handpiece batch number.

Recommendation h

- The service should review the format of the laser treatment form to make it easier to record and check the information documented.

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.ihtregulation@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
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