Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Follow-up Inspection Report: Independent Healthcare

Service: Clinic 45, Clydebank
Service Provider: Diane Sim

29 September 2026

NHS SCOTLAND

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First published November 2026

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Clinic 45 on 19 January and 9 February 2026. That inspection resulted in nine requirements and 12 recommendations. As a result of that inspection, Diane Sim 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 Clinic 45 on Tuesday 29 September 2026. The purpose of the inspection was to follow up on the progress the service has made in addressing the nine requirements and 12 recommendations from the last inspection. This report should be read along with the January/February 2026 inspection report.

We spoke with the owner/practitioner and their business partner 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 Clinic 45 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 complied with all the requirements made at our previous inspection on 19 January and 9 February 2026. It had also taken steps to act on the majority of the recommendations we made.

What action we expect Diane Sim 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 new recommendation and one recommendation which remains outstanding.

Direction	
Recommendation	
a	The service should implement a process to start monitoring its identified key performance indicators to measure how well the service is being delivered (see page 7). 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	
Recommendation	
b	The service should expand the range of risk assessments carried out to ensure all risks to patients and staff have been identified and are being managed (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the January/February 2026 inspection report for Clinic 45.

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 Clinic 45 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 19 January and 9 February 2026

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 ensure that information about the service's vision and values is available to patients and staff.

Action taken

The service had developed its previous vision and values into a mission statement that was displayed for patients in the service, and available on the online booking system. This mission statement was to 'deliver safe, effective and ethical aesthetic treatments within a regulated clinical environment, ensuring every patient receives personalised care from qualified professionals while fostering a positive, supportive workplace for staff'.

Recommendation

The service should develop measurable key performance indicators to help monitor how well the service is being delivered.

Action taken

A set of key performance indicators had now been identified to measure how well the service was performing. These included indicators for safety, patient experience and business success. Whilst a plan for monitoring these had been developed, this had not yet commenced. **A new recommendation has been made (see recommendation a on page 5)**.

Leadership and culture

Requirement

The provider must ensure that a manager is in full-time day-to-day charge of the service.

Action taken

The clinic manager had increased their working week and was now available in the clinic whenever patients were present. **This requirement is met.**

Recommendation

The service should develop a structured programme of formal staff meetings. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions.

Action taken

Staff meetings were now held every 6 weeks. The core attendees were the clinic manager, business partner and the staff member working under practicing privileges, when available (these are healthcare professionals who are not employed directly by the provider but given permission to work in the service). The meeting minutes were documented and shared with all staff so that those unable to attend were kept informed. Non-healthcare practitioners working in the service under a room rental agreement were also invited to the meetings when relevant agenda items were planned.

Agenda items included:

- infection prevention and control/clinic environment
- training
- security
- health and safety/fire safety
- new and updated policies and processes
- patient feedback, and
- areas for improvement/changes.

Any actions were assigned to a member of staff to complete. Minutes from the previous meeting were discussed to ensure actions had been completed.

An online group chat was also used to raise any concerns and to enable quick and easy communication between staff members about the day-to-day running of 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 further review its participation policy to consider introducing a wider range of patient feedback methods. The policy should also include details of a structured approach to gathering and analysing patient feedback to drive improvements in the service and how the impact of change from the improvements made will be demonstrated.

Action taken

The revised participation policy now provided details on the formal process for gathering, analysing and using patient feedback to improve the service. Methods to obtain feedback now included an automatic feedback request to patients following treatment and a structured survey sent at set frequencies throughout the year.

Quality improvement

Requirement

The provider must ensure that patients have access to information on how to make a complaint, including up-to-date contact details for Healthcare Improvement Scotland.

Action taken

Information for patients about how to make a complaint, which now included the appropriate information to contact Healthcare Improvement Scotland, was displayed in the clinic waiting area. **This requirement is met.**

Recommendation

The service should ensure that its duty of candour report is available to patients.

Action taken

An annual duty of candour report was now displayed in the clinic waiting area.

Recommendation

The service should ensure that all relevant staff undertake duty of candour training.

Action taken

We saw from recent staff meeting minutes that all staff had received duty of candour training during the meeting.

Planning for quality

Recommendation

The service should expand the range of risk assessments carried out to ensure all risks to patients and staff have been identified and are being managed.

Action taken

The service had expanded the range of risk assessments to include risks to practitioners, using a non-compliant hand wash basin, and the risks of slips, trips and falls. However, no documented assessments of the risks to patients of the treatments provided had yet taken place (**see recommendation b on page 6)**.

Recommendation

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

Action taken

An audit programme was now in place. The clinic manager was responsible for carrying out the audits and implementing any actions. The audits included:

- patient care records
- medicines management
- infection prevention and control
- emergency equipment
- training
- incidents, and
- policies.

Recommendation

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

Action taken

A quality improvement plan had now been developed that included areas for improvement, the reason for the improvement, and the timescale for completion. The quality improvement plan was reviewed at the staff meetings.

Recommendation

The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Action taken

A formal business continuity plan had now been developed that detailed how patients' care would be continued in the event of a service disruption or closure. The plan included contacting affected patients, providing appropriate clinical advice and, if required, the transfer of their care to an alternative Healthcare Improvement Scotland registered clinic.

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 patient care records to ensure all records:

a) contain a record of the patient assessment, an agreed plan of care or a proposed treatment plan

b) are organised in a way that ensures the contents are secured in the file and in chronological order, and

c) contain details of the patient's next of kin or emergency contact.

Action taken

Since the previous inspection, the service had started using a specific booking and patient record software system for aesthetics clinics and all patient care was now documented on this system. From the three patient care records we reviewed, we saw that all were complete with appropriate information, including:

- patient consultation
- medical history
- contact details for emergency contact and GP
- consents
- treatment plan and prices
- procedure
- batch number and expiry of prescription on medicines
- before and after digital photographs, and
- aftercare.

This requirement is met.

Requirement

The provider must ensure that there is regular review of patients' medical history and consent to treatment at each new treatment appointment.

Action taken

We saw that patients were emailed a medical history form to complete before their appointment. If any further appointments were needed, the patient was emailed the medical history form again to make any changes or updates, if required. A consent form, with appropriate information, was also sent before the first appointment and at each subsequent appointment for completion. The patient care records we reviewed documented that the practitioner discussed these forms with the patient in person during their appointment. **This requirement is met.**

Requirement

The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

Action taken

A staff file was now maintained for the healthcare professional working under a practicing privileges arrangement. The file showed that appropriate background checks had been completed, and a process was now in place to ensure ongoing checks were carried out to make sure the practitioner remained safe to work in the service. The service had also enrolled the practitioner in the Protecting Vulnerable Groups (PVG) scheme, enabling continued monitoring of their suitability to undertake regulated work. **This requirement is met.**

Requirement

The provider must 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

A practicing privileges contract had now been developed that described the governance procedures in place between the service and practitioner to ensure safe delivery of care. The contract was held in the staff file and had been signed by the clinic manager and the staff member. **This requirement is met.**

Requirement

The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns.

Action taken

We saw that an appraisal had been carried out for the healthcare professional working under a practicing privileges arrangement and a copy was held in their staff file. A process was now in place to ensure annual appraisals were carried out. Informal daily discussions also took place between the staff member and the clinic manager allowing any issues or suggestions for improvement to be addressed at the time. **This requirement is met.**

Requirement

The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin.

Action taken

We saw no evidence of the multi-use of botulinum toxin vials during the inspection. We were told that all vials were now single patient and single use. **This requirement is met.**

Requirement

The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Action taken

The consent form for anti-wrinkle injections now included information about the unlicensed use of botulinum toxin due to the product used to reconstitute the vials. This is when a liquid solution is used to turn a dry substance into a fluid for injection. We saw that the practitioner documented the discussion about the unlicensed use of botulinum toxin in the patient care records. Therefore, patients were fully informed before consenting to treatment. **This requirement is met.**

Recommendation

The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records.

Action taken

We saw from the three patient care records reviewed that patients were now asked to consent to the sharing of information with GPs and other healthcare professionals.

Recommendation

The service should develop more detailed cleaning checklists that cover the entire clinic.

Action taken

Cleaning checklists that covered all clinic areas had now been implemented and were being completed.

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

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We are happy to consider requests for other languages or formats.
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