Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Jura Health Limited, Perth

Service Provider: Jura Health Limited

16 September 2026

NHS SCOTLAND

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First published November 2026

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13 March 2026

Requirement

The provider must ensure appropriate governance and oversight of activities within the registered premises, including implementing appropriate governance arrangements for individuals working under a practicing privileges agreement as part of Jura Health Limited.

Action taken

The service had reviewed its employment and practicing privileges policies and processes. Practicing privileges is when staff are not employed directly by the provider but are given permission to work in the service. This review had included the service's contracts and agreements to ensure the correct governance was in place before confirming individual practitioners were suitable to work in the service. This included incorporating the information available to services from Healthcare Improvement Scotland on practicing privileges and the current guidance on practicing privileges principles. Compliance by staff against these policies and processes was part of regular discussions at the weekly management meetings. We noted that no staff were currently working in the service under practicing privileges at the time of the inspection. **This requirement is met.**

Requirement

The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

Action taken

The service had updated its recruitment policy, adding additional measures such as a new recruitment checklist to ensure staff would be safely recruited. New staff would also be monitored on a monthly basis for the first 3 months as part of their induction. However, from our review of staff files, we found a number of gaps in the information that must be requested and retained as a result of the recruitment process. **This requirement is not met** (see requirement 1 on page 24).

Requirement

The provider must ensure that comprehensive patient care records which set out how patients' health, safety and welfare needs are to be met are documented by staff working under practicing privileges. This must detail a clear pathway from assessment to treatments provided.

Action taken

Patient care records were stored electronically. All staff working in the service were required to use this password-protected system, and all patient care records could be accessed at any time by both the service manager and owner. Five patient care records were now audited every month to ensure the required information was being documented. These audits were showing good compliance with record keeping. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 13 March 2026

Recommendation

The service should collate and analyse feedback from all patients and staff working under practicing privileges, and use this information to implement improvements in the service.

Action taken

Feedback from patients treated by the practitioners continued to be gathered. We noted that no staff were currently working in the service under practicing privileges at the time of the inspection.

Recommendation

The service should ensure that information on aftercare is documented in patient care records.

Action taken

Information on what aftercare patients received following their treatment was now being documented in the patient care records. For certain treatments or procedures, aftercare information was either emailed to the patient or they received a paper copy while in the service.

Recommendation

The service should ensure a process is in place to check that staff working under practicing privileges, as well as outwith the service, have their own Information Commissioner's Office (ICO) registration in place.

Action taken

We noted that no staff were currently working in the service under practicing privileges at the time of the inspection. However, the service had included this in its updated recruitment checklist to ensure that individual staff members were registered with the Information Commissioner's Office if needed.

Recommendation

The service should update the practicing privileges policy and engagement letter to staff on practicing privileges to detail expectations in relation to patient care records being kept in the service.

Action taken

The service had updated its practicing privileges policy and had now included information available to services from Healthcare Improvement Scotland on practicing privileges. The policy also included the current guidance on practicing privileges principles. These principles were reflected in the service's practicing privileges engagement letter and contract. This included ensuring that patient care records were only stored on the service's electronic record keeping system.

Recommendation

The service should further develop its audit programme to include patient care records completed by staff working under practicing privileges. Audits should be documented and improvement plans implemented.

Action taken

The service's annual audit programme now included reviewing five patient care records every month. Action plans were in place to address any issues raised, with identified staff members responsible for ensuring actions were addressed in a timely manner.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Jura Health Limited on Wednesday 16 September 2026. We spoke with a number of staff during the inspection. We received feedback from six patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Perth, Jura Health Limited is an independent clinic providing non-surgical treatments, including travel vaccinations.

The inspection team was made up of one inspector and one inspector observing.

What we found and inspection grades awarded

For Jura Health Limited, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
A well-defined structure and framework helped deliver safe, evidence-based and person-centred care. Clear and measurable aims and objectives were in place and were easily accessible to patients to view. The service's 5-year plan included short, medium and longer term goals and identified key performance indicators used to measure how well the service was performing. A process for ensuring patients are made aware of how well the service is meeting its aims and objectives should be introduced.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continuously improve the service. Appropriate safety assurance processes included a comprehensive audit programme, and the proactive management of risks to patients and staff. Clear procedures for managing complaints were in place. The quality improvement plan helped the service to implement and take forward improvements. All policies should be up to date and reflect current Scottish guidance and legislation.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment and equipment were clean and well maintained. Appropriate infection control measures were in place. Patients reported high levels of satisfaction, and told us they felt safe and cared for in the service. Patient care records were well completed. We saw a good standard of medicines management. Staff must be recruited in line with national recruitment guidance and the service's own updated recruitment policies.	✓✓ Good

Consent to share information with other healthcare professionals should be included in patient care records.	

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 Jura Health Limited to take after our inspection

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

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

This inspection resulted in one requirement and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should implement a process for ensuring patients are aware of how the service is meeting its aims and objectives (see page 13). 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

None

Recommendation

b The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made. The service should also ensure all policies reference current guidance and Scottish legislation (see page 20).

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

Results

Requirement

1 The provider must continue to implement effective systems that demonstrate the safe recruitment of staff, and ensure that the service's recruitment processes are complied with (see page 24).

Timescale – immediate

Regulation 8
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

This was previously identified as a requirement in the March 2026 inspection report for Jura Health Limited.

Recommendation

c The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records. If the patient refuses to consent to this, this should be documented in the patient care record (see page 24).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

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

Jura Health Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Jura Health Limited for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

A well-defined structure and framework helped deliver safe, evidence-based and person-centred care. Clear and measurable aims and objectives were in place and were easily accessible to patients to view. The service's 5-year plan included short, medium and longer term goals and identified key performance indicators used to measure how well the service was performing.

A process for ensuring patients are made aware of how well the service is meeting its aims and objectives should be introduced.

Clear vision and purpose

The service's vision and mission to 'deliver healthcare with compassion and integrity, empowering people to take an active role in their health and wellbeing' was embedded throughout all aspects of the service. The service had recently agreed on its new set of values which included compassion, integrity and empowerment. Both the service's vision and mission were displayed in the reception and waiting areas for patients to view.

The service's aims and objectives were also displayed in the service to advise patients of its future direction. This included:

- maintaining a quality improvement action log showing actions, responsibilities, timescales and outcomes
- reviewing trends from incidents, complaints, feedback and audits
- ensuring learning and improvements were discussed through regular governance meetings and shared with staff, and
- continuing to review staff training, competencies and development needs as the service evolved.

The service had produced a 5-year plan which included short, medium and longer term goals. This plan also incorporated the service's key performance indicators. These help a service to monitor and measure the quality and effectiveness of the service provided. A variety of systems and processes

monitored performance against the key performance indicators. For example, the service regularly reviewed audits and data, including staff development, patient feedback and engagement. Patient feedback and views were also used to help the service to plan and deliver accessible care.

The management team continually reviewed how the service was delivered, including treatments offered and requested by patients and staff. A training needs analysis was carried out to ensure the service was able to take a proactive approach to anticipating workforce requirements, helping to minimise any disruptions to the service to safeguard the delivery of patient care.

We saw evidence that the service had identified priorities for the coming year. These included strengthening its:

- quality assurance, governance and performance monitoring processes
- patient and stakeholder engagement, and
- measurement of outcomes and demonstrating continuous improvement.

What needs to improve

There was no evidence to show how the service would inform patients as to whether it was meeting its aims and objectives, such as through information on patient noticeboards, newsletters or on its website or social media pages (recommendation a).

- No requirements.

Recommendation a

- The service should implement a process for ensuring patients are aware of how the service is meeting its aims and objectives.

Leadership and culture

The service owner/director and the other practitioner working in the service were both registered with the Nursing and Midwifery Council (NMC). The management team was formed of the service owner and a service manager.

The service's leadership structure had well-defined roles, responsibilities and support arrangements. The management team met on a weekly basis.

We were told that the service continually reviewed its processes and governance arrangements to ensure an appropriate quality of service was being provided. This included reviewing:

- audit and key performance indicators
- clinical care standards
- patient safety, and
- quality improvement.

All staff were encouraged to participate and contribute to the day-to-day running of the service. As part of the governance structure, team meetings were held every month, as well as regular 'catch ups' and daily 'huddles' where staff discussed the day's work ahead in the service. The team meetings were available for staff to join online if they could not attend in person. Minutes of team meetings we saw included identified areas of responsibility for staff to take forward any actions, as well as discussions about:

- audit results
- current treatments
- staff wellbeing
- patient and staff feedback reviews, and
- staff training and development opportunities.

Team meeting minutes also showed that staff could make suggestions and voice ideas for improvements to the service. For example, the use of electronic applications to communicate with each other socially and the introduction of staff daily huddles.

We saw that information generated from the management team meetings was included in the staff team meeting agenda. This helped to ensure that all staff understood how delivery of the service was continually monitored. Regular discussions took place about complaints and adverse events, including lessons learned at both clinical and management level.

Staff we spoke with told us they felt valued and listened to by the management team. They also felt there was an 'open door' policy, and they could approach the management team at any time with any concerns or issues they may have identified. The service's whistleblowing policy described how staff could raise a

concern about patient safety and/or practice. The service held various staff team building events throughout the year to enhance working relationships in the service and to give staff a voice to assist in shaping the service. This was a standing item on team meeting agendas.

- No requirements.
- No recommendations.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continuously improve the service. Appropriate safety assurance processes included a comprehensive audit programme, and the proactive management of risks to patients and staff. Clear procedures for managing complaints were in place. The quality improvement plan helped the service to implement and take forward improvements.

All policies should be up to date and reflect current Scottish guidance and legislation.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service's website contained information on treatments available, the booking system and treatment costs. Patients could also access information about treatments through posters and leaflets displayed in the reception area. Patients could contact the service through email, text messages and online enquiries either through its website or social media pages.

The service had a patient participation policy and was able to demonstrate how patient feedback was gathered and used to continually improve the service. We saw that the service's website had a dedicated page for patients to leave feedback about their experience using the service. The service had also introduced a 'suggestion and feedback' box and an electronic 'QR' code linking to a patient survey. These were available in the reception area for patients to access while in the service. Informal feedback was also gathered verbally and through social media. This helped to encourage patients to participate and be involved in the future direction of the service.

We saw that the service regularly reviewed all feedback received and used it to inform improvement activities in its quality improvement plan. A noticeboard displaying testimonials and comments from patients was displayed in the reception area. Examples of improvements made as a result of patient feedback included having refreshments available for patients in the reception area. The service had also added additional external signage to help patients locate the premises more easily.

Staff had carried out a formal '360 degree' feedback review of each other. This information would be used to help with improving the quality of care delivered to patients.

What needs to improve

At the time of the inspection, no formal process was in place for sharing the outcomes of any actions taken to improve the service as a result of patient feedback. We were told that the service was developing a 'You said, We did' process to ensure this information was shared with patients. We will follow this up at a future inspection.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

A clear system was in place to record and manage accidents, incidents and adverse events. Any accidents or incidents that occurred were reviewed by the management team. Any actions to be taken and lessons learned were then shared with staff.

We saw policies in place to help make sure that patients had a safe experience in the service. Most of the service's policies were reviewed every 2 years or as required. Key policies included those for:

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

Maintenance contracts for fire safety equipment, the fire detection system and medical refrigerators were in place and up to date. Electrical and fire safety checks were carried out regularly.

Medicines were obtained from an appropriately registered supplier and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These alert healthcare providers of potential issues with medicines and medical devices that may pose a risk to patient health, safety and welfare.

A stock control system allowed the service to monitor medicines supplies. Temperature-sensitive medicines were stored in locked medical refrigerators. Both refrigerators were clean and in good working order, with temperatures monitored and recorded every day to make sure that medicines were stored at the correct temperature and safe to use. We saw that the log book covering both refrigerators was fully completed and up to date.

Arrangements were in place to deal with medical emergencies, including up-to-date training for staff. Emergency medicines and equipment were available for patients who may experience complications following treatment. We saw regular checks carried out and documented for all emergency equipment in the service.

The service's complaints policy was available on its website. This stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. We noted that the service had previously received several complaints. The service was able to demonstrate that it had followed its complaints procedure, responding to complainants within specified times with proposed outcomes. Information about lessons learned and improvements made as a result of complaints was shared with staff at the regular team meetings.

We saw evidence that staff had received training in handling complaints and grievances, and customer service.

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

On the day of treatment, patients had a face-to-face consultation where they completed a consent form, which was signed by both the patient and practitioner. Patients were able to have a cooling-off period before they agreed to go forward with treatment. A comprehensive assessment included a full medical history, as well as current medications. Patients received aftercare information before leaving the service. Patients were able to telephone the service where their post-treatment queries would be reviewed by the service manager during service hours and passed to the appropriate practitioner for further review and advice. Out-of-hours enquiries would go directly to the owner. Emergency appointments were offered, if required.

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

All staff members were subject to the numerous checks required during the recruitment process, including ensuring they were not listed under the Protection of Vulnerable Groups (Scotland) Act 2007. The service had a continuous learning culture. Staff had a personal development plan which they agreed with both the service manager and the owner. Staff were encouraged to identify further training or development which they felt would benefit them in their current roles and with potential promotional opportunities. The service was currently sourcing a leadership programme for one of its staff members.

The service's clinical governance and risk management policy included detailed information on staff performance management processes, including for any staff working under practicing privileges.

All relevant healthcare staff participated in formal appraisal processes, in line with their professional regulatory bodies, such as the NMC. This helped to ensure that staff remained up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues. Staff also attended internal and external training, conferences and national travel vaccination events. We noted that the owner had recently received a health award for the female founder of the year 2026. This award was based on the number of votes submitted by patients who had used the service and was highlighted in the local press.

Staff completed an induction period and were allocated mandatory training to complete. This included safeguarding of adults and children, and duty of candour training. The service manager was responsible for making sure that staff completed mandatory training. Staff files we reviewed included evidence of completed mandatory training.

Staff supervision sessions were carried out regularly and recorded in staff files. This involved staff reflecting on their practice and identifying any learning needs. All staff had an annual appraisal carried out, and this information was available in the staff files. Appraisals we saw were comprehensively completed. Staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

What needs to improve

We found that some policies we reviewed were out of date, including the infection prevention and control, and the privacy and dignity policies. The service also did not have a clear process in place of documenting the details of what changes were made or when policies were reviewed. We noted that the service's consent policy referenced English NHS guidance rather than Scottish guidance (recommendation b).

Although information about how to make a complaint was available for patients on the website, the service could also consider adding a specific link to its complaints policy. We will follow this up at a future inspection.

- No requirements.

Recommendation b

- The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made. The service should also ensure all policies reference current guidance and Scottish legislation.

Planning for quality

Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- contingency planning
- data protection
- environmental assessments, including slips, trips and falls
- fire
- health and safety
- infection prevention and control, and
- waste management.

The risk assessments were easy to follow and were collated into a risk register. We saw that all risks were regularly reviewed with action plans in place detailing what action had been taken to reduce any identified risks.

The service had a business continuity plan in place to ensure the service could be safely maintained during disruption, including details on how it would return to normal operation, with details of key responsibilities for the management team and all staff.

A dedicated member of staff was responsible for ensuring audits were carried out, with all members of staff participating in the audit process. Information on which audit was currently being carried out and staff involved was displayed in the reception area. Monthly audits were completed, such as those for:

- complaints
- infection prevention and control
- medicines and stock
- patient care records, and
- safe management of equipment.

We saw that all results from audits were documented and actions taken if appropriate. Audit results were also reflected in the service's quality improvement plan, which was regularly reviewed and updated. Information in the quality improvement plan also included:

- how the service planned to anticipate workforce requirements
- mitigating service or care disruption and safeguarding delivery of the service
- service redesign, and
- clinical and operational services.

The quality improvement plan also detailed improvements made to the service as a result of staff feedback. For example, a new medical refrigerator had been purchased, and radio walkie-talkies had been introduced to help staff keep in contact with each other throughout the service, when needed.

- No requirements.
- No recommendations.

Key Focus Area: Results

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

Our findings

The environment and equipment were clean and well maintained. Appropriate infection control measures were in place. Patients reported high levels of satisfaction, and told us they felt safe and cared for in the service. Patient care records were well completed. We saw a good standard of medicines management.

Staff must be recruited in line with national recruitment guidance and the service's own updated recruitment policies. Consent to share information with other healthcare professionals should be included in patient care records.

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. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

We saw that the service was clean and tidy, was of a high standard and well maintained. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings. All equipment for procedures was single use to prevent the risk of cross-infection. Personal protective equipment (such as disposable gloves and aprons) was readily available to staff. A clinical waste contract was in place, with clinical waste and used sharps equipment disposed of appropriately.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning that took place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. For example, one patient commented: 'the clinic is clean and well equipped'.

We saw evidence of good standards of medicines management, including a safe system for the procurement and prescribing of medicines, in line with the service's medication management policy. This included completed records of stock checks and medicines prescribed and used for treatments in the service. Standard operating procedures were in place for all patient group directives. These directives allow services to supply and administer a medicine to a pre-defined group of patients without them having to see a prescriber. These documents were regularly reviewed by the service's practitioners in conjunction with an external healthcare adviser.

We reviewed five electronic patient care records. Patients completed an electronic form before their consultation, which contained full details of their past medical history and allergies. The records were legible, accurate and up to date. Details of patients' next of kin, GP and emergency contact were discussed and documented in the patient care record at their initial consultation. This consultation also documented outcomes and proposed treatment plans. We were told that treatment costs were discussed during the initial consultation. We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits. Signatures of both patients and the practitioner were noted on all documentation. A record of treatment and batch numbers, including expiry dates for medicines used, was also included in the patient care record. We saw evidence that patients were given verbal and written advice after their treatments, including information about contacting the service out of hours.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'Have used… many times and am confident to return.'
- 'From contacting… through to the delivery of the results was first class.'
- 'The pre-treatment consultation was clear and allowed me to express my thoughts.'
- 'Clear end to end efficient service delivered by an experienced team.'

We reviewed two staff files. We saw that some pre-employment checks, including qualifications of staff, fitness to practice and Protecting Vulnerable Groups (PVG) checks, had been carried out. We also saw evidence of training, including continuous professional and personal development, appraisal and supervision sessions, and records of completed mandatory training. We saw that a system was in place to ensure that ongoing checks were carried out for staff, such as PVG and professional registration checks.

From our own observations of staff interactions, we saw a compassionate and co-ordinated approach to patient care and treatment delivery, with effective oversight from a supportive management team.

What needs to improve

Staff files contained a checklist to help make sure that appropriate recruitment checks were carried out. However, from the two staff files we reviewed, only one staff member had the majority of information required. Although the other staff file included interview notes and occupational health checks, it did not include:

- application form or curriculum vitae (CV)
- identity verification
- references, and
- job description.

Although the contract of employment was in place for this staff member, this was not signed by either party (requirement 1).

Although the patient care records we reviewed were well completed, no information was documented to show that the service had asked patients for consent to share information with other healthcare professionals, if required (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must continue to implement effective systems that demonstrate the safe recruitment of staff, and ensure that the service's recruitment processes are complied with.

Recommendation c

- The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records. If the patient refuses to consent to this, this should be documented in the patient care record.

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

Telephone: 0131 623 4300

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.
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