



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Private Medical Rooms, Glasgow

Service Provider: The Private Medical Rooms Ltd

6 November 2024

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

© Healthcare Improvement Scotland 2025

First published January 2025

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

www.healthcareimprovementscotland.scot

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	9
<hr/>		
	Appendix 1 – About our inspections	18
<hr/>		

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 Private Medical Rooms on Wednesday 6 November 2024. We spoke with the service manager (aesthetic practitioner). We received feedback from 16 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Glasgow, The Private Medical Rooms is an independent clinic providing providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Private Medical Rooms, 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
<p>The vision and purpose of the service was shared on the service's website and social media pages. The manager actively supported staff training and development. Communication among staff was through regular meetings and a secure online group messaging platform, leading to effective and confidential collaboration. Key performance indicators would help demonstrate that the service is achieving its vision.</p>		<p>✓✓ Good</p>
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Treatment information was available on the service's website. Patient feedback was gathered and reviewed, including through patient forums. Clear policies and processes were in place to make sure the service was safe. Risk assessments were completed and updated following review. A regular audit program was in place. The service manager supported and mentored newly-qualified staff.</p> <p>The process of ordering stock medicines must be reviewed to make sure they are ordered appropriately for the clinic. Information on how to make a complaint to Healthcare Improvement Scotland should be included on the website.</p>		<p>✓✓ Good</p>
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The clinic environment was clean and in a good state of repair. Effective processes were in place to maintain a clean and safe environment. Patients were positive about their experiences in the clinic. Patient documentation was fully completed. Processes were in place to complete recruitment checks for new staff.</p> <p>The status of staff insurance policies and that they remain on professional registers should be checked every year.</p>		<p>✓✓ Good</p>

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 Private Medical Rooms Ltd to take after our inspection

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

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

This inspection resulted in one requirement and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop key performance indicators to help demonstrate that the service's vision and purpose was being achieved (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that all medicines held as stock are ordered and prescribed appropriately for the clinic (see page 15).</p> <p>Timescale - immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)	
Recommendation	
b	<p>The service should update its complaints information on its website to include information on the complaint process and that patients can complain to Healthcare Improvement Scotland at any time (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Results	
Requirements	
	None
Recommendation	
c	<p>The service should implement a system to annually check staff remain insured and on their professional register (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

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 Private Medical Rooms Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Private Medical Rooms 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

The vision and purpose of the service was shared on the service's website and social media pages. The manager actively supported staff training and development. Communication among staff was through regular meetings and a secure online group messaging platform, leading to effective and confidential collaboration. Key performance indicators would help demonstrate that the service is achieving its vision.

Clear vision and purpose

The service manager told us that the service's vision was to provide appropriate treatment in a safe and comfortable environment, with an aim to enhance natural features.

What needs to improve

The service did not have measurable key performance indicators that would help to assess whether the service is meeting its vision and purpose (recommendation a).

- No requirements.

Recommendation a

- The service should develop key performance indicators to help demonstrate that the service's vision and purpose was being achieved.

Leadership and culture

The service owner is also the service's manager, aesthetic practitioner and nurse prescriber. However, more staff worked in the service under a practicing privileges contract. Staff working under practicing privileges are not directly employed by the provider but are given permission to work in the service. These staff were healthcare professionals and non-healthcare professionals providing aesthetic treatments and beauty therapies. The service manager taught aesthetic treatments to healthcare professionals and after completing their

training, these professionals were often given an opportunity to work in the service under practicing privileges.

The manager had a regular program of formal staff meetings every 6 months. They met with staff informally in between these meetings and held a one-to-one meeting with each individual staff member at least once a year. All staff were part of a secure online group and through this, we saw staff had regular communication with each other.

Staff we spoke to us told us they felt very well supported by the service manager and other experienced aesthetic practitioners in the service. We were told that the service manager was always present in the clinic and available for support and advice. At the time of our inspection, the manager was supervising staff with more training and staff told us they could speak with them on the phone at any time for advice and support. We were told that the service manager had an 'open door' policy at all times.

- 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Treatment information was available on the service’s website. Patient feedback was gathered and reviewed, including through patient forums. Clear policies and processes were in place to make sure the service was safe. Risk assessments were completed and updated following review. A regular audit program was in place. The service manager supported and mentored newly-qualified staff.

The process of ordering stock medicines must be reviewed to make sure they are ordered appropriately for the clinic. Information on how to make a complaint to Healthcare Improvement Scotland should be included on the website.

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

The service’s website was up to date and easily accessible, informing the public of the service and treatments on offer. This included contact details and costs.

An up-to-date participation policy was in place, which set out how the service would gather feedback from its patients. Patient feedback was requested routinely through the electronic system and after treatments. The service formally reviewed feedback as part of its quality improvement program every 3 months. Patients were informed of improvements made as a result of feedback on the service’s social media accounts. We saw some improvements made after receiving feedback, such as staying open later on a Thursday and opening on a Saturday morning.

The service carried out patient quality forums, where patients met in the clinic and discussed their experience as a group with staff. These meetings were minuted and formed part of the quality improvement program. Outcomes of these forums were shared at staff meetings.

The manager supervised individual staff members during their completion of the nurse prescribing course. A number of staff granted a practicing privileges contract to work in the service were newly qualified and the service manager mentored them in their ongoing learning and development.

Patients who completed our online survey told us they felt fully informed about their treatments. Comments included:

- 'I'm always given lots of information and different options for treatment.'
 - 'I received full information about all treatments and aftercare. Everything was explained in detail, and I received questionnaires before as well as detailed aftercare treatment.'
 - '...always discusses treatments before she begins and there is aftercare discussed and emailed to you.'
 - 'Was given lots of time and lots of options with no pressure at all.'
-
- 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.

The manager was fully aware of when to notify Healthcare Improvement Scotland of any incidents or changes in the service.

We saw a range of up-to-date policies in place, including those for:

- emergency response
- infection, prevention and control
- medicine management, and
- safeguarding (public protection).

The infection prevention and control policy included reference to Health Protection Scotland's *National Infection Prevention and Control Manual* and the standard infection and prevention procedures applicable to the service. A good supply of single-use equipment was available (such as needles and syringes) to help manage the risk of cross-infection. A clinical waste contract was in place for the collection and safe disposal of clinical waste, used syringes and needles. Clinical waste was disposed of appropriately.

The manager ordered all medications used in the service from appropriately registered suppliers. All medicines were stored securely in a locked cupboard. Some medicines required to be stored in a fridge and we saw that the temperature of the fridge was regularly documented. All medications and

single-use equipment reviewed during the inspection was seen to be in-date. Emergency medicines were also stored appropriately and were in-date.

We saw a process for reporting any incidents and accidents that may occur in the service was in place. We reviewed minor incidents that had occurred since the service registered in December 2022 and saw that these had been managed appropriately.

The complaints process was accessible on the website and included the information on who to contact in the event of a complaint. No complaints had been made since the service was registered in December 2022.

The service had a duty of candour policy. This is where healthcare organisations have a responsibility to be open and honest with a patient if something goes wrong. We noted no duty of candour incidents had occurred in the last year. A yearly duty of candour report was on display in the service.

Patient care records were stored on a password-protected electronic system. 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.

Each patient care record included appropriate patient contact details, a completed medical history questionnaire and evidence of patient consultation, including a treatment plan. Consent was obtained for treatment and for sharing information with other healthcare professionals.

The service had a practicing privileges policy in place. The policy highlighted the requirements for any staff working under practicing privileges, such as making sure they are appropriately qualified and that the appropriate recruitment checks were complete.

New staff completed an induction program and had regular meetings with the manager. These meetings were documented and included objectives and development plans for the individual.

Most staff working under practicing privileges also worked in the NHS and kept up to date with their mandatory training through their substantive roles.

We saw a program in place of benchmarking the service against another aesthetic clinic. This was part of the quality improvement program, was carried out yearly and involved all staff.

The manager was a member of different online forums, including the British Association of Medical Aesthetic Nurses (BACN). These helped the service manager keep up to date with their practice.

What needs to improve

During the inspection, we saw some items of the emergency medicines stock were labelled with individual patient names. An individually-named item must only be administered to that individual (requirement 1).

The website made it clear that patients could make a complaint to the service. However, information about the timescales of how long a complaint investigation would take, or that alternatively Healthcare Improvement Scotland could be contacted was not included (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must ensure that all medicines held as stock are ordered and prescribed appropriately for the clinic.

Recommendation b

- The service should update its complaints information on its website to include information on the complaint process and that patients can complain to Healthcare Improvement Scotland at any time.

Planning for quality

A variety of risk assessments were in place in the service, were up to date and reviewed regularly. These included risk assessments for:

- accommodation
- health of patients in the clinic
- heating and lighting
- information technology, and
- violence and lone working.

We saw a completed fire safety logbook and fire risk assessment. We were told that the fire panel and smoke detectors were checked every 6 months.

Portable appliance testing (PAT) was completed on all electrical equipment.

The service had an audit program in place, that included audits of:

- handwashing
- infection control
- medicine management, and
- patient and staff feedback.

We saw that these had been carried out every 3 months. The completed audits included areas for improvement and improvement actions. Patient care records completed by staff working under practicing privileges were audited and feedback was documented.

As part of the audit program, cleaning checklists were in place. We also saw checklists in place which documented the expiry dates of all medicines and single-use equipment.

The service had a yearly quality improvement plan in place, called 'Annual Development plans – reviewing and improving annual performance'. This included the service's aim and vision. Issues to be addressed in the next 12 months included:

- environmental improvements
- the creation of a regulated and accredited in-house training academy, and
- the introduction of more regular monthly staff meetings.

These included timelines and appropriate actions.

- 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 clinic environment was clean and in a good state of repair. Effective processes were in place to maintain a clean and safe environment. Patients were positive about their experiences in the clinic. Patient documentation was fully completed. Processes were in place to complete recruitment checks for new staff.

The status of staff insurance policies and that they remain on professional registers should be checked every year.

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 limited self-evaluation.

The environment was clean and in a good state of repair. We saw appropriate checklist confirming the regular cleaning regimes. Appropriate cleaning equipment and cleaning products were used. Staff followed cleaning processes between patients and at the end of the clinic. An external cleaning company carried out a deep-clean once a week.

The service offered laser skin treatments and we saw that laser safety documentation was up to date. The laser protection advisor regularly reviewed the documentation and we saw an up-to-date treatment register in place, which documented each patient's treatment settings.

We reviewed five patient care records and found that all included the patient name, date of birth and contact details. Patients were asked for their next of kin and GP contact details. Patients had completed and signed consent forms, which included descriptions of the risks and benefits of treatments. Consent to

take photographs and to share information with the GP and next of kin in the event of an emergency was obtained.

A thorough consultation was completed and a treatment plan documented. All batch numbers and expiry dates of medicines were documented. We saw that aftercare information was sent in an email and included the service's out-of-hours contact details.

A self-employed administrative assistant worked part-time in the service to help make sure all necessary recruitment checks were obtained for staff. We saw a documented tracker in place to demonstrate this.

Completed induction documents were in place for new staff. We saw documented processes in place to support staff with their ongoing development and training.

Patient who completed our online service told us they were pleased with the service they received. Comments included:

- '...was extremely knowledgeable and took time to make sure I was happy with the treatment I was about to receive.'
- 'The clinic feels like a nurturing oasis of calm.'
- 'Immaculately clean clinic, professional and highly skilled staff, extremely knowledgeable.'
- 'Enjoy coming to the clinic. Lovely surroundings, expert practitioner who listens carefully to what you need.'

What needs to improve

All recruitment checks were completed for staff. However, the service did not have a yearly process in place to check that staff remained on their professional register and their medical insurance remained up to date (recommendation c).

- No requirements.

Recommendation c

- The service should implement a system to annually check staff remain insured and on their professional register.

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.



More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
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