



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** The Glasgow Clinic, Glasgow

**Service Provider:** The Glasgow Clinic Hair  
Restoration Limited

27 November 2024

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## **1 Progress since our last inspection**

No requirements or recommendations were made at our last inspection on 25 April 2022.

## **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 The Glasgow Clinic on Wednesday 27 November 2024. We spoke with both the service manager and the practitioner during the inspection. We received feedback from 13 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

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

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

## What we found and inspection grades awarded

For The Glasgow Clinic, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Clear and measurable aims and strategic objectives for the service were made available to patients. Information about the service's values and purpose was also included on the service's website. A strategic plan included identified key performance indicators to make sure the service was meeting its aims and objectives.	✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes were evident, including a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints and a quality improvement plan were in place.	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment and equipment were clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. All staff working in the service had appropriate background and safety checks documented. Patient care records should include patients' GP details, and whether patients have consented to share their information with other healthcare professionals. Details about the surgical pause that takes place before treatments should also be documented in the patient care records.	✓✓ Good

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 Glasgow Clinic Hair Restoration 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 two recommendations.

Results	
Requirements	
None	
Recommendations	
a	The service should ensure that patients' GP details are documented and that patients have been asked to share their information with other healthcare professionals. If the patient refuses, this should be documented in the patient care record (see page 20).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

## Results (continued)

### Recommendations

- b** The service should ensure that details about the surgical pause that takes place before treatment is documented in the patient care record (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

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 The Glasgow Clinic 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Clear and measurable aims and strategic objectives for the service were made available to patients. Information about the service's values and purpose was also included on the service's website. A strategic plan included identified key performance indicators to make sure the service was meeting its aims and objectives.**

#### *Clear vision and purpose*

The service's vision and purpose was to 'provide high-quality patient-centred care' to the hair loss community. Information about the vision and purpose was available for patients in an information pack in the service, and on the service's website for all patients and potential patients to view. Information about the service's values was included within the vision and purpose and was aligned with the national Health and Social Care Standards. This included being treated with dignity and respect, compassion, and receiving responsive care and support.

The service's aims and strategic objectives were included in its strategic plan for 2025-2028, highlighting the service's short, medium and longer terms plans. Information about these aims and strategic objectives was also available to patients in the service.

The stated aims and strategic objectives included:

- continuous quality improvement
- research
- increased reach - patient education and community strategy
- efficient governance and management
- service expansion, and
- introduction of medicines services.

We saw evidence that the service planned to review its strategic plan every year, using staff and patient feedback to assess its progress. This information was discussed at monthly team meetings and recorded in the minutes of meetings.

Key performance indicators had been identified to help measure and evaluate how well the service was performing. Key performance indicators included:

- length of time hair grafts being transplanted were 'out of head time' during surgery
- patient retention rates and a growing patient base
- patient satisfaction and patient outcomes, and
- compliance with mandatory training for staff.

The service's quality improvement plan helped to formalise and direct the way the service drives and measures improvement. This included using patient and staff feedback, and regularly reviewing audit information.

The practitioner told us the service's goal was to continue to offer a service for the hair loss community, which was easily accessed with flexible appointments.

- No requirements.
- No recommendations.

### ***Leadership and culture***

The sole practitioner was registered with the General Medical Council (GMC), the Royal College of General Practitioners and had several diplomas from recognised institutions, including the American Board of Hair Restoration Surgery.

A number of staff were directly employed by the service to assist with treatments. Although the staff assisting the practitioner were not healthcare professionals, they all had advanced academic backgrounds, including in research. Specific training was delivered by subject matter experts as part of their induction to the service to reflect their job role.

Staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings were held every month, as well as regular 'catch ups' for staff. 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
- patient and staff feedback reviews, and
- staff training and development opportunities.

The senior management team consisted of the practitioner and the service manager, and they had an 'open door' policy for staff. Minutes from team meetings also showed that staff could make suggestions and voice ideas for improving the service. For example, changing staff rotas to reflect the individual needs of staff members.

The service's governance approach included:

- a complaints handling process
  - a risk register and risk assessments
  - an audit programme
  - gathering and evaluating patient feedback
  - reporting of adverse events, and
  - reviewing findings from previous Healthcare Improvement Scotland inspections.
- 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

**Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes were evident, including a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints and a quality improvement plan were in place.**

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

The service's participation policy described how patient feedback would be gathered and used to continually improve the patient experience and how care was delivered. Staff telephoned patients after their 3-monthly regular treatment reviews to check they were happy with how their treatment was progressing, and to seek verbal feedback about their experience. Patients were also sent emails containing links to specific online apps to provide feedback, and could also post feedback through social media. The service's website also detailed feedback and testimonials from patients about their experience. We saw that the service collated and used this feedback to inform the quality improvement plan.

We saw examples of where patient feedback had been used to improve the service. For example, post-operative information was now posted to patients several weeks in advance of surgery giving them more time to reflect on any questions they may have. The service had also introduced an online booking system which allowed patients to book directly with the practitioner at a time suitable to them. Any changes in the service that led to improvements were monitored and evaluated through the service's audit programme.

The practitioner discussed risks and benefits of any potential treatments, including any relevant side effects. This helped to ensure patients had realistic expectations and outcomes before starting treatment. For example, the benefits of using particular medications may be lost if the patient decides to stop taking the medication without practitioner advice.

The service's website was comprehensive and informative, and included details about the practitioner's background, experience and qualifications. Treatments and costs were clearly stated and an email confirmation was sent after patients booked an appointment. Patients could contact the service through the website, social media sites or by telephone.

- 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 service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incidents.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every 2 years, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

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

Maintenance contracts for the fire safety equipment and fire detection system, autoclave system (used to clean and sterilise equipment) and oxygen therapy were up to date. Electrical and fire safety checks were monitored regularly.

We saw evidence of good standards of medicines management in line with the service's medicine management policy. This included completed records of stock checks and medicines prescribed and used for treatments in the service.

Arrangements were in place to deal with medical emergencies. This included up-to-date training for staff and an emergency kit which included oxygen therapy. Appropriate signage was in place to advise staff where the oxygen

cylinder was located. Emergency medicines were also available for patients if required. We saw regular checks took place and were documented for all emergency equipment in the service. Prescriptions were completed by the practitioner for patients to take to a pharmacy to be dispensed. We were told the service was currently investigating ways of being able to dispense prescriptions to its patients directly from the service or through an online pharmacy service.

Infection prevention and control measures were in place to reduce the risk of infection. This included cleaning of patient equipment and the environment, appropriate use of personal protective equipment (disposable aprons and gloves), and good hand hygiene and the clinical waste practices.

The service's complaints policy was available in the service and on its website. This stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in January 2019.

The service had a duty of candour policy (where healthcare organisations have a professional 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 reported duty of candour incidents. All staff had completed duty of candour training.

Patient consultations were mainly carried out face to face, although the service had recently started an online consultation process. This included weekends to accommodate patients who were not available during the week. A comprehensive assessment took place which included a full medical history, as well as details about a patient's current medications. The service maintained supportive professional relationships with other independent healthcare and NHS services as part of shared patient care arrangements, such as gathering and sharing relevant clinical information, including patient medication. Where appropriate, aftercare leaflets were provided which included the service's contact details. We saw examples of aftercare instructions, such as what to expect following treatment with associated timeframes for hair growth.

Patient care records were stored on a password-protected system and 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. The service's general data protection regulations policy was available on its website. The service had a confidential waste collection contract in place for the disposal of patient information.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland Scheme as part of their revalidation. This process is how doctors demonstrate to the GMC that they remain 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. For example, they attended international conferences in person or virtually, and met regularly with an international group for hair restoration treatments. The service had featured in a BBC documentary due to the practitioner's expertise in carrying out treatments. The practitioner had also contributed to a patient education book on hair transplants.

The service's recruitment and staffing policy detailed the processes in place to ensure staff were safely recruited. As well as obtaining two references, these included checks for:

- occupational health
- proof of identity
- Disclosure Scotland, and
- qualifications.

Staff completed an induction period and were allocated mandatory training to complete relevant to their role. This included basic life support, manual handling, safeguarding of adults, fire safety training, infection control and medicines management. The senior management team 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 involves staff reflecting on their practice and identifying any learning needs. Appraisals we saw had been comprehensively completed. Staff we spoke with told us their appraisals helped them feel valued and encouraged them with their career goals.

- No requirements.
- No recommendations.

### ***Planning for quality***

The service demonstrated a proactive approach to identifying and managing risks to patients and staff. Appropriate risk assessments were included in the service's risk register, including those for:

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

We found that the risk assessments were easy to follow and had been reviewed. Action plans were in place detailing what action had been taken to reduce any identified risks. We noted the risk register was regularly reviewed.

A business continuity plan described the steps that the service would take to protect patient care if an unexpected event happened, such as staff sickness. Arrangements were in place with other services in the surrounding areas to treat patients if required.

We saw evidence that audits were carried out every 3 months to make sure the service continued to deliver consistent, safe care for patients and identified any areas for improvement. Audits included:

- fire risks, autoclave and oxygen servicing
- policy reviews
- infection prevention and control
- medicines
- patient care records
- patient and staff feedback, 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.



We noted the quality improvement plan was regularly reviewed and updated. Examples of quality improvement activities that had taken place included providing patients with mobile phone chargers to use during treatment. A member of staff had also recently completed leadership training.

- 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. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. All staff working in the service had appropriate background and safety checks documented. Patient care records should include patients' GP details, and whether patients have consented to share their information with other healthcare professionals. Details about the surgical pause that takes place before treatments should also be documented in the 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 the service was clean and tidy, was of a high standard and well maintained. We saw that cleaning schedules were completed and up to date. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We noted that the correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings. We saw that documented environmental and cleaning checks were carried out on patient areas through the day.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps (such as syringes and needles), clinical waste and single-use patient equipment. We saw that clinical waste was safely disposed of and stored in a secure area until collection. We saw a good supply of antibacterial hand wash and disposable paper hand towels. Equipment, including personal protective equipment, was single use to prevent the risk of cross-infection, where appropriate.

The medical refrigerator was clean and in good working order. A temperature-recording logbook was used to record fridge temperatures every day. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We saw a safe system for the procurement and prescribing of medicines.

Feedback from our online survey was very positive about the experience patients had at the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- 'I can't speak highly enough of how I was treated by the practitioner and all the staff... From my initial conversations... to my consultation with the practitioner right through to my procedure I was made to feel at ease, was listened to, was kept informed at every stage and I felt like my wellbeing was always their main priority.'
- 'Full discussion with the practitioner at consultation and also pre-op regarding how hairline would look. Procedure, post op etc.'
- 'Fantastic environment to be in whilst getting the op done. TV available to "keep my mind off of things", however I was talking with the team a lot which made me feel at ease at all times.'
- 'All staff had specific roles during the procedure, and they went about their responsibilities diligently and in a well-orchestrated manner... gave me confidence in their professionalism.'

We reviewed five electronic patient care records. All entries were signed and dated by the practitioner. Appropriate consent was given by all patients to treatments, and for photographs to be taken before, during and after treatments. We noted that all patient care records included next of kin details. Each patient care record showed a clear pathway from assessment to treatments provided. Costs of treatment were detailed so patients knew exactly what they were paying. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. Patient information included taking a full medical history, with details of any:

- existing health conditions
- medications
- previous treatments, and
- referral, if appropriate.

We reviewed five staff files. All files included information on staff qualifications, fitness to practice, Protecting Vulnerable Groups (PVG) checks, occupational health screening, training including continuous professional and personal development, appraisal and supervisions sessions.

### **What needs to improve**

Not all of the patient care records we reviewed documented patients' GP details, or that the patient had consented to sharing their information with other healthcare professionals. The patient care records should also document if a patient refuses to consent to this (recommendation a).

We noted that a 'surgical pause' took place to determine that the right patient was receiving the right treatment. Although this was recorded on a whiteboard in the treatment room, this information was not documented in the patient care records (recommendation b).

- No requirements.

### **Recommendation a**

- The service should ensure that patients' GP details are documented and that patients have been asked to share their information with other healthcare professionals. If the patient refuses, this should be documented in the patient care record.

### **Recommendation b**

- The service should ensure that details about the surgical pause that takes place before treatment is 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.



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

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**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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