



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Clinetix Rejuvenation (Bothwell)

Service Provider: Clinetix Rejuvenation (Glasgow) Ltd

8 January 2025

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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 29 November 2021

Requirement

The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of via the EWC code 18-01-08, to ensure it complies with appropriate waste legislation. A waste transfer note must also be used each time waste is collected from the service.

Action taken

An up-to-date clinical waste contract was now in place which included correctly disposing of all hazardous waste, including cytostatic waste (botulinum toxin), with accompanying waste transfer slips. **This requirement is met.**

Requirement

The provider must ensure that staff listed as 'authorised users' of laser or IPL equipment have completed their core of knowledge safety training before delivering this treatment to patients. A record of when staff completed or updated this training must be maintained.

Action taken

All staff carrying out treatments using laser or intense pulsed light therapy (IPL) equipment and/or machines had now completed their core of knowledge training. This training was up to date for all members of staff and was recorded in the service's staff training logs and staff files. A process was in place for alerting the service when refresher training was due to take place. **This requirement is met.**

Requirement

The provider must ensure that all staff appointments delivering patient care and treatment are not listed under the Protection of Vulnerable Groups (Scotland) Act 2007, before they commence working in the service.

Action taken

All staff employed by the service, including staff who were appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the service) and non-healthcare professionals now had to have a Protecting Vulnerable Groups (PVG) background check carried out before taking up post. All details of the Disclosure Scotland checks were logged on the service's electronic management system. **This requirement is met.**

What the service had done to meet the recommendation we made at our last inspection on 29 November 2021

Recommendation

The service should review its pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment (2016) guidance.

Action taken

Appropriate processes were now in place to ensure the recruitment of new staff to the service was in line with the Scottish Government's Safer Recruitment through Better Recruitment (2023) updated guidance. This included obtaining two references for all staff.

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 Clinetix Rejuvenation (Bothwell) on Wednesday 8 January 2025. We spoke with a number of staff during the inspection. We also 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 Bothwell, Clinetix Rejuvenation (Bothwell) is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Clinetix Rejuvenation (Bothwell), 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>A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Senior management were visible, and staff said they felt valued, respected and well supported. Clear and measurable aims and objectives were in place and available on the service's website. Evidence of the positive impacts and good outcomes from the aims and objectives was shared at team meetings and in a patient newsletter. A strategic plan and quality assurance framework included identified measures to make sure the service was meeting its aims and objectives.</p>		<p>✓✓ Good</p>
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>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 included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints were in place. The quality improvement plan helped the service to implement and take forward improvements.</p>		<p>✓✓ Good</p>
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>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. Staff described the provider as a good employer and the service as a good place to work. Patient care records were comprehensively completed. All staff had appropriate background and safety checks documented. There was a good standard of medicines management. Appropriate policies, processes and training was in place for staff delivering intense pulsed light (IPL) and</p>		<p>✓✓ Good</p>

laser treatments, including additional oversight of treatment by a senior practitioner.	
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Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Clinetix Rejuvenation (Glasgow) 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 no requirements and no recommendations.

We would like to thank all staff at Clinetix Rejuvenation (Bothwell) 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. Senior management were visible, and staff said they felt valued, respected and well supported. Clear and measurable aims and objectives were in place and available on the service's website. Evidence of the positive impacts and good outcomes from the aims and objectives was shared at team meetings and in a patient newsletter. A strategic plan and quality assurance framework included identified measures to make sure the service was meeting its aims and objectives.

Clear vision and purpose

The service's vision statement was clearly displayed on its website. This was created with the input of the full team and was embedded throughout all aspects of the service. We were told the service strived 'to educate and empower every patient to look and feel their best through skin care'. The service's values were also listed on its website. These included integrity, honesty, trust, respect, knowledge, education and development.

The service's aims and objectives were detailed on its website to demonstrate its short, medium and longer terms plans. These included:

- providing impartial, honest and expert-led advice to patients
- developing a professional relationship with its long-term patients, and
- enabling patients to be in control of their treatments and decisions.

The service's quality strategy was embedded throughout the service's key strategic documents. This included the service's annual strategic plan, the quality improvement plan and a quality assurance framework. The provider assessed its governance processes in line with this quality assurance framework. A software system had been introduced that helped monitor and manage quality improvement in the service.

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

- patient satisfaction
- performance/budget targets, and
- return patient bookings.

Various systems and processes were in place to monitor performance against the key performance indicators, for example reviewing audits on a regular basis, and reviewing data, including staff development, patient feedback and engagement to help improve the service. The senior management team also continually reviewed how the service was delivered, including treatments offered and requested by patients and staff. Staff and patient feedback and views also helped the service to plan and deliver accessible care. A training needs analysis had been 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.

The strategic plan was reviewed 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 the meetings.

We saw evidence that the service had identified priorities for the coming year in its quality strategy. These included ways to enhance its strategy around key performance areas.

The service's quality improvement plan helped to formalise and direct the way the service drives and measures improvement. This plan was also used to measure how the service was performing against its key performance indicators.

The service was actively involved in carrying out its own studies into skin and skin treatments. Patients involved consented to be part of these studies.

The service issued a monthly newsletter to all patients. This included information on the service's aims and objectives, and how the service was performing against the key performance indicators.

- No requirements.
- No recommendations.

Leadership and culture

The service manager, who was the lead practitioner in the service, was registered with the General Medical Council (GMC) and the British College of Aesthetic Medicine. The senior management team was formed of the lead practitioner, together with the operations manager and lead practitioner from the provider's Glasgow service.

Staff in the service included healthcare professionals with permanent contracts or appointed under practicing privileges (staff not employed directly by the provider but given permission to work in the service), and also non-healthcare professionals. 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' 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.

Team meeting minutes also showed that staff could make suggestions and voice ideas for improvements to the service. For example, staff could access private mental health support either through the service or independently and anonymously.

Staff we spoke with told us they felt valued and listened to by the senior management team. They also felt there was an 'open door' policy, and they could approach the senior management team at any time with any concerns or issues they may have identified. An annual all staff team building event was held to enhance working relationships in the service and to give staff a voice to assist in shaping the service. The service's whistleblowing policy describing how staff could raise a concern about patient safety and/or practice.

- 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 included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints were in place. The quality improvement plan helped the service to implement and take forward improvements.

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

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries either through the service's website or social media pages.

Many of the patients were returning patients who had used the service for many years. New patients were usually patients who had been referred by existing patients or by word of mouth, including social media reviews. Consultations were appointment-only and could be face to face or online.

The service's website contained information on treatments available, the booking system and treatment costs, as well as detailed information on staff working in the service, including their qualifications. Patients could also access information about treatments and general information about the service through online videos, blogs, posters and leaflets in the service. Monthly newsletters were also emailed to patients to advise of updates on the service, for example additional treatments or new treatments being offered or trialed, treatment prices, improvements made to the service as a result of patient feedback, and staff changes, including staff joining or leaving the service.

The service's comprehensive participation policy described how patient feedback would be gathered and used to continually improve the service. All patients were sent an electronic feedback survey after their treatments and were actively encouraged to provide feedback. Informal feedback was also gathered verbally and through social media. We saw that patients also left feedback about their experience on the service's website.

We saw that the service collated and regularly reviewed all feedback received, with information used to inform the service's improvement activities and the quality improvement plan. Any changes in the service that led to improvements, for example introducing cans of mineral water instead of plastic bottles for patients, helping to reduce the service's carbon footprint, were monitored and evaluated through the service's audit programme.

We noted that the service used an electronic 'noticeboard' that provided key information for staff through their computers. For example, staffing levels for that day, updated information on the service's policies and procedures, training opportunities and key staff events like birthdays and staff recognition rewards.

- 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 noted 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 year, 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 fire safety equipment, oxygen therapy and the fire detection system were up to date. Electrical and fire safety checks were monitored 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). A stock control system enabled the service to monitor medicines supplies. Temperature-sensitive medicines were stored in a locked medical refrigerator and medical devices, such as dermal fillers, were stored in a lockable cupboard. The medical refrigerator was clean and in good working order. The temperature of the refrigerator was monitored and recorded every day to make sure medicines were stored at the correct temperature and safe to use. This logbook was fully completed and up to date. The service manager was responsible for controlling access to medicines. For example, clinical staff had to obtain the keys to the medical refrigerator to access medicines required for patients' treatments.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training for staff. Emergency medicines were available for patients who may experience aesthetic 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 in the service. 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, we noted that no complaints had been received by Healthcare Improvement Scotland. However, the service had received one complaint directly and we saw evidence that this complaint had been acted on and resolved. We saw evidence that staff members had received training in complaints handling, grievances and customer service.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Staff fully understood their duty of candour responsibilities and the service had published a yearly duty of candour report on its website. Staff were also aware of the service's safeguarding (public protection) policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

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. The service shared a variety of aftercare information electronically with patients before and after their treatment. Patients were able to contact the service at any time on a dedicated emergency telephone number where their concern would be reviewed by the operations manager and passed to the appropriate clinician for further review and advice.

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.

Staff members were recruited in line with the service's recruitment and staffing policy. The service also had a practicing privileges policy. Both policies included a description of the expectations on all staff working in the service, including staff working under practicing privileges. The recruitment process was completed by an external human resources (HR) company. All staff members were subject to the numerous checks required during the recruitment process, including them not being listed under the Protection of Vulnerable Groups (Scotland) Act 2007. Staff files contained a checklist to help make sure that appropriate recruitment checks had been carried out. The service had a continuous learning culture. Staff had a personal development plan which they agreed with the operations manager and this was overseen by the service manager (lead practitioner). Staff were encouraged to identify further training or development which they felt would benefit them in their current roles and also with potential promotional opportunities.

All relevant healthcare staff participated in formal appraisal processes, in line with their professional regulatory bodies, such as the GMC. This helps to ensure that staff 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, the doctors who worked in the service, including the GP who worked under a practicing privileges agreement, met regularly to share cases and learning outcomes from each other. The lead practitioner also met regularly with a range of other aesthetic services and professional colleagues. They also attended and delivered information and training, including research, to aesthetics practitioners at conferences and aesthetic events worldwide.

Clinicians from other countries, including Jamaica and Austria, were invited to attend the service to learn new skills or improve on existing skills and techniques.

The service benchmarked itself against other aesthetic services in the UK. For example, it would review similar sized services and note what treatments were offered, what improvements had been made as a result of staff and patient engagement and feedback, staffing and skill mix, and staff training opportunities, qualifications and continuing professional development. This information was then shared and discussed at team meetings.

Staff completed an induction period and were allocated mandatory training to complete. This included safeguarding of adults and duty of candour. The operations 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 involves 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. Staff with practicing privileges contracts provided the service with their annual appraisals from their NHS posts, including proof of continued learning. Appraisals we saw had been comprehensively completed. Staff we spoke with told us their appraisals helped them feel valued and encouraged their career goals.

What needs to improve

The service had appropriate processes in place to ensure the recruitment of new staff to the service was in line with the Scottish Government's Safer Recruitment through Better Recruitment (2023) guidance. However, this did not include the occupational health status of the preferred candidate for the post. Although this is not a pre-employment requisite, the guidance states 'employers should state that all offers of employment are subject to or on condition of a satisfactory health report.' The service's recruitment policy should be updated to include the health clearance and immunisations requirements for individual job roles. We will follow this up at a future inspection.

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.
- No recommendations.

Planning for quality

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

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

The risk assessments were included in a risk register, which was reviewed regularly. We found that the risk assessments were easy to follow. We saw that all risks had been reviewed and that action plans were in place detailing what action had been taken to reduce any identified risks.

In the event that the service was unable to operate, such as a temporary closure of the service, we saw there was an arrangement in place that patients would be referred to another service. This business continuity information was included as part of the service's quality strategy.

The service completed monthly audits, such as those for:

- complaints
- 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 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 patient feedback. For example, the automatic follow-up email sent to patients following their appointment now included:

- the service's vision statement, and
- numerous weblinks with easy to find information on treatments, staff, current treatment prices, research, information on complaints and duty of candour reports.

We saw that information generated from the service's electronic management system was reviewed by the senior management team, and then disseminated and shared with staff. 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.

- 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. Staff described the provider as a good employer and the service as a good place to work. Patient care records were comprehensively completed. All staff had appropriate background and safety checks documented. There was a good standard of medicines management. Appropriate policies, processes and training was in place for staff delivering intense pulsed light (IPL) and laser treatments, including additional oversight of treatment by a senior practitioner.

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. Cleaning schedules were in place, and these 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, and clinical waste and used sharps equipment was 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. Some comments we received from patients included:

- ‘The clinic is always clean, tidy and well maintained.’
- ‘The treatment room was spotless and everything in its place.’

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.

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its 'Summary of Product Characteristics' and is unlicensed. We were told this provided better pain relief for patients. We saw evidence in the patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that informed consent had been sought and signed by the patient. This information was included in individual risk assessments that were completed for every patient where bacteriostatic saline was used.

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. Details of patients' next of kin, GP and emergency contact were documented, as well as consent to share information with other healthcare professionals, as needed. Practitioners had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

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:

- 'All staff encountered from reception to treatment were informative, talked you through the next step/what to expect.'
- 'Their knowledge is greater than mine and they also gave me lots of answers to questions I never thought of.'
- 'I always leave feeling amazing and even more amazing after treatment settles.'

Intense pulsed light therapy (IPL) and laser skin treatments were provided to patients. The service had a registered laser protection advisor and local rules were in place to ensure patient and staff safety. All safety measures were in place when this treatment was being carried out, including safety warning signs on the locked treatment room door. We saw evidence of up-to-date core of knowledge training completed by all staff who provide IPL and laser treatments in the service. All checks on the laser equipment had been carried out and were documented. Details of patch testing and treatments for patients were documented in the patient care records we reviewed. We also saw additional input into patients' laser treatment plans from senior practitioners documented in the patient care records. This additional review took place for every patient receiving IPL or laser skin treatments before patients consented to treatment.

We reviewed three staff files, including for those staff members with practicing privileges. We saw that all appropriate pre-employment checks had been carried out. This included information on staff identify, qualifications, fitness to practice, Protecting Vulnerable Groups (PVG) checks, training including continuous professional and personal development, appraisal and supervision sessions. We also saw evidence in staff files and training records of completed mandatory training.

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.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

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

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.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
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