

Announced Inspection Report: Independent Healthcare

Service: Surgical Skin Solutions, Peterhead

Service Provider: Surgical Skin Solutions Ltd

7 April 2025

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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 Surgical Skin Solutions on Monday 7 April 2025. We spoke with the service manager during the inspection. We received feedback from 12 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 Maud near Peterhead, Surgical Skin Solutions is an independent clinic providing non-surgical treatments providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Surgical Skin Solutions, 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
The service vision was to provide a high standard minor surgery clinic. The vision should be shared with patients. Clear objectives and measurable key performance indicators should be developed to help monitor the quality of care.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information on how to complain and information about treatments offered was available on the service's website. Patients were informed about treatment options. A proactive approach must be taken for the assessment and management of risk. A formal system for reviewing and using patient feedback to improve the service should be introduced. A regular audit programme should be introduced.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. The surgical scrub sink was cleaned regularly in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.</p> <p>Patients' emergency contact and GP details and the outcome of every consultation must be recorded in patient care records. Consent to share information with medical professionals in the event of an emergency should be recorded. A system to monitor medication should be implemented.</p>		✓ Satisfactory

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 Surgical Skin Solutions 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 three requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that information about the service's vision is available to patients (see page 11).</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>
b	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 11).</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	
Requirements	
1	<p>The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff (see page 16).</p> <p>Timescale – by 7 July 2025</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should follow its own participation policy for obtaining patient feedback and use this to inform service development (see page 13).</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>
d	<p>The service should update its complaints policy and information to reflect the correct email address for Healthcare Improvement Scotland (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 4.11</p>
e	<p>The service should ensure that a written copy of any aftercare is provided to patients (see page 15).</p> <p>Health and Social Care Standards: My Support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>
f	<p>The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 16).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
g	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 16).</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>

Results	
Requirements	
2	<p>The provider must ensure patients' GP and next of kin contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 20).</p> <p>Timescale – by 7 July 2025</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:</p> <p><i>(a) the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional, and</i> <i>(b) the outcome of that consultation or examination (see page 20).</i></p> <p><i>Regulation 4(2)(a)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
h	<p>The service should obtain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented (see page 20).</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>

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](#)

Surgical Skin Solutions, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Surgical Skin Solutions 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 service vision was to provide a high standard minor surgery clinic. The vision should be shared with patients. Clear objectives and measurable key performance indicators should be developed to help monitor the quality of care.

Clear vision and purpose

The service manager (practitioner) told us that the service's vision was to provide a high standard minor surgery clinic. It aimed to develop new procedures while maintaining the high standards of its current procedures in line with the practitioner's professional capabilities and regulations.

We were told that the service's aims included answering any complaints inside its complaints timescales and keeping its prices competitive.

What needs to improve

While the service had a vision, this information was not readily available to patients in the service (recommendation a).

We discussed the value of establishing key performance indicators with the manager (practitioner). These would help the service identify and measure the effectiveness of the quality of the service provided and support future developments. Examples of key performance indicators could include:

- patient feedback
- patient return and non-return rates
- revenue growth, and
- social media engagement rate (recommendation b).

■ No requirements.

Recommendation a

- The service should ensure that information about the service's vision is available to patients.

Recommendation b

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

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

Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information on how to complain and information about treatments offered was available on the service's website. Patients were informed about treatment options. A proactive approach must be taken for the assessment and management of risk. A formal system for reviewing and using patient feedback to improve the service should be introduced. A regular audit programme should be introduced.

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

The service's participation policy stated how it intended to gather feedback from patients. The policy also described how the service would then use patient feedback to continually improve. Patients could contact the service directly over the telephone, through email or social media.

We were told that patients could give feedback about their experience in a variety of ways, including:

- direct messages on the service's social media account
- directly to the practitioner verbally, and
- the service's website.
-

The service described improvements it had made following patient feedback included:

- displaying the wi-fi code to allow patient access
- improved directions to the service made available on the service's website
- provision of bottled water, and
- revised treatment information leaflets displayed in the clinic.

What needs to improve

While the service collected feedback, it did not send out a structured feedback questionnaire in line with its own participation policy (recommendation c).

- No requirements.

Recommendation c

- The service should follow its own participation policy for obtaining patient feedback and use this to inform service development.

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.

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- duty of candour
- emergency arrangements policy
- information management
- medication, and
- safeguarding.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. All medications used in the service were ordered from appropriately registered suppliers. We saw that all medicines, including a small number of emergency medicines held in stock were in-date and stored securely. The service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service had a record of monthly equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and an up-to-date electrical safety certificate was in place.

We saw that the service had an appropriate infection prevention and control policy and procedures in place, as well as a clinical waste contract for the disposal of clinical waste. Clinical waste was managed appropriately.

The service's website included details of its complaint management process, including that patients could complain to Healthcare Improvement Scotland.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had published a yearly duty of candour report, which was available in the clinic.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

Patient care records were stored securely in a locked filing cabinet.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment was carried out.

The practitioner engaged in regular continuing professional development and had recently completed their revalidation. This is managed through the NMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years. They also kept up to date with appropriate training, such as training for:

- adult support and protection
- equality and diversity, and
- infection control.

What needs to improve

We saw a variety of policies and procedures in place to support the safe delivery of patient care. However, the complaints policy did not contain the correct

email address to contact Healthcare Improvement Scotland (recommendation d).

We were told that aftercare was given verbally to patients after their procedure and that service users had the contact details of the service to call if they had any concerns. Sharing written aftercare would mean patients had a written record of instructions to refer to after any procedure (recommendation e).

- No requirements.

Recommendation d

- The service should update its complaints policy and information to reflect the correct email address for Healthcare Improvement Scotland.

Recommendation e

- The service should ensure that a written copy of any aftercare is provided to patients.

Planning for quality

Appropriate insurances were in-date, such as public and employer liability insurance. The service had an accident book in place to record any incidents or accidents. We were told that the service had not experienced any incidents or accidents and saw that the accident book did not contain any entries. The service manager (practitioner) was aware of the notification process and what Healthcare Improvement Scotland should be notified of.

The service had a quality improvement plan in place and we saw that it had been reviewed yearly.

What needs to improve

The service did not have a system in place to identify, manage and monitor risks. All risks to patients and staff must be effectively managed. A risk management process, including developing a regularly-reviewed and updated register of risk assessments must be in place. This would help to demonstrate that all risks had been considered, appropriately assessed and measures were in place to reduce frequency or harm. Examples of risk assessments could include those for:

- infection prevention and control
- medicines management, and
- sharps injuries (requirement 1).

The service did not have a business continuity plan in place. A business continuity plan would help make sure that all aspects of business continuity are adequately planned for, such as failure in IT systems or distribution to utility services (recommendation f).

The service did not carry out any audits. An audit programme would help the service structure its audit process and record findings, as well as any improvements made as part of a planned programme of quality improvement (recommendation g).

Requirement 1 – Timescale: by 7 July 2025

- The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff.

Recommendation f

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

Recommendation g

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

Key Focus Area: Results

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

Our findings

The environment was clean and well equipped. The surgical scrub sink was cleaned regularly in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.

Patients' emergency contact and GP details and the outcome of every consultation must be recorded in patient care records. Consent to share information with medical professionals in the event of an emergency should be recorded. A system to monitor medication should be implemented.

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 satisfactory self-evaluation.

We saw the clinic was clean, tidy and well maintained. Appropriate cleaning wipes were used and the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully and accurately completed. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately. Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'The treatment room was very tidy and looked very clean and sterile. All equipment used was unpackaged in front of me which gave me the confidence that everything was sterile.'
- 'Facility was set out efficiently and hygienically maintained throughout procedure.'
- 'I was very satisfied I felt really relaxed and happy with the environment.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

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

- 'Consent gained verbally and signed on form.'
- 'The practitioner discussed the treatment with me as she was carrying out the procedure to make sure I was happy.'
- 'Was asked questions and involved with treatment.'

We reviewed five patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- name, and
- past medical history.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Detail of the treatments administered, along with the medicine batch numbers and expiry dates were recorded along with aftercare given. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

Contact details for the patient's next of kin and GP were not documented in the patient care records we reviewed (requirement 2).

Patient care records we reviewed did not document the outcome of face-to-face consultations between the practitioner and the patient, or the resulting treatment plan (requirement 3).

Patient care records did not document patients' consent to share or refusal to share their details with other healthcare professionals in the event of an emergency situation (recommendation h).

Requirement 2 – Timescale: immediate

- The provider must ensure patients' GP and next of kin contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Requirement 3 – Timescale: immediate

- The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:

- (a) the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional, and*
- (b) the outcome of that consultation or examination.*

Recommendation h

- The service should obtain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented.

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.ihtregulation@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