

Announced Inspection Report: Independent Healthcare

Service: Vision Scotland, Edinburgh

Service Provider: Laser Vision Scotland Limited

6 May 2025

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

© Healthcare Improvement Scotland 2025

First published July 2025

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

www.healthcareimprovementscotland.scot

Contents

1	Backgro und	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – About our inspections	23
<hr/>		

1 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 Vision Scotland on Tuesday 6 May 2025. We spoke with members of the senior management team and a number of staff during the inspection. We received feedback from 17 patients directly by email and 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 Edinburgh, Vision Scotland is an independent clinic providing non-surgical, minor surgical and surgical ophthalmic treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Vision Scotland, 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 provider had a clear vision and purpose which was shared with patients on the service's website and was also displayed in the service. Key performance indicators were regularly monitored to measure the service's performance. Leadership was visible and supportive, and staff told us they felt supported to develop and contribute to improving the service. The service proactively took account of the local health needs of the patient population to inform its decision making and future treatment options.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
A clear patient participation process directed how the service engaged with patients to continually improve how the service was delivered, with patients kept informed of how their feedback was used. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. Comprehensive risk management, incident reporting and quality assurance systems, including an audit programme and a quality improvement plan, helped to provide assurance of continuous quality improvement. Patient care and treatment was delivered by a suitably skilled and experienced staff team. The service worked with external organisations and community ophthalmic services to help improve shared patient care, and to provide educational opportunities for optometry students.	✓✓✓ Exceptional
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was provided from a modern, accessible, clean and well-equipped clinic, with appropriate infection control measures in place. Safe staff recruitment processes were in place. Patient care records were well completed, and patients spoke very positively about their experience of the service and the staff. Medicines audit processes must be reviewed.	✓✓ 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 Laser Vision Scotland Limited to take after our inspection

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

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

This inspection resulted in one requirement.

Results	
Requirement	
1	<p>The provider must ensure an effective system is in place for monitoring and auditing all medicines in stock to ensure they remain in date (see page 22).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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](#)

Laser Vision Scotland Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Vision Scotland 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 provider had a clear vision and purpose which was shared with patients on the service's website and was also displayed in the service. Key performance indicators were regularly monitored to measure the service's performance. Leadership was visible and supportive, and staff told us they felt supported to develop and contribute to improving the service. The service proactively took account of the local health needs of the patient population to inform its decision making and future treatment options.

Clear vision and purpose

The service specialised in providing a range of ophthalmic procedures, including cataract removal, lens replacement, retinal surgery, laser vision correction and oculoplastics (focusing on the structures around the eye, including the eyelids, tear ducts and the bony orbit). It also provided treatment for common eye conditions such as glaucoma and age-related macular degeneration.

The service is one of a number of ophthalmology services across Scotland provided by Laser Vision Scotland Limited. A strategic plan set out the provider's vision and purpose and identified the key priorities and objectives driving the future direction of the business. The provider's vision was to be the leader in the delivery of ophthalmic care, inspiring innovation and advancing the future of vision health. Its purpose and core values were to act with integrity, compassion and professionalism to ensure the highest standards for patients and the community, and to provide exceptional care that enhanced the patient experience and delivered outstanding clinical outcomes. These values were clearly communicated to patients through the service's website and displayed in the service.

Staff were aware of, and had contributed to, developing the provider's core values during a staff engagement event with the senior management team. These values were revisited at daily huddles, team meetings and staff appraisals to encourage and support staff engagement in the wider development of the service.

The provider had identified key performance indicators which the service used to monitor and measure its quality and effectiveness. This included:

- collecting and evaluating data from patient satisfaction surveys
- clinical outcomes
- staff recruitment and development
- compliance audits, and
- risk management.

These key performance indicators were aligned to the provider's strategic plan. For example, using patient feedback to enhance every part of the patient journey, from initial consultation to post-treatment follow-up, helped to continually refine processes and improve patient satisfaction.

We saw examples of the service reviewing external reports to drive the future direction of the service, for example, the provider proactively reviewed public health reports produced by local NHS boards, as part of its strategy to understand the needs of the local communities that the service provides care and treatment for. These reports can provide useful information on the health status of the local people, risk factors and common emerging eye health issues, such as glaucoma and age-related macular degeneration. This helped to inform the service's decision making, such as future treatment options offered, and ensured the services provided were aligned to current public health trends, patient needs and health inequalities.

- No requirements.
- No recommendations.

Leadership and culture

The service was delivered by consultant ophthalmic surgeons, registered nurses and healthcare assistants, optometrists and optical practitioners, a patient care team, and reception and housekeeping staff. The provider also had dedicated staff to support the day-to-day activities of the wider business, including finance, sales and marketing, IT and human resources.

The provider had an effective leadership structure and governance framework with well-defined roles, responsibilities and support arrangements. Two of the directors owned the business and were experienced consultant specialist ophthalmic surgeons registered with the General Medical Council (GMC). One of the directors was also the medical director whose key responsibilities included ensuring clinical standards were being met, and monitoring and evaluating patients' clinical outcomes from treatment. They were both members of

specialist ophthalmic organisations, such as the UK and Ireland, and European, Societies of Cataract and Refractive Surgeons. They also had a number of research papers and studies published, and attended national and international conferences to ensure the service kept up to date with best ophthalmic practice. A chief executive officer was responsible for the overall management and strategic direction of all of the provider's services, and they were accountable to the provider's board of directors. We saw that the chief executive officer had a wide range of skills, knowledge and experience of managing other services, including in the ophthalmic sector, and was using this to inform the ongoing direction and development of this service.

The service manager was responsible for the day-to-day planning and management of the overall service. Each department was led by a head of service who provided direction and support to frontline staff. This included a head of surgical services for theatres, an operations manager for patient services, and a senior optometrist who managed the optometry team who carried out eye examinations, and diagnostic screening and testing. The optometrists were regulated by the General Optical Council and were all independent ophthalmic prescribers.

Senior leaders and representatives from the management team were members of various committees set up to ensure all aspects of clinical, operational and financial performance were carefully monitored and managed. The key focus for each committee was linked to the provider's strategic plan and key performance indicators. For example, the provider's clinical governance committee was chaired by the head of nursing and quality improvement. The committee met every month in line with the provider's clinical governance policy. The key focus of this committee was to review patient safety, clinical outcomes and quality of care. Minutes were comprehensive and standard agenda items included clinical audit results and risk management, patient feedback analysis and any actions for improvement, complaints, and health and safety. The service manager was the clinical governance lead for the service, and was responsible for ensuring the overarching principles of the clinical governance policy were fully implemented to support the consistent delivery of high quality care for patients.

We saw the provider adopted a 'whole team' approach to support the future direction of the service by promoting a positive culture of staff engagement. Leadership walkrounds enabled senior leaders to actively engage with frontline staff. This created opportunities for staff to directly share their views, opinions and ideas for improving the service. This also demonstrated the provider's commitment to nurturing an environment where staff were empowered to take the initiative, grow in their roles and contribute to the provider's overall vision.

The provider was committed to ensuring staff were suitably skilled and experienced. This included engagement with academic institutions and training providers to make sure senior leaders and staff received good opportunities for professional development and career progression. All members of the senior management team had completed a postgraduate diploma in leadership within healthcare, and we saw that other staff members had either completed or were working towards postgraduate diplomas in clinical education or ophthalmic care.

It was clear staff we spoke with were motivated and committed to deliver high standards of patient care. Staff told us they felt involved in developing and improving the service, and were encouraged to freely share their views and opinions. We were told that senior leaders were visible, approachable and supportive. Minutes of a recent leadership walkround showed that staff had influenced an improvement initiative that had increased the time allocated for patients attending diagnostic testing appointments to avoid clinics running late and reduce unnecessary delays.

A daily huddle meeting took place which staff from each department attended. This included discussions about staff cover, patient treatment plans and any issues or complex patient cases. A theatre safety brief also took place every day to review the day's patient surgical list. Staff meetings were held each month to ensure they had the most up-to-date information to do their job well. A record of the staff meetings was kept and detailed who was responsible for taking forward any actions. Newsletters from the provider were shared with staff to ensure they were kept informed about what was happening in the wider organisation such as staff recruitment and achievements, patient testimonials and new developments.

- 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

A clear patient participation process directed how the service engaged with patients to continually improve how the service was delivered, with patients kept informed of how their feedback was used. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. Comprehensive risk management, incident reporting and quality assurance systems, including an audit programme and a quality improvement plan, helped to provide assurance of continuous quality improvement. Patient care and treatment was delivered by a suitably skilled and experienced staff team. The service worked with external organisations and community ophthalmic services to help improve shared patient care, and to provide educational opportunities for optometry students.

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

Patient information brochures were available on the service's website or as paper copies in the service. These provided detailed information about the patient pathway, treatment options, risks, benefits and aftercare, and formed part of the consent to treatment process. Patients were able to choose the surgeon, their preferred treatment plan according to their needs and when their treatment would take place. Treatment fees were available on the website or patients could call the patient care team for this information.

The service gathered feedback from patients in a variety of ways. For example, patients were asked for their feedback verbally and encouraged to complete a questionnaire while they were in the service which they could post in a feedback box. On discharge, patients were given a QR code to scan and post an online review about their experience. Permission was sought from patients before any testimonials were published on the service's website or social media channels. The service also held patient focus groups every 3 months to gather direct feedback from patients and carers. This ensured the service was meeting patients' needs and expectations and helped to continuously improve the service.

A 'you said we did' approach enabled the service to share with patients how their feedback was used to improve the service. A summary of findings from patient focus groups, online reviews and feedback questionnaires was documented and displayed in the service. Recent examples included:

- Patients had reported difficulties administering eye drops. The service created a booklet with diagrams on how to administer the drops and provided lubricating drops to enable patients to practice at home before their surgery. The service reported improved outcomes for patients administering eye drops post-surgery.
- Patients had reported the signage directing them to the service inside the building was not clear. New signage was provided on the ground floor and in the stairwell and reception staff reported a reduction in patients having difficulties finding the service.

The service manager monitored and evaluated patient feedback from questionnaires, with results shared with staff, managers and the leadership team at daily huddles and staff meetings. Patient satisfaction was also a standing agenda item at the provider's clinical governance and operational committee. We saw results from the analysis of patient questionnaires in April 2025 were very positive and showed high levels of patient satisfaction. Patients who provided us with feedback about their experience were very complimentary about the staff who looked after them. Comments included:

- 'The surgeon and staff were professional and caring and the aftercare was much appreciated.'
- 'I was particularly impressed by the time taken by all staff to reassure, make me comfortable and explain all aspects of the procedure clearly and simply.'

Staff feedback was encouraged and acted upon. Results from the service's annual staff survey carried out in January 2025 were positive and concluded there was a motivated and valued workforce with a supportive management culture and good teamworking. Staff told us they enjoyed their work and were well supported by their line manager. They understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

The service offered a range of benefits to its staff. Incentives included an employee discount scheme, employee counselling, discounted treatments, pay enhancements for bank holidays and annual leave increments.

- 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 manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

The service had a comprehensive range of policies and procedures which staff were able to easily access online through the service's staff intranet. All were in date and a version control system helped to keep track of changes and updates. Policies were reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. A contract was in place with an external company for the safe decontamination (cleaning and sterilising) of surgical instruments. An instrument tracking system and a record of unique identifiable labels for lens implants was maintained. This enabled the service to respond effectively to medical alerts, product recalls and to trace potential sources of infection.

Electrical checks and equipment testing was being carried out to a satisfactory condition. A fire risk assessment had been undertaken. Fire safety signage was displayed and fire safety equipment was appropriately maintained. A legionella (a water-based bacteria) risk assessment had been undertaken with a water safety management plan in place, which included regular water monitoring and testing. We saw that recommendations from a report carried out by the provider's health and safety contractor in October 2024 had been addressed.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). Staff fully understood their duty of candour responsibilities and had received duty of candour training. An annual duty of candour report was produced every year and was displayed in the service and on its website.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available on the service's website and displayed in the service. No complaints had been made to Healthcare Improvement Scotland since the service was registered in December 2022. A system was in place to manage complaints and ensure any lessons learned or actions for improvement were shared with staff.

A clear system was in place for recording and managing accidents and incidents. We saw evidence that the service used a root cause analysis method to investigate underlying causes of any significant incidents that take place. This included both clinical and non-clinical staff and safety experts, where applicable. The aim was to help focus on and identify systemic issues that contributed to the incident rather than focusing on individual errors. An action plan was then developed to take forward any actions identified to avoid any recurring issues and to minimise any future risks. We saw the service routinely discussed incidents at staff and management meetings to share learning and any actions for improvement.

Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency. All the necessary emergency drugs and equipment was available in the service, including a fully stocked emergency trolley, a defibrillator and oxygen. All staff carried out medical emergency training every year.

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). Temperature-sensitive medicines were stored in medical refrigerators and other medicines such as eye drops were stored in lockable cupboards in a dedicated medicine room. Fridge temperatures were monitored and recorded every day to make sure medicines were stored at the correct temperature and safe to use. Controlled drugs are medications that require to be controlled more strictly, such as some types of painkillers. A Home Office controlled drug licence was approved for the service in December 2024 with the head of surgical services identified as the named accountable officer. This would allow the service to offer conscious sedation (using medicine to reduce patient anxiety to allow treatment to take place) where there was a clinically assessed need.

A laser protection advisor visited the service regularly to make sure laser safety rules and guidance were followed in line with local policy. We saw that a recent visit from the advisor confirmed the service was fully compliant. Authorised laser users had signed to say they understood the 'local rules' (the local arrangements developed by the laser protection advisor to manage laser safety) and had undertaken laser safety core of knowledge training. Staff were required to carry out refresher training at regular intervals.

Patients were involved in planning their treatment, and costs were discussed and agreed as part of the consultation and assessment process. At their first appointment, patients had a consultation with both the optometrist and the surgeon, and had a thorough assessment before they received any recommendations about their treatment. This included a comprehensive

ophthalmic assessment to check their eye health and vision, and their past medical history and lifestyle to determine their suitability for treatment. Patients then received a range of treatment options along with expected costs, and the risks and benefits of each treatment. Feedback from our patient survey confirmed patients did not feel rushed and were given time to discuss and ask questions about their treatment plan before, during and after the consent process. Comments included:

- 'I was well informed both in writing and verbally and everything happened as I expected.'
- 'The consultant discussed the procedure thoroughly, there was no pressure to decide there and then and I could go away and think it over. I booked the procedure and it was organised for 6 weeks later.'

A patient co-ordinator was identified for each patient to assist them through the patient journey. Signed consent for the treatment plan and treatment costs was always obtained from the patient, and a system was in place to check that all patients had signed their consent forms before they received any treatment. Written and verbal aftercare advice was given to all patients following treatment. They also received a follow-up telephone call after their surgery to check how they were feeling and if they needed any additional advice. A further follow-up call was arranged 6 weeks after surgery. If a community optometrist had referred the patient to the service, they would be kept informed about the patient's treatment and any post-treatment plans. An emergency out-of-hours service was provided to enable patients to contact clinical staff if they had any issues or concerns following treatment. Patients spoke positively to us about this service.

Electronic patient care records were stored on the service's clinic management software system. Access to patient care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). This provides a level of assurance that confidential information is safe, secure and only accessible to relevant staff.

Staff members were recruited in line with the service's recruitment policy. A practicing privileges policy was also in place for staff not employed directly by the provider but given permission to work in the service. Both policies included a description of the expectations on all staff working in the service. All staff appointments were subject to obtaining satisfactory references, fitness-to-practice checks and an up-to date Disclosure Scotland background check or Protecting Vulnerable Groups (PVG) membership update before they started working in the service.

A clear process enabled the service manager to check that clinical staff's professional registration status and indemnity insurance for practicing privileges staff remained up to date. This was tracked on a spreadsheet using a colour-coded system to identify whether the checks had been completed, or when they were due to expire or were overdue.

An induction policy and checklist were used to make sure staff were appropriately inducted into their role. Regular staff reviews took place supported by an annual formal appraisal process.

- No requirements.
- No recommendations.

Planning for quality

An audit programme helped the service to deliver a consistent approach to safe patient care and treatment, and identify any areas that needed to be improved. We saw evidence of recent audits for:

- infection prevention and control
- medicines
- maintenance and cleanliness of the clinic and theatre environment, and
- patient care records.

Audits were undertaken by different staff members and results shared with the team. Any issues identified were assessed by the quality and risk manager, with any additional staff training provided, if appropriate.

An effective risk management system supported the proactive management of risk in the service. A range of risk assessments had been undertaken, including risk assessments for the lasers used for patient treatments. These were reviewed regularly, and were included on a risk register which was also reviewed on an ongoing basis to ensure the actions taken for reducing each risk remained effective.

The quality and risk manager was a member of the provider's clinical governance committee and was responsible for monitoring clinical risk, including patient safety, audit compliance and actions for improvement.

The provider's comprehensive quality improvement plan provided a detailed overview of current and ongoing improvement initiatives in the service. For example:

- 'In-person' patient focus groups were held every 3 months to gather feedback directly from patients and encourage their involvement in shaping the services they received. This also helped to enable patients to see how their feedback was used to improve the service.
- Regular informal walkrounds by the chief executive officer, heads of department and the service manager had commenced to identify areas for improvement, reinforce the provider's values and enable staff to engage directly with senior leaders.
- A quality improvement committee had recently been set up by the provider to further strengthen its engagement and feedback with other stakeholders such as community optical services to promote partnership working and drive improvement. The committee was led by the provider's head optometrist and membership included optometrists from community optical services throughout Scotland.

We were told that an online portal had been developed to allow community optometrists to refer patients directly into the service. This helped to build partnership working across services, and helped strengthen patient aftercare with a focus on shared care of patients.

We were told the service planned to move to an electronic incident log and reporting system this year. This would help to improve data analysis and inform quality improvement, such as reviewing theatre and clinic efficiency. Work was already under way with the provider's IT department to create real-time reporting systems to monitor the service's overall performance and help to make improvements where required.

The medical director had participated in an international collaborative study in 2024 to assess the clinical performance of a new artificial lens implant designed to achieve a full range of vision and improve clinical outcomes for patients. This study involved patients from the service, as well as across Europe and New Zealand. The provider compared its results from the study with other similar services with results showing positive clinical outcomes and patient satisfaction for this service.

Within the service, the provider measured patients' clinical outcomes from surgery undertaken by all of its ophthalmologists. This included measuring patients' visual outcomes before and after cataract surgery.

A business continuity plan set out the actions the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

We were told the service was working with NHS Education Scotland (NES) to develop a comprehensive placement in the service for final-year optometry students. This would allow students to receive practical, hands-on experience, and help to ensure that they were well prepared for their future careers in optometry.

- No requirements.
- No recommendations.

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 service was provided from a modern, accessible, clean and well-equipped clinic, with appropriate infection control measures in place. Safe staff recruitment processes were in place. Patient care records were well completed, and patients spoke very positively about their experience of the service and the staff. Medicines audit processes must be reviewed.

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.

The service was delivered from a safe, accessible and well-equipped environment. At the time of our inspection, all clinical areas including theatres were clean, tidy and well organised. Equipment maintenance records were up to date and showed that the ventilation system, lasers, fire safety equipment and other specialist equipment was regularly maintained.

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 (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub and personal protective equipment such as disposable gowns, gloves, aprons and face masks. Staff received hand hygiene training. Cleaning schedules were fully completed, and the correct cleaning products were used in line with national infection control guidance such as chlorine-based cleaning products for sanitary fixtures and fittings.

We reviewed six staff files including for staff granted practicing privileges. We saw that appropriate background and health clearance checks had been carried out before they started working in the service. We saw evidence of yearly professional registration checks for clinical staff and up-to-date indemnity

insurance checks for staff who were granted practicing privileges. A signed contract or practicing privileges agreement was available in the files we reviewed. Staff files also provided information about training, including mandatory training. There was also evidence of monthly one-to-one meetings and a completed yearly appraisal.

We reviewed five patient care records and found that all entries were legible, dated and signed. Each file had a record of the patient's next of kin or emergency contact and the contact details for their GP. Treatment pathways were well defined, and patient notes were comprehensive and well organised. Consent to treatment forms included information about the risk and benefits of treatment, the surgical procedure and the aftercare arrangements. We saw that both the patient and surgeon had signed and dated the consent form and that the patient had also signed against each risk to confirm they had read and understood them. A fully completed 'surgical site checklist' and 'surgical pause' was available in all the files we reviewed. This was completed before the patient's surgery to determine that the right patient was receiving the right treatment. Audits of patients care records carried out by the service showed good compliance.

Patients who completed our online survey or emailed us directly said the service was professional and well organised. They also said they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- 'The whole experience from start to finish was exceptional. Each person that I saw dealt with me with the highest and most professional way possible.'
- 'The clinic itself was clean, warm, and welcoming - a space that felt safe and well-organised throughout our visits.'
- 'The staff were all very reassuring and pleasant. The hygiene was excellent and lots of hand washing. The waiting room was calming and comfortable, not that there was a long waiting time.'
- 'Overall an excellent experience. Fantastic facilities. Professional and caring staff and personally a brilliant outcome.'

What needs to improve

We found two emergency injections used if a patient experienced a severe low blood sugar episode had expired in February 2025. Although we saw that medicines audits were being completed every month, the audits carried out before and after these medicines had expired had not picked this issue up (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure an effective system is in place for monitoring and auditing all medicines in stock to ensure they remain in date.

- 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.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