Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** On Point Dermal Therapy Ltd, West Linton

**Service Provider:** On Point Dermal Therapy Ltd

24 July 2025

NHS SCOTLAND

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



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**www.healthcareimprovementscotland.scot**

# Contents

# 1 Progress since our last inspection

## What the service had done to meet the recommendations we made at our last inspection on 14 December 2020

### Recommendation

*The service should record its assessment of COVID-19 risks including a description of appropriate actions to minimise the transmission of infection.*

### Action taken

The service only had one patient attending the clinic at a time and asked their current health status before they attended the service.

### Recommendation

*The service should review its infection control policy to make sure it details how the service will comply with the standard infection control precautions described in Chapter 1 of Health Protection Scotland's National Infection Prevention and Control Manual.*

### Action taken

The service complied with all standard infection control procedures.

### Recommendation

*The service should purchase multiple pairs of eye googles. Each pair should be worn once and then fully immersed in an appropriate sterilising solution before being reused.*

### Action taken

This recommendation is no longer applicable because this related to Scottish Government COVID-19 guidance at the time of that inspection.

### Recommendation

*The service should follow Scottish Government guidance in relation to face coverings and personal protective equipment.*

### Action taken

The service followed all Scottish Government guidance for personal protective equipment and face coverings.

# 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 On Point Dermal Therapy Ltd on Thursday 24 July 2025. We spoke with the manager during the inspection. We received feedback from 16 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in West Linton, On Point Dermal Therapy Ltd is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For On Point Dermal Therapy Ltd, the following grades have been applied.

| **Direction** | *How clear is the service's vision and purpose and how supportive is its leadership and culture?* |
|---|---|
| **Summary findings** | **Grade awarded** |
| Although the service had a vision, and defined aims and objectives, these should be available for patients and staff to view. The service was assessing its performance against identified key performance indicators. Staff were able to contribute to developing and improving the service. Formal all staff meetings should be introduced. | ✓ Satisfactory |
| **Implementation and delivery** | *How well does the service engage with its stakeholders and manage/improve its performance?* |
| Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. A more formal approach to gathering and using patient feedback should be developed. An appraisal system must be implemented to review staff performance and development. Risk assessments must be developed to manage and reduce potential risks in the service. Implementing an audit programme and a quality improvement plan would provide assurance of appropriate clinical governance and oversight of the service, and would help to demonstrate a proactive approach to improving the service. | ✓ Satisfactory |
| **Results** | *How well has the service demonstrated that it provides safe, person-centred care?* |
| The service was clean and in a good state of repair. Patients told us they found the service welcoming and professional. Appropriate background safety checks on all staff must be carried out. Appropriate cleaning products should be used for cleaning all sanitary fittings. Medicines governance processes, including obtaining informed consent from patients when using unlicensed products, must be followed. | ✓ 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 On Point Dermal Therapy 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 four requirements and seven recommendations.

| Direction | |
|---|---|
| **Requirements** | |
| None | |
| **Recommendations** | |
| **a** | The service should share its aims and objectives with patients and staff (see page 12).<br><br>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19 |
| **b** | The service should introduce regular, formal staff meetings, and a record of discussions and decisions reached at these meetings should be kept (see page 12).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

| Implementation and delivery | |
|---|---|
| **Requirements** | |
| **1** | The provider must complete annual appraisals with all members of staff who work in the service (see page 16).<br><br>Timescale – immediate<br><br>*Regulation 12(c)(i)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **2** | The provider must develop and maintain an effective system to demonstrate the proactive management of risks to patients and staff (see page 17).<br><br>Timescale – by 14 November 2025<br><br>*Regulation 13(2)(a)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **Recommendations** | |
| **c** | The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 14).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 |
| **d** | The service should develop a formal business contingency plan that sets out the arrangements for the continuity of care for patients in the event of the service closing for any reason (see page 17).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
| **e** | The service should develop an audit programme to cover key aspects of care and treatment, such as patient care records, and the clinic environment and equipment. Audits should be documented and improvement action plans implemented (see page 17).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |

## Implementation and delivery (continued)

### Recommendations

**f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

## Results

### Requirements

**3** The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 19).

Timescale – immediate

*Regulation 8(1)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**4** The provider must ensure that when unlicenced medicines are used the appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent (see page 20).

Timescale – immediate

*Regulation 3(d)(iv)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

**g** The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
Find an independent healthcare provider or service – Healthcare Improvement Scotland

On Point Dermal Therapy Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at On Point Dermal Therapy Ltd 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 |
|---|---|
| *How clear is the service's vision and purpose and how supportive is its leadership and culture?* | |

### Our findings

**Although the service had a vision, and defined aims and objectives, these should be available for patients and staff to view. The service was assessing its performance against identified key performance indicators. Staff were able to contribute to developing and improving the service. Formal all staff meetings should be introduced.**

#### *Clear vision and purpose*

The service's vision was 'to be recognised as the leading independent aesthetics clinic in our community', and its aims and objectives were to provide:

- personalised, advanced skincare, and
- aesthetics treatments that enhanced natural beauty and self confidence.

We saw the service assessed its performance by measuring itself against key performance indicators, including:

- revenue growth
- patient feedback, and
- consultations to booked treatments.

Treatments in the service were by appointment only, and many patients were returning customers. The manager told us they aimed for an open conversation about the patient's expectations and requirements, and that appointments were extended to allow time for a full discussion during the consultation.

#### What needs to improve

Although the service had clear aims and objectives, it did not share these with patients and staff (recommendation a).

- No requirements.

### Recommendation a

- The service should share its aims and objectives with patients and staff.

### *Leadership and culture*

The service is owned by an experienced nurse registered with the Nursing and Midwifery Council (NMC). Practicing privileges agreements were in place with the other staff member. Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service.

The manager was accountable for patient safety, gathering feedback from patients and implementing changes in the service.

### What needs to improve

Although we were told that informal meetings took place, no formal staff meetings were held with minutes of what was discussed and any actions to be taken (recommendation b).

- No requirements.

### Recommendation b

- The service should introduce regular, formal staff meetings, and a record of discussions and decisions reached at these meetings should be kept.

## Key Focus Area: Implementation and delivery

| Domain 3: Co-design, co-production | Domain 4: Quality improvement | Domain 5: Planning for quality |
|---|---|---|
| *How well does the service engage with its stakeholders and manage/improve its performance?* | | |

### Our findings

**Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. A more formal approach to gathering and using patient feedback should be developed. An appraisal system must be implemented to review staff performance and development. Risk assessments must be developed to manage and reduce potential risks in the service. Implementing an audit programme and a quality improvement plan would provide assurance of appropriate clinical governance and oversight of the service, and would help to demonstrate a proactive approach to improving the service.**

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

Patients could contact the service in a variety of ways, including by telephone, email, text message or online enquiries through the service's website. The manager told us that often patients came to the service through word of mouth. The service's website contained information on the services available, and printed details of all costs was available in the clinic. We were told that a new website for the service that will include links to allow patients to give direct feedback was being developed.

Patients who responded to our online survey indicated they had felt fully informed and involved in decisions about their treatment. Comments included:

- 'Explained everything to me how it works and aftercare. During the treatment… also checked in regularly that I was ok.'
- 'Asked me what I was looking to achieve with my treatment and advised on which areas to administer.'
- 'We discussed different options which were tailored to my needs and treatment intensity.'
- 'All the info… provided was clear.'

### What needs to improve

Although the service had a participation policy, feedback from patients was only given verbally. This meant it was difficult for the service to capture feedback. A more structured approach to collecting and analysing feedback would help the service continually improve (recommendation c).

- No requirements.

### Recommendation c

- The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback.

### *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 that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance.

We saw policies in place to help deliver safe, person-centred care. These were reviewed regularly and easily available to staff in the service and included:

- information management
- health and safety
- medication management, and
- infection prevention and control.

An incident book was available for reporting any accidents and incidents that may occur in the service, and staff were aware of this.

Maintenance contracts for the fire safety equipment and fire detection system were up to date. A fire risk assessment was carried out every year. Fire safety signage and fire safety equipment was in place and we saw a safety certificate for the fixed electrical wiring.

A complaints policy detailed the process for managing a complaint and timescales the service would follow. The policy included our contact details and stated that patients could complain to Healthcare Improvement Scotland at any

stage of the process. This information was also on the service's website. The service had not received any complaints since it was registered with Healthcare Improvement Scotland in January 2018, and we had not received any complaints about the service. Information about how to make a complaint was available to patients in the clinic.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a duty of candour policy and its annual duty of candour report was available in the clinic.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form which they and the practitioner signed. Patients had a cooling-off period before treatment, allowing them to consider the information received before agreeing to treatment. Discussions at the consultations included:

- expected outcomes of treatment
- full medical history
- risks and side effects, and
- aftercare.

Printed information was available in the clinic for patients, including aftercare information for each treatment with the emergency contact number of the practitioner.

Safe systems were in place for prescribing, procuring, storing and administering medicines, in line with the service's medication management policy. A first aid kit and emergency medication were available in the clinic, along with emergency protocols in the case of an emergency complication. As a member of an aesthetics professional organisation, the service could also access additional support if a treatment complication occurred. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

The service received safety alerts and reports from the Medicines and Healthcare products Regulatory Agency (MHRA). These include updates on medicines and medical devices if they are recalled or have safety issues, and safety information notifications.

To keep up to date with changes in the aesthetics industry, legislation and best practice guidance, the service was a member of national groups, such as the Aesthetic Complications Expert (ACE) group. This group of practitioners regularly report on any aesthetic complications and difficulties encountered, and the potential solutions. It also provided learning opportunities and support for its members. The manager had completed advanced nurse practitioner training as part of their Nursing and Midwifery Council (NMC) registration.

We saw a practicing privileges policy was in place and a signed practicing privileges agreement for the staff member working in the service under this arrangement. This identified the responsibilities and accountability of both the service and the staff member to ensure safe delivery of care.

### What needs to improve

Although we were told that informal conversations took place between the manager and the staff member, no appraisal process was in place (requirement 1).

### Requirement 1 – Timescale: immediate

- The provider must complete annual appraisals with all members of staff who work in the service.

- No recommendations.

### *Planning for quality*

Appropriate insurances were in-date, such as medical malpractice insurance, with the employer's liability insurance certificate displayed in the reception area.

### What needs to improve

During the inspection, we discussed the need for the assessment of risks in the service with the manager. Although a fire risk assessment was in place, risk assessments for potential clinical risks had not been carried out. Therefore, the service could not demonstrate that all risks had been identified and were being effectively managed. For example, risk assessments could be developed for the risk of trips and falls, sharps injuries and treatment-related risks (requirement 2).

Although we were told about informal arrangements that would be put in place in the event the service had to close or appointments cancelled, such as flooding or sickness, there was no formal documented contingency plan (recommendation d).

No audits had been carried out such as of the environment and equipment (to ensure compliance with infection prevention and control, and health and safety), and patient care records (to ensure these are fully and consistently completed) (recommendation e).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. While we were told of improvement activities taking place, such as introducing a new skincare device service for patients, the service had not documented these in a quality improvement plan. This would help the service to structure its improvement activities, record the outcomes and measure the impact of any future service changes. This would also allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation f).

### Requirement 2 – Timescale: by 14 November 2025

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

### Recommendation d

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

### Recommendation e

- The service should develop an audit programme to cover key aspects of care and treatment, such as patient care records, and the clinic environment and equipment. Audits should be documented and improvement action plans implemented.

### Recommendation f

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

## 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 service was clean and in a good state of repair. Patients told us they found the service welcoming and professional. Appropriate background safety checks on all staff must be carried out. Appropriate cleaning products should be used for cleaning all sanitary fittings. Medicines governance processes, including obtaining informed consent from patients when using unlicensed products, must be followed.**

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.

The clinic environment was modern, clean and well-equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment took place between patient appointments, as well as a full weekly clean of the clinic carried out by the manager. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'The premises is very welcoming and calming and very clean, I felt very comfortable.'
- 'The treatment room and equipment were very professional.'
- 'High standards.'
- 'Very clean and relaxing environment.'

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a supply of personal protective equipment such as disposable aprons and gloves, and alcohol-based hand gel. A waste contract was in place to make sure that clinical waste was disposed of appropriately.

We reviewed five patient care records and saw that each one included the patient's name, next of kin and GP contact details, and date of birth. A medical questionnaire had been completed and signed by the patient. This included information on their past medical history, allergies and current medications.

Each patient care record also included details about the face-to-face consultation with the practitioner and the resulting treatment plan. Batch number, expiry date and medication used was also recorded. Information on the risks and benefits of treatment was part of the consent process. Each consent to treatment form was signed and dated by the patient, as well as consent to share information in an emergency. We were told aftercare information was discussed after treatment and emailed to patients.

### What needs to improve

We found recruitment checks and evidence of training for the staff member had not been fully completed. For example:

- their identity had not been checked
- no references had been obtained, and
- no Disclosure Scotland Protecting Vulnerable Groups (PVG) background check had been carried out (requirement 3).

We saw that 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. There was no evidence in the patient care records that this had been discussed with the patient and consent sought for its use before treatment was administered (requirement 4).

The clinical wash hand basin was not being cleaned with a chlorine-releasing disinfectant and detergent product, as detailed in national infection prevention and control guidance (recommendation g).

### Requirement 3 – Timescale: immediate

- The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

### Requirement 4 – Timescale: immediate

- The provider must ensure that when unlicenced medicines are used the appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent.

### Recommendation g

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.

## 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.
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or email his.contactpublicinvolvement@nhs.scot

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