



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Ayrshire Eye Clinic, Ayr

Service Provider: Ayrshire Eye Clinic Ltd

20 August 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 October 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	Progress since our last inspection	4
2	A summary of our inspection	7
3	What we found during our inspection	13
	Appendix 1 – About our inspections	28

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 16 March 2022

Requirement

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

Action taken

We saw that all staff listed as 'authorised users' for the laser equipment had an up-to-date core of knowledge certificate. **This requirement is met.**

Requirement

The provider must ensure that both hot and cold running water is available at all hand wash basins.

Action taken

We checked the majority of the clinical hand wash basins, including the surgical scrub sink and found an adequate supply of hot and cold running water. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 22 March 2022

Recommendation

The service should develop a risk register. This should record details of all risks in the service, the potential impact, who is responsible for managing each risk and the risk response measures put in place to respond to each risk.

Action taken

The service had developed a risk register, which identified:

- potential risks
- staff responsible for managing each risk, and
- the control measures in place to reduce them.

Recommendation

The service should address the outstanding actions from the laser protection advisor report to reduce the risk of unauthorised access to the laser rooms when in use.

Action taken

The service had invested in more laser warning notices. However, it had not fitted a lock on the door of the downstairs laser room to reduce the risk of unauthorised access when the laser room was in use. This recommendation is reported in Domain 5: Planning for quality.

Recommendation

The service should address the outstanding recommendations in its 2019 fire safety report, and the fire risk assessment should be reviewed every year. Fire extinguishers should be stored correctly

Action taken

The service had addressed the recommendations from the 2019 fire safety report:

- extra fire exit signs had been purchased and fitted
- fire extinguishers were secured in dedicated floor stands, and
- the furniture and boxes that were stored inappropriately had been removed.

Recommendation

The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided

Action taken

The service reviewed its policies and procedures every year or in response to changes in legislation. We saw that policies included a version control system which documented the:

- date of the review carried out
- list of amendments made, and
- next review date.

Recommendation

The service should obtain two references for new members of staff, in line with safe recruitment practices.

Action taken

Reviewing pre-employment information, we saw that some new staff recruited after our previous inspection had only supplied one reference. A new recommendation has been made. This is reported in Domain 7: Quality control.

Recommendation

The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Action taken

The service had not carried out any PVG updates for staff. This recommendation is reported in Domain 7: Quality control.

Recommendation

The service should develop a formal role-specific documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role.

Action taken

As well as general induction, role-specific inductions were in place linked to each staff member's job description and key functions of their role.

Recommendation

The service should share minutes of staff meetings with all staff.

Action taken

Minutes were shared with all staff, including those with practising privileges through email or online group chat.

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 Ayrshire Eye Clinic on Wednesday 20 August 2025. We spoke with the provider, registered manager and a number of staff during the inspection. We received feedback from four patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Ayr, the Ayrshire Eye Clinic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Ayrshire Eye Clinic, 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. Key performance indicators were identified to help the service to measure its performance against its aims and objectives. Staff told us leaders were visible, approachable and supportive. Staff were encouraged to contribute to improving the service. Regular formal and informal staff meetings were carried out. A strategic plan should be developed and shared with patients, staff and other stakeholders.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patient feedback was gathered in a variety of ways to help improve the service. Key policies and procedures helped to make sure care and treatment was delivered safely. Risk management and quality assurance processes demonstrated a commitment to continuous quality improvement. Improvements made after feedback should be shared with patients. The audit programme should be further developed. Regular monitoring of the water system outlets should be documented. Control measures in place to reduce infection risks from water-based bacteria should be added to the risk register. A yearly training plan should be developed for staff.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment appeared clean and well maintained. Appropriate infection prevention and control measures were in place. A thorough pre-surgery assessment was carried out with patients. Patient care records were regularly audited. The provider must follow legislative requirements for stocking-controlled drugs in the service. Recruitment practice should be improved.		✓ 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 Ayrshire Eye Clinic 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 one requirement and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop a strategic plan that sets out its vision, strategic objectives and key priorities for the future direction of the business. This should be shared with patients, staff and other stakeholders (see page 15). 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	
None	
Recommendations	
b	The service should introduce a formal method of sharing with patients the improvements made in the service as a result of their feedback (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
c	The service should carry out a legionella (a water-based bacteria) risk assessment and develop a water safety management plan which should include regular water monitoring and testing (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
d	The service should develop a tailored training plan to ensure that staff are equipped with the required skills, knowledge and experience to carry out their role effectively (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 3.14
e	The service should further develop its audit programme to monitor infection control practice and the cleanliness of the environment (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
1	The provider must ensure it follows legislation and good medicine governance for the procurement and prescribing of controlled drugs (see page 27). Timescale – immediate <i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendations	
f	The service should obtain two references for new members of staff, in line with safe recruitment practices. A more structured approach for managing and monitoring staff recruitment and annual checks for practicing privileges staff should be developed (see page 27). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
g	The service should obtain a Disclosure Scotland background check and a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 27). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24 This was previously identified as a recommendation in the 16 March 2022 inspection report for Ayrshire Eye Clinic

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](#)

Ayrshire Eye Clinic 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 Ayrshire Eye Clinic for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The provider had a clear vision and purpose. Key performance indicators were identified to help the service to measure its performance against its aims and objectives. Staff told us leaders were visible, approachable and supportive. Staff were encouraged to contribute to improving the service. Regular formal and informal staff meetings were carried out. A strategic plan should be developed and shared with patients, staff and other stakeholders.

Clear vision and purpose

The service provided a range of ophthalmic procedures, including:

- cataract removal
- corneal transplant surgery
- laser vision correction
- lens replacement, and
- retinal surgery.

It also offered treatment for common eye conditions, such as glaucoma and age-related macular degeneration.

The provider's vision was to provide the best eye healthcare available to improve patients' lifestyle. Its mission statement confirmed the provider's commitment to deliver the best possible vision correction for every patient through customised surgical treatments combined with the highest level of patient care.

Defined aims and objectives were in place to support the delivery of the service's vision. Its aims were to:

- create developmental opportunities
- grow as a business into the future
- improve resilience and efficiency, and
- make visual outcomes better for patients.

The service's stated objectives were:

- create an environment for a sustainable and high-quality workforce
- generate efficiencies and identify business opportunities
- improve the working life of staff
- increase the number of patients through superior performance and 'word of mouth' referrals
- lead through engagement with allied healthcare providers, such as community GPs and optometrists.
- make life easier and simpler for patients, and
- provide the best eye healthcare available.

Key performance indicators (KPIs) were used to monitor and measure the quality and effectiveness of the service delivered to patients. This included:

- collecting and evaluating data from patient satisfaction questionnaires
- compliance audits
- monitoring the number of patient referrals to track growth, and
- risk management.

For example, using patient feedback to improve the patient journey helped the service to continuously refine its processes and improve overall patient satisfaction.

The provider had recently recruited a business development manager to drive the strategic direction of the service. The key function of this role was to support the development and implementation of marketing strategies to promote growth and revenue for the business.

What needs to improve

A strategic plan would help the service to measure progress against its KPIs, guide decision making and set out its priorities for future development of the business. The strategic plan should be shared with patients, staff and other stakeholders (recommendation a).

- No requirements

Recommendation a

- The service should develop a strategic plan that sets out its vision, strategic objectives and key priorities for the future direction of the business. This should be shared with patients, staff and other stakeholders.

Leadership and culture

The service was owned and led by the provider who was also the medical director accountable for ensuring clinical governance standards were met. This included monitoring and evaluating patients' clinical outcomes from treatment, patient safety and the quality of the service to ensure it consistently delivered high standards of care for patients.

A team of consultant ophthalmic surgeons, as well as nurses from the ophthalmology department of the local NHS hospital supported the delivery of the surgical service through a practising privileges arrangement (staff not employed by the provider but given permission to work in the service). Under the same arrangement the provider also engaged optometrists to carry out eye examinations and diagnostic screening and testing. The optometrists were regulated by the General Optical Council.

The medical director was an experienced consultant ophthalmic surgeon registered with the General Medical Council (GMC). The medical director was:

- a member of the European Society of Cataract and Refractive Surgeons
- a member of the United Kingdom and Ireland Society of Cataract and Refractive Surgeons
- a senior clinical lecturer with the University of Glasgow Faculty of Medicine, and
- the European associate editor of the Journal of Cataract and Refractive Surgery.

The medical director had many published research papers and studies. They attended national and international conferences to make sure the service kept up to date with the best ophthalmic practice.

The service manager was responsible for the day-to-day planning and management of the overall service. The service directly employed the patient care team, which included a receptionist, surgical co-ordinator and a business development manager. The surgical co-ordinator was a post created after our inspection in 2022 to make sure surgical procedures were delivered smoothly. The role was to:

- be the main point of contact for patients
- co-ordinate with medical staff, and
- manage schedules.

Staff told us they felt involved in improving the service and could freely share their views informally, as well as at staff meetings. The management team was reported to be visible, approachable and supportive. The service manager chaired regular staff meetings, which included the medical director. Staff meetings were documented and the minutes named those responsible for taking forward any actions. Minutes of meetings were also shared with practising privileges staff to help keep them up to date with service changes or policy updates.

- 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

Patient feedback was gathered in a variety of ways to help improve the service. Key policies and procedures helped to make sure care and treatment was delivered safely. Risk management and quality assurance processes demonstrated a commitment to continuous quality improvement.

Improvements made after feedback should be shared with patients. The audit programme should be further developed. Regular monitoring of the water system outlets should be documented. Control measures in place to reduce infection risks from water-based bacteria should be added to the risk register. A yearly training plan should be developed for staff.

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

Patient information leaflets were available on the website or as paper copies in the service. These provided detailed information about:

- aftercare
- risks and benefits
- the patient pathway, and
- treatment options.

Patient information leaflets also formed part of the consent to treatment process. Patients could contact the service directly to enquire about treatment costs for specific eye care services and treatments. Following an initial consultation, patients received information about the cost of their treatment directly through email or post.

The service had a patient participation policy in place, which described the methods used to gather feedback from patients. The service gathered feedback from patients in a variety of ways, including verbally at all stages of their treatment journey. A feedback, comments and complaints leaflet was also displayed in the service's reception area. Patients were sent a satisfaction survey through email or post after their discharge from the service and patients could also submit an online review on social media. This helped to make sure

the service was meeting patients' needs and expectations in line with its participation policy.

The service manager evaluated patient feedback and shared this with the team during staff meetings. Actions for improvement identified from this feedback were followed up with patients individually.

Results from the 3-monthly analysis reports of patient questionnaires and online reviews were positive and showed high levels of satisfaction. Improvement actions were recorded and the outcomes documented in the service's quality improvement plan. Improvements we saw made as result of feedback included:

- keeping the heating in the clinic at a comfortable temperature, and
- offering a selection of hot or cold beverages for patients.

Patients who provided us with feedback about their experience were very complimentary about the staff who looked after them. Comments included:

- 'From the consultation all the way through to even now with aftercare, it's been handled very efficiently.'
- 'Each member of staff had excellent communication skills and made me feel valued.'

Shared care agreements were in place between the service and local community optometrists. Community optometrists could communicate directly with the service through a secure online portal to discuss referrals and post treatment aftercare arrangements for patients discharged from the service.

The service had developed an online referral road map, which the referring optometrist could access securely to track the patient's treatment journey.

The service's self-evaluation reported good staff morale and confirmed that staff and the management team had open and transparent communication. Staff we spoke to told us they enjoyed their work and felt supported in their role.

What needs to improve

While the service could demonstrate it made improvements as a result of patient feedback, it did not have a formal method of sharing these improvements with patients (recommendation b).

The service used an informal system to communicate and share information with practising privileges staff. We were told the service had engaged IT support to help develop a dedicated portal on its existing electronic software system. This would allow the service to formalise communication and sharing of information with all staff, including those with practising privileges. Once implemented, the service planned to carry out a formal staff survey using electronic questionnaires to seek staff views and opinions about the service and any ideas for improvement. We will follow this up at future inspections.

- No requirements.

Recommendation b

- The service should introduce a formal method of sharing with patients the improvements made in the service as a result of their feedback.

Quality improvement

We saw 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 range of policies and procedures which staff could access in the service. The policies we reviewed were in-date and a version control system helped to track changes and updates. Policies were reviewed yearly to make sure they reflected current legislation and best practice.

Key policies in place included those for:

- health and safety
- infection control
- medicines management
- recruitment, and
- safeguarding (public protection).

Infection prevention and control policies and procedures were in line with national guidance. 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 allowed the service to respond effectively to medical alerts, product recalls and to trace potential sources of infection.

Fire safety checks were carried out regularly and contracts were in place to maintain the ventilation system and equipment used in the premises, including:

- fire detection and safety equipment
- gas safety
- lasers
- portable appliance testing (for electrical appliances and equipment to ensure they are safe to use)
- the fixed electrical wiring, and
- the passenger lift.

The service had a clear system for reporting and investigating accidents and incidents. Policies were in place to help make sure patients were treated in a safe environment and a culture of openness and transparency was promoted, such as those for:

- duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong), and
- public protection (to protect adults at risk of harm).

Duty of candour reports were completed every year and were available on the service's website.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland (HIS) and made clear that patients could contact us at any time. Information leaflets about how to make a complaint displayed in the reception area included the contact details for HIS and other professional regulators, such as the General Medical Council. A system was in place to manage complaints and share lessons learned or actions for improvement with staff.

Medicines were obtained from an appropriately registered supplier and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). A medicines management policy set out how medicines would be safely procured, prescribed, stored and administered. A daily refrigerator temperature log was maintained for temperature-sensitive medicines. Other medicines used to treat patients were stored in lockable cupboards. Medicines audits of stock were carried out every 3 months.

Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency. Emergency medicines and equipment were available, including oxygen and portable equipment to monitor heart rate, blood pressure and oxygen saturation levels. Clinical staff carried out medical emergency training in their NHS roles, which they were required to refresh every year.

Patients had a comprehensive assessment before their treatment. The patient pathway document provided a detailed account of the patient's journey from initial consultation and assessment, through to surgery and aftercare support. Patients who completed our online survey confirmed they were fully involved in any decisions about their treatment and did not feel pressured to make a quick decision. We also noted that patients confirmed the risks, benefits and any side-effects of the treatment were fully explained to them before obtaining their informed consent to treatment.

The service followed the World Health Organization's (WHO) guidelines to promote safe surgery during surgical procedures. For example, theatre staff carried out a 'surgical pause' before the surgery started. This checked that the operation was to be carried out on the correct patient, the correct operation site and that the patient had given their consent for surgery.

All patient information was stored securely on password-protected computers and in locked cabinets. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and followed the appropriate data protection regulations.

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 had addressed the recommendations in this report. 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 completed laser safety core of knowledge training. Staff were required to carry out regular refresher training.

Staff members were recruited in line with the service's recruitment policy and a practicing privileges policy was also in place. All staff appointments were subject to obtaining satisfactory references and an up-to-date Disclosure Scotland background check or Protecting Vulnerable Groups (PVG) scheme membership update before they started working. A process was in place to make sure that clinical staff's professional registration status, immunisation record and

indemnity insurance remained up to date. An induction policy and checklist were used to make sure staff were appropriately inducted into their role. Staff that the employer directly employed had a 6-monthly probation period and one-to-one meetings with the service manager to make sure they achieved the key competencies required for their role. A formal annual appraisal process also supported this.

What needs to improve

We were told that water outlets in the theatre suite were flushed two or three times a week to reduce potential infection risks from water systems. However, we saw no records to demonstrate this was being carried out in line with national infection prevention and control guidance (recommendation c).

The service would benefit from carrying out a training needs analysis to support the development of a yearly training plan for staff. This would help the service to identify gaps in knowledge and skills and identify appropriate training and development opportunities according to their individual roles and responsibilities (recommendation d).

The service had not fitted a lock on the door of the downstairs laser room to reduce the risk of unauthorised access when the laser room was in use. The service told us that it planned to carry out a risk assessment to monitor this risk. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should carry out a legionella (a water-based bacteria) risk assessment and develop a water safety management plan which should include regular water monitoring and testing.

Recommendation d

- The service should develop a tailored training plan to ensure that staff are equipped with the required skills, knowledge and experience to carry out their role effectively.

Planning for quality

A risk management system supported the service to proactively manage and mitigate risks to patients and staff. This included a fire risk assessment and identification of potential hazards in the service such as slips, trips and falls. The service's risk register ensured that risks were recorded, monitored and evaluated in line with the service's policy.

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. Appropriate insurances, such as employers and public liability insurance were in-date.

An audit programme helped the service to deliver a consistent approach to safe patient care and treatment and identify any areas for improvement. Every 3 months, the service manager completed audits of:

- medicines stock
- patient care records, and
- patient feedback.

A quality improvement plan supported the service to make improvements based on staff and patient feedback. The quality improvement plan was discussed at staff meetings and reviewed when changes had been implemented. For example:

- An online portal was developed to allow community optometrists to refer patients directly into the service. This helped to build partnership working across services and strengthen patient aftercare with a focus on shared care of patients.
- Patient aftercare leaflets had been updated to provide more detailed information about common side-effects after treatment.

The medical director recently obtained a license from the Human Tissue Authority (HTA) to allow the service to perform corneal transplant surgery (to replace a diseased cornea with a healthy donor cornea to restore patients' vision). The HTA is the primary regulator and overseer of corneal transplant surgery in Scotland.

What needs to improve

The service did not carry out infection control audits to check whether the environment, equipment and infection control practices of staff met the required standards (recommendation e).

- No requirements.

Recommendation e

- The service should further develop its audit programme to monitor infection control practice and the cleanliness of the environment.

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 clinic environment and equipment appeared clean and well maintained. Appropriate infection prevention and control measures were in place. A thorough pre-surgery assessment was carried out with patients. Patient care records were regularly audited.

The provider must follow legislative requirements for stocking-controlled drugs in the service. Recruitment practice should be improved.

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 service was delivered from a safe, accessible and well-equipped environment. At the time of our inspection, all clinical areas including the theatre suite were clean, tidy and well organised. Equipment maintenance records were up to date and showed regular maintenance of:

- fire safety equipment
- lasers
- other specialist equipment, and
- the ventilation system.

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).

Daily and weekly cleaning schedules were fully completed. The correct cleaning products were used in line with national infection control guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

Re-useable surgical instruments were used to carry out some of the treatments. A safe process was in place to sterilise the instruments off-site. We saw that surgical instrument trays were suitably organised, stored and an instrument tracking system was in place.

The five patient care records we reviewed provided a detailed account of each patient's treatment and aftercare support. We saw that a full medical history was documented, which included any pre-existing health conditions, prescribed medicines or allergies. A record of the patient's next of kin, emergency contact and their GP details was also recorded. Results from diagnostic tests and scans helped to inform the patient's future treatment.

Consent-to-treatment forms included information about the risk and benefits of treatment, the surgical procedure and the aftercare arrangements. Patients and the surgeon had signed and dated consent forms. Patients had signed against each risk to confirm they had read and understood them. Consent to share information with other healthcare professionals was also evident in the patient care records.

A fully completed 'surgical site checklist' and evidence of a 'surgical pause' was available in all patient care records we reviewed. Audits of patients care records the service carried out showed good compliance.

Staff recruitment information was stored securely in one central folder sub-divided for individual staff. We reviewed recruitment information for four staff members who were either directly employed in the service or held practising privileges. We saw a record of pre-employment checks, including:

- Disclosure Scotland background checks or Protecting Vulnerable Groups (PVG) scheme membership
- proof of identity, and
- references.

We also saw that professional registration checks and immunisation status were obtained for clinical staff working under practising privileges. New staff employed in the service since our previous inspection received a formal

induction into their role and an annual appraisal. An employment contract or a practising privileges agreement was available in all the staff files we reviewed.

Patients who completed our online survey told us staff were friendly, professional and caring. They also said the facilities were modern, clean and comfortable. Comments included:

- 'Everyone was very well informed and knowledgeable.'
- 'Each member of staff had excellent communication skills and made me feel valued.'
- 'Everything was discussed fully, and at no time was I pressured into make a quick decision.'
- 'Treatment by doctor and staff members second to none.'

What needs to improve

We found a box of Diazepam tablets in one of the medicine cupboards. This medicine is a controlled drug which helps to reduce patient anxiety to allow treatment to take place. Under its current registration conditions with Healthcare Improvement Scotland, the service is permitted to prescribe this medicine to individual patients where there is a clinically-assessed need. However, as controlled drugs are subject to high levels of regulation an application must be made to the Home Office to seek approval to obtain a license to stock this medicine. We asked the medical director to remove the Diazepam from the medicine cupboard and return it to the pharmacy. We also confirmed that any future patients requiring this medicine as part of their treatment must be supplied with an individual prescription to collect from the pharmacy to self-administer just before their surgery. This practice must be maintained until the service obtains approval from the Home Office to hold this medicine in stock (requirement 1).

We found gaps in some of the recruitment information we reviewed. For example, we saw:

- limited evidence of staff training and professional development, and
- some staff files contained expired indemnity insurance or did not include a record of insurance.

We saw that some staff employed after our previous inspection in March 2022 had only supplied one reference. One of the files we reviewed contained no references (recommendation f).

New staff had an up-to-date Disclosure Scotland check carried out or had been enrolled in the PVG scheme. However, regular Disclosure Scotland checks or PVG updates were not carried out for existing staff (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure it follows legislation and good medicine governance for the procurement and prescribing of controlled drugs.

Recommendation f

- The service should obtain two references for new members of staff, in line with safe recruitment practices. A more structured approach for managing and monitoring staff recruitment and annual checks for practicing privileges staff should be developed.

Recommendation g

- The service should obtain a Disclosure Scotland background check and a PVG update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

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