

Announced Inspection Report: Independent Healthcare

Service: Skin-Fresh Facial Aesthetics, Glasgow

Service Provider: Skin-Fresh Ltd

7 July 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 16 November 2021

Requirement

The provider must ensure that all staff, including those with practicing privileges, working in a registered healthcare service have appropriate, and documented, background and safety checks in place.

Action taken

Identification of staff was not checked at recruitment, and they had also not been enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the service. **This requirement is not met.** This is reported in Domain 7 (Quality control) (see requirement 6 on page 24).

Requirement

The provider must only provide treatments for which it is currently registered with Healthcare Improvement Scotland.

Action taken

Polydioxanone (PDO) thread lift treatments were no longer offered by the service. Only treatments and services defined within the remit of its service conditions with Healthcare Improvement Scotland were provided. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 16 November 2021

Recommendation

The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

Action taken

A risk register to support effective risk management in the service had now been implemented.

Recommendation

The service should ensure that patient care records are audited regularly.

Action taken

Although regular audits now took place, this did not include audits of the patient care records for all practitioners working in the service. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation i on page 21).

Recommendation

The service should request emergency and GP contact details for all patients in the event of an emergency.

Action taken

Although the service now routinely recorded patients' GP contact details, emergency contact details and consent to share information in the event of an emergency was not being recorded. A new requirement has been made. This is reported in Domain 7 (Quality control) (see requirement 5 on page 24).

Recommendation

The service should ensure evidence of the patient receiving verbal or printed aftercare advice is documented in the patient care record.

Action taken

The service was now recording that aftercare advice was given verbally in patient care records.

Recommendation

The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.

Action taken

The service had implemented an annual audit to check the professional registration of all healthcare staff.

Recommendation

The service should introduce systems to improve communication and strengthen leadership with staff who have practicing privileges.

Action taken

Team meetings and a communication book had been introduced to keep staff informed and improve communication. We were told the service planned to continue to develop this.

Recommendation

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

Action taken

No progress had been made in developing a quality improvement plan. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation g on page 21).

Recommendation

The service should develop a more structured programme of reviewing patient feedback that demonstrates and informs patients how their feedback has been addressed and used to help improve the service.

Action taken

Although the service had implemented some processes for obtaining patient feedback, this was not consistent across all practitioners. No process was in place to review feedback or share learning across the team. This recommendation is reported in Domain 3 (Co-design, co-production) (see recommendation c on page 17).

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 Skin-Fresh Facial Aesthetics on Monday 7 July 2025. We spoke with the manager during the inspection. We also contacted a number of staff on the telephone after the inspection. We received feedback from nine patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Skin-Fresh Facial Aesthetics 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 Skin-Fresh Facial Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's mission statement was available for patients to view. Formalised aims, objectives and key performance indicators should be developed to measure the service's performance. Team meetings should be formalised with agendas and minutes.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Relevant policies and procedures set out how the service would deliver safe, person-centred care. Although a comprehensive audit programme was in place, with audits carried out by an external colleague, audits should review the practice of all practitioners working in the service. Patient care records for all practitioners must be available to the manager when requested. A quality improvement plan and business continuity plan should be developed. Patient feedback should be gathered for all practitioners, and any changes or improvements made should be evaluated and shared with patients. A duty of candour report must be published annually.	✓ Satisfactory
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. Patients were happy with the care and treatment they received. Relevant recruitment checks must be carried out and staff enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. Patient care records must include emergency contact details, and consent to share information in the event of an emergency. The management and disposal of sharps needs to be improved, and risk assessments developed for the non-compliant sink and flooring.	✓ 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 Skin-Fresh 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 six requirements and 11 recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Direction (continued)	
Recommendations	
b	<p>The service should formally record the minutes of team meetings. These should include any actions taken and those responsible for the actions (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
1	<p>The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and care needs (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(3)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must publish an annual duty of candour report (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>
3	<p>The provider must ensure that staff receive regular individual performance reviews and appraisals (see page 20).</p> <p>Timescale – by 30 March 2026</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Recommendations

- c** The service should develop and implement a structured approach to gathering, recording, evaluating and sharing feedback from those using the service to help continually improve the service (see page 17).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
- This was previously identified as a recommendation in the November 2021 inspection report for Skin-Fresh Facial Aesthetics.
- d** The service should develop and implement an induction process for practitioners working under practicing privileges (see page 20).
- Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
- e** The service should ensure that all policies and procedures are regularly reviewed to ensure they remain accurate and up to date and reflect practice in the service (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
- f** The service should ensure that staff undertake duty of candour training (see page 20).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4
- g** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 21).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
- This was previously identified as a recommendation in the November 2021 inspection report for Skin-Fresh Facial Aesthetics.

Implementation and delivery (continued)	
Recommendations	
h	<p>The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
i	<p>The service should ensure audits of patient care records include the patient care records of all practitioners (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the November 2021 inspection report for Skin-Fresh Facial Aesthetics.</p>

Results	
Requirements	
4	<p>The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control guidance (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>The provider must record patients' next of kin, emergency contact details and consent to share information in the event of an emergency in the patient care record (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the November 2021 inspection report for Skin-Fresh Facial Aesthetics.</p>

Results (continued)	
Requirements	
6	<p>The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented, background and safety checks in place, and that all staff working under practicing privileges are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider (see page 24).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a requirement in the November 2021 inspection report for Skin-Fresh Facial Aesthetics.</p>
Recommendations	
j	<p>The service should ensure that all fixtures and fittings, including sanitary fittings and flooring, are in line with national infection prevention and control guidance. Where this is not achieved, a risk assessment should be carried out to reduce and control any risks (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
k	<p>The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 24).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Skin-Fresh 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 Skin-Fresh Facial Aesthetics 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 service's mission statement was available for patients to view. Formalised aims, objectives and key performance indicators should be developed to measure the service's performance. Team meetings should be formalised with agendas and minutes.

Clear vision and purpose

The service's mission statement was displayed in the clinic. This stated that the service aimed to offer 'professional services to improve skin concerns... by ensuring a person-centred approach, while respecting patients'... wishes'.

What needs to improve

The service had not identified any aims or objectives, or developed any key performance indicators to monitor and measure the quality and effectiveness of the service. This would help the service to demonstrate what was working well and what could be improved (recommendation a).

- No requirements.

Recommendation a

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

Leadership and culture

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council (NMC), who was also an experienced aesthetics practitioner.

The service did not employ any staff but had several practitioners that were granted practicing privileges to work in the service (staff not directly employed by the provider but given permission to work in the service). Not all the practitioners were prescribers and the manager prescribed for their patients.

A practicing privileges policy included a description of how these staff members were expected to work in the service, and we saw evidence of signed contracts in place for these practitioners.

The service had introduced a communication book to allow staff to share information and communicate with each other and had held two team meetings in recent months.

The practitioners we spoke with told us the manager was supportive and approachable. They were confident in the manager's clinical skills, and frequently asked for support, guidance, advice and observation of practice to support the development of their own skills. They said they were confident any issues raised would be dealt with promptly and effectively. They spoke positively about the recent introduction of team meetings and staff training, and the benefits this could bring to the service. For example, we saw that staff had discussed changes in the aesthetics industry and the potential impact on the service, and improving patient feedback systems.

What needs to improve

Core agenda items and formal minutes should be introduced for the team meetings. This would help to ensure that key areas such as quality improvement activities, audit outcomes and patient feedback were effectively monitored and discussed. Minutes should reflect the discussions and decisions reached, and identify staff responsible for taking forward any actions. Minutes should then be available to staff who cannot attend (recommendation b).

- No requirements.

Recommendation b

- The service should formally record the minutes of team meetings. These should include any actions taken and those responsible for the actions.

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

Relevant policies and procedures set out how the service would deliver safe, person-centred care.

Although a comprehensive audit programme was in place, with audits carried out by an external colleague, audits should review the practice of all practitioners working in the service. Patient care records for all practitioners must be available to the manager when requested. A quality improvement plan and business continuity plan should be developed. Patient feedback should be gathered for all practitioners, and any changes or improvements made should be evaluated and shared with patients. A duty of candour report must be published annually.

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

Some information about treatments provided and pricing was available in the service. The service did not have a website, and used a social media account which contained basic information about some of the treatments available and contact details to make enquiries or arrange appointments. Individual practitioners working in the service arranged their own appointments and also had their own social media accounts.

We were told that patients could give feedback directly to their practitioner or the manager who was always onsite when treatments were being carried out.

The manager had developed a questionnaire to gather feedback about the service from their own patients they had treated, but told us they had received limited responses. Some practitioners had also developed their own electronic feedback forms for seeking feedback. We were told these were sent out to all patients after their treatment. Feedback received was then shared with patients through their social media accounts.

What needs to improve

Although we were told feedback was collected by some practitioners, there was no standard process for collecting, recording and evaluating feedback from those using the service. It was also not clear how any changes or improvements were shared with patients about how their feedback had been used to help the service continually improve (recommendation c).

- No requirements.

Recommendation c

- The service should develop and implement a structured approach to gathering, recording, evaluating and sharing feedback from those using the service to help continually improve the service.

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. A process was in place for recording accidents and incidents that may occur in the service.

The service had a number of policies and procedures in place to support the safe delivery of care. Staff could access up-to-date policies in a folder in the clinic. Policies included:

- consent
- legionella (a water-based infection)
- fire safety
- incidents management
- chaperone, and
- complaints.

The complaints policy was displayed in the service and included Healthcare Improvement Scotland contact details. No complaints had been received, either by the service or by Healthcare Improvement Scotland since the service was registered with us in December 2018. The service told us it had been able to resolve any disputes or issues preventing escalation to a formal complaint.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. A duty of candour policy was in place.

The infection prevention and control policy was in line with national guidance, and referred to standard infection control precautions in place to prevent the risk of infection. This included hand hygiene, use of personal protective equipment (such as aprons and gloves) and management of blood spills. A good supply of single-use equipment was available to prevent the risk of cross-infection. A cleaning schedule outlined the expectations for cleaning between patient appointments, and a cleaning matrix outlined the cleaning duties and daily, weekly and monthly checks required.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. Medicine fridges were used to store medicines, with a logbook used to record temperatures to make sure medicines were being stored at the correct temperature. No medication was stored in the fridge on the day of the inspection as no patient treatments were being carried out that day. The only medication onsite was a small number of emergency medicines.

Consultations in the service were by appointment only. We were told that patients had face-to-face consultations with their prescriber and/or practitioner. We were told that all patients were appropriately assessed, consented and given information about risks of treatment, aftercare and follow up. Patients who completed our online survey said:

- ‘... took time to fully discuss and explain the procedure before, during and after treatment. We discussed what I was looking for and from assessment what was achievable and why.’
- ‘All prices, expectations and before and aftercare was thoroughly explained before any treatments given and aftercare or side effects explained in full.’
- ‘We always have an open discussion and work together on a treatment plan.’

The service did not have a shared system for patient care records. A mixture of paper and electronic records were used by the practitioners. We were told some patient care records were accessed on an aesthetics clinic record keeping app on practitioners’ individual mobile devices, which were secure and password protected. Paper patient records were stored onsite in a locked cabinet. The service was registered with the Information Commissioner’s Office (ICO), an independent authority for data protection and privacy rights, to make sure confidential patient information was safely stored.

The service had recently arranged microdermabrasion training for all of its practitioners. We were told this was a good opportunity for team building, developing new skills and increasing the range of services offered to patients. The service told us of plans to introduce further training. We were also told that the manager and practitioners attended relevant conferences to keep themselves and the service up to date with best practice, as well as mandatory training covered through their NHS roles.

What needs to improve

Staff working under practicing privileges held their own patient care records. Although the manager could request these records when required, for example for auditing purposes or to review a treatment episode, all patient care records must always be readily available to the manager (requirement 1).

Annual duty of candour reports were not being produced. Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure (requirement 2).

There was no appraisal process in place to ensure practitioners were maintaining and developing their knowledge and skills (requirement 3).

The induction process for practitioners to undertake before working in the service was not documented (recommendation d).

Some of the service's policies and procedures did not reflect practice being undertaken in the service. For example, the practicing privileges policy stated that all patient care records were kept onsite. However, some practitioners removed their individual mobile devices when they were not working in the service (recommendation e).

We saw no evidence that staff had completed duty of candour training (recommendation f).

No process was in place for the service to be notified of Medicines and Healthcare products Regulatory Agency safety alerts. These include updates on medicines and medical devices if they are recalled or have safety issues, and safety information notifications. We were told the service would register and implement a process to ensure any relevant information was shared with the practitioners. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and care needs.

Requirement 2 – Timescale: immediate

- The provider must publish an annual duty of candour report.

Requirement 3 – Timescale: by 30 March 2026

- The provider must ensure that staff receive regular individual performance reviews and appraisals.

Recommendation d

- The service should develop and implement an induction process for practitioners working under practicing privileges.

Recommendation e

- The service should ensure that all policies and procedures are regularly reviewed to ensure they remain accurate and up to date and reflect practice in the service.

Recommendation f

- The service should ensure that staff undertake duty of candour training.

Planning for quality

The service had a wide range of up-to-date risk assessments in place for both clinical and non-clinical activities. These were collated into a risk register and detailed the actions taken to mitigate or reduce any identified risks to staff and patients. Risk assessments included:

- management of sharps
- use of hand sanitiser
- dermal fillers, and
- botulinum toxin.

A comprehensive audit programme had been implemented to monitor quality standards in the service. For example:

- fire safety
- fridge temperature
- incidents
- sharps, and
- infection prevention and control.

Audits were carried out by a registered nurse who was external to the service. This meant the audits were objective and less subject to bias. Results from audits were shared with the manager and improvements made as a result, when required.

What needs to improve

The service did not have a quality improvement plan in place. This would help to structure and record service improvement processes and outcomes and would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation g).

No business continuity plan was in place in the event that the service was unable to operate, such as a temporary closure of the service because of a power failure or a major incident (recommendation h).

The patient care record audit only included the paper patient care records held onsite. This meant the quality of all patient care records was not being evaluated. Audits should cover the practices of all practitioners delivering care in the service (recommendation i).

- No requirements.

Recommendation g

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

Recommendation h

- The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading.

Recommendation i

- The service should ensure audits of patient care records include the patient care records of all practitioners.

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. Patients were happy with the care and treatment they received.

Relevant recruitment checks must be carried out and staff enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme. Patient care records must include emergency contact details, and consent to share information in the event of an emergency. The management and disposal of sharps needs to be improved, and risk assessments developed for the non-compliant sink and flooring.

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.

The environment was visibly clean, and the equipment was clean and in a good state of repair. A good supply of single-use personal protective equipment for available. A clinical waste contract was in place, and clinical waste and used sharps equipment was disposed of appropriately. The practitioners that we spoke with told us they always found the environment clean and well maintained with any issues addressed promptly.

Patients who responded to our online survey also told us they felt the service was kept clean and tidy:

- ‘Very clean and hygienic clinic and equipment.’
- ‘... clinic is beautiful and always immaculate.’
- ‘... clinic was clean, welcoming and well equipped.’

We reviewed five paper patient care records available onsite. We saw that all patients had consent forms completed for treatments, which included details of the risks and benefits and that aftercare advice was given. A record of treatment and batch numbers, including expiry dates, for medicines used was also included in the patient care records. We were told that the manager carried out face-to-face prescribing consultations, and recorded in the patient care records, for the patients of the non-prescribing practitioners.

We reviewed three files for staff working under practicing privileges. We saw that recruitment checks and documentation included professional registration checks and appropriate references.

The service had many returning patients. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'I've used other practitioners and in comparison, the level of service and the professional way in which appointments are made, carried out and any follow up is done is great.'
- '... provides a service that makes you feel great inside and out... has a brilliant person centred approach and... always makes you feel welcome.'

What needs to improve

Sharps bins for clinical waste were not managed in line with the service's infection prevention and control policy. They were not signed, dated or had the location of where the bin was kept recorded (requirement 4).

While the patient care records we reviewed included patients' GP details, they did not include next of kin and emergency contact details or consent to share information. This may be required in the event of an emergency (requirement 5).

From the staff files we reviewed, we found that identification of staff was not checked, and the practitioners had not been enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the service. At recruitment, the service requested that they provide evidence of their own Disclosure Scotland check. This means that the service would not be directly notified of any PVG updates to ensure staff remain safe to work in the service. This scheme helps to ensure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups (requirement 6).

The clinical wash hand basin and flooring were not compliant with national infection prevention and control guidance. We were told that the service would address this at a future refurbishment (recommendation j).

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. Although requested, the service did not submit a self-evaluation before the inspection (recommendation k).

Requirement 4 – Timescale: immediate

- The provider must ensure that sharps are being managed and disposed of appropriately, in line with national infection prevention and control guidance.

Requirement 5 – Timescale: immediate

- The provider must record patients' next of kin, emergency contact details and consent to share information in the event of an emergency in the patient care record.

Requirement 6 – Timescale: immediate

- The provider must ensure that all staff, including those with practicing privileges, have appropriate, and documented, background and safety checks in place, and that all staff working under practicing privileges are enrolled in the Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme by the provider.

Recommendation j

- The service should ensure that all fixtures and fittings, including sanitary fittings and flooring, are in line with national infection prevention and control guidance. Where this is not achieved, a risk assessment should be carried out to reduce and control any risks.

Recommendation k

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

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

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