

Announced Inspection Report: Independent Healthcare

Service: Optical Express (Glasgow), Glasgow

Service Provider: Optical Express (Gyle) Limited

4 November 2025

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 29 June 2022.

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 Optical Express (Glasgow) on Tuesday 4 November 2025. We spoke with the clinical services director, deputy medical director, the manager and several staff members during the inspection. We received feedback from 29 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Optical Express (Glasgow) is an independent clinic providing non-surgical ophthalmic, facial and body aesthetics, laser/intense pulsed light (IPL) treatments, and a range of surgical ophthalmic procedures.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Optical Express (Glasgow), 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
<p>The service's clear vision and purpose was supported by a comprehensive strategic plan and key measurable performance indicators. This helped the service to continually improve and achieve its mission to deliver exceptional patient care. The provider's well defined leadership structure and effective governance processes informed and directed the future development of the service and provided assurance of safe, effective person-centred care. Staff described the provider's leadership as visible, inclusive and supportive. Regular staff meetings, events and newsletters ensured staff were fully engaged in the future development of the service and wider business plans.</p>	✓✓✓ Exceptional
Implementation and delivery	How well does the service engage with its stakeholders and manage/improve its performance?
<p>A clear patient participation process informed and directed how the service engaged with patients. Innovative methods were used to evaluate the patient experience to continually improve how the service was delivered. A patient 'hub' enabled patients to access their treatment information and manage their appointments.</p> <p>A comprehensive risk management and quality assurance system, including an audit programme and a quality improvement plan, helped to provide assurance of a continuous cycle of quality improvement. New staff had a comprehensive induction and mentoring support. Staff told us they were encouraged to share their ideas for improvement and felt able to express their views freely with senior leaders.</p>	✓✓✓ Exceptional
Results	How well has the service demonstrated that it provides safe, person-centred care?
<p>The care environment and equipment was clean, equipment was fit for purpose and was regularly maintained. Patients told us they were very satisfied with their care and treatment and spoke positively about the staff who delivered their care.</p>	✓✓✓ Exceptional

Safe practices were in place for medicines management, infection control and staff recruitment. Patient care records were comprehensive and fully completed.	
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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 Optical Express (Gyle) Limited to take after our inspection

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

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

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at Optical Express (Glasgow) 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 clear vision and purpose was supported by a comprehensive strategic plan and key measurable performance indicators. This helped the service to continually improve and achieve its mission to deliver exceptional patient care. The provider's well defined leadership structure and effective governance processes informed and directed the future development of the service and provided assurance of safe, effective person-centred care. Staff described the provider's leadership as visible, inclusive and supportive. Regular staff meetings, events and newsletters ensured staff were fully engaged in the future development of the service and wider business plans.

Clear vision and purpose

The service provides ophthalmology surgical services, including laser vision correction, cataract removal and lens replacement surgery. The provider has a number of ophthalmic clinics across Scotland registered with Healthcare Improvement Scotland. Since the previous inspection in June 2022, the provider had acquired several healthcare brands across the UK, including an aesthetic and dermatology service in 2024. This new service is currently being delivered from the provider's Glasgow and Edinburgh clinics under their current service conditions while an application is being progressed to register the aesthetics service as an independent service which will continue to operate from the same premises.

The Optical Express group was led by the clinical services director on behalf of the provider. Their key responsibilities were to provide leadership, strategic direction, and tools and technologies to help the service achieve excellent clinical outcomes for patients and high levels of patient satisfaction.

The provider's vision, mission and purpose identified the key priorities and objectives driving the future direction of the business. Its purpose was to deliver services in a caring and respectful way where the patient's experience was as important as the clinical outcome. Its vision was to 'revolutionise the way in which eye care is delivered while becoming the world's most socially and environmentally conscious eye care provider'. The mission was to develop a

global network of clinics providing the highest quality, science-based technically superior products and services. This would help to deliver exceptional patient care and achieve outstanding clinical outcomes by continually investing in its people and technology.

In its strategic plan for 2025, the future direction of the provider detailed the expansion of its healthcare provision from ophthalmology and refractive surgery to include aesthetic and dermatology services. These would be co-located within the provider's existing premises to offer patients a range of easily accessible services.

The focus was to integrate the different healthcare services under one defining mission 'to change lives through better vision, better skin and better confidence - delivered with compassion, innovation, and responsibility'. The provider's strategic priorities to achieve this included:

- developing shared governance systems and clinical standards
- centralising digital and data infrastructures, and
- providing multi-service collaboration on training, research and sustainability.

The provider's current ambition was to contribute to and invest in the future health of the communities it served. For example, increasing ophthalmic services to reduce patient waiting times for eye surgery, and further developing its services to include treatments and monitoring for specific eye conditions.

The focus for 2025 was to strengthen relationships with the local health and social care partnerships in Scotland to introduce digital triage tools, and develop sub-specialist services in glaucoma, macular and other care.

The provider had identified a number of core values to drive decision making and inform staff behaviours. The core values included patient and customer focus, trust, and delivering results. Some staff we spoke with had attended a roadshow last year, where senior leaders communicated directly with local teams to share the organisation's mission, purpose and future plans.

Staff understood the provider's vision and values, and how to apply them in their work. The core values were also embedded in the employee induction programme, published on the service's website and uploaded as screensavers onto staff computers.

We noted the provider had fulfilled its commitment to further develop its leadership capability in line with its strategic priorities. For example, new roles such as senior surgery manager and divisional clinical services lead had been created. This helped to provide a more connected and accountable leadership structure, and ensure a consistent and co-ordinated approach across all of the Scottish services.

Key performance indicators were used to assess performance. This included collecting and evaluating data from patient satisfaction surveys, clinical outcomes, staff recruitment and development, compliance audits and risk management. The key performance indicators were linked to the provider's mission.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a long-serving and well-established team of ophthalmology surgeons, registered nurses, operating department practitioners, theatre staff and surgery managers. The surgery team travelled to all of the provider's other Scottish services to deliver treatment sessions as and when required. Bank-staff provided cover for sickness and annual leave and an anaesthetist was employed on a sessional basis to administer sedation to patients, when required. The manager for the service was one of the clinical directors and was an experienced optometrist (a healthcare professional who examines, diagnoses and treats patients' eyes) and an independent ophthalmic prescriber.

The medical director was the main ophthalmology consultant providing surgical treatment in the service. They were responsible for directing and supporting the development of clinical practice and for overseeing the performance of other members of the medical workforce. More recently, the provider had recruited a deputy medical director, who was an experienced ophthalmic surgeon, to enhance the surgical service and provide support to the medical director.

The aesthetic and dermatology service was led by a skilled and experienced team of doctors registered with the General Medical Council (GMC) and nurses registered with the Nursing and Midwifery Council (NMC).

A central operations team managed the staff rota to ensure appropriate staffing levels and skills mix were maintained. We saw there was enough appropriately trained staff to deliver the volume of work undertaken in the service.

A clinic-based manager, supported by a customer service team, co-ordinated the optical services, surgery sessions, patient appointments, responded to patient enquiries and welcomed patients arriving for treatment. A team of optometrists, regulated by the General Optical Council, carried out eye examinations and diagnostic screening and testing.

The provider had an effective leadership structure with well-defined roles, responsibilities, and support arrangements. Since the previous inspection, the former professional education facilitator role had developed into the more senior and strategically aligned position of divisional clinical services lead for Scotland. The aim was that integrating clinical quality improvement, compliance and professional development under this role would help to ensure a consistent approach to governance, patient safety and staff development across all the provider's surgical services in Scotland. The divisional clinical services lead reported to the director of quality and care. The new role of the senior surgery manager would be to oversee quality improvement and support surgery managers.

The leadership team compared audit results from all of its Scottish services, as well as UK-wide, to monitor trends and inform continuous improvement. They were members of specialist ophthalmic organisations, subscribed to industry journals, and had many research papers and studies published.

The clinical services director chaired the clinical governance committee whose membership included the quality and care director, divisional leads, clinical directors and clinical services managers. Each member reported to the committee on quality standards, patient safety, compliance and clinical education. This helped to provide assurance that the service was delivering safe and consistent patient care and treatment. The committee met every 3 months.

The provider shared information with its staff in a weekly newsletter to ensure they were kept informed about what was happening in the wider organisation and in the provider's other UK clinics. We saw that patient testimonials, information about changes in practice, policies or directives and new improvement initiatives were also shared in the newsletter. Staff attended regular team meetings and daily team briefs. The minutes of meetings were comprehensive and confirmed that staff could express their views freely.

When a new policy or surgical directive was released, staff received an alert with an individual link to the service's online learning system. Staff then had to complete and submit a training module. A member of the clinical services department monitored completion of the modules.

Staff we spoke with were clear about their roles and responsibilities and were motivated to deliver high standards of patient care. Staff told us that leaders were visible, supportive, and carried out regular informal walkrounds which any staff member could join. This meant staff had direct access to senior leaders and could raise any issues or concerns and receive a fast response. We saw that two walkround visits had taken place in the service in December 2024 and March 2025. These visits were led by a member of the leadership team, accompanied by a staff member. The feedback we reviewed from both walkround reports confirmed the service was clean, cleaning schedules were fully completed, medicines were secured in a locked cupboard or refrigerator when not in use and computer screens were locked when unattended to protect patients' confidential information.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

A clear patient participation process informed and directed how the service engaged with patients. Innovative methods were used to evaluate the patient experience to continually improve how the service was delivered. A patient 'hub' enabled patients to access their treatment information and manage their appointments.

A comprehensive risk management and quality assurance system, including an audit programme and a quality improvement plan, helped to provide assurance of a continuous cycle of quality improvement. New staff had a comprehensive induction and mentoring support. Staff told us they were encouraged to share their ideas for improvement and felt able to express their views freely with senior leaders.

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

Key information about the service was available in the clinic and on its website. The service provided comprehensive patient information about treatment options, likely outcomes, risks, side effects and benefits, and the terms and conditions of treatment. A dedicated marketing team worked closely with the clinical services department to ensure fully accessible patient information was produced. This included patient brochures, operation consent documents, clinical information, videos and website content. The service also used social media platforms to share patient reviews. An external interpreting service was used and, when required, key documents could also be translated into common languages.

Patients told us they felt well informed and received a substantial amount of information about treatment options, and the risks and benefits and aftercare arrangements before going ahead with treatment. Some comments we received included:

- ‘From first enquiring, to the day of the procedure and the aftercare, I felt completely at ease and fully informed.’
- ‘I was asked so many questions about my lifestyle to make sure my treatment and care was tailored to me.’

The service actively sought feedback from patients about their overall experience of the service, including their views on the impact of their treatment, and this information was used to continually improve the service. A variety of methods was used to collect patient feedback and a clear patient participation process was in place. This included formal and informal feedback from questionnaires, ‘What matters to you’ conversations with patients, website testimonials and social media.

All patients were asked to complete a series of questionnaires throughout their treatment pathway, from their initial consultation through to post-operative aftercare. Local results from monthly audits of patient satisfaction were reviewed, evaluated and discussed at staff meetings. This meant the service could quickly identify and respond to any changes needed to improve patients’ experiences of the service. A dedicated team also monitored social media and online reviews. Although these were all very positive, the team would pass any negative comments or feedback to the surgery manager to follow up.

A ‘You said We did’ approach enabled the service to share with patients how their feedback was used to improve the service. A summary of the findings from ‘What matters to you’ conversations, informal discussions and telephone surveys with patients was documented and we saw the improvements made were displayed in the service or emailed to patients. For example, single-use blankets were now available in theatre following comments from patients about feeling cold in theatre. QR codes were now used as an alternative way for patients to access information about their treatment in response to some patients feeling overwhelmed by the amount of paper and leaflets they received during the process.

The service’s annual patient satisfaction survey in 2024 and the monthly results between January-September this year showed high levels of patient satisfaction. The provider compared the outcomes from these surveys across all its UK surgery centres. We saw that Optical Express (Glasgow) performed higher than the company average for patient satisfaction in almost all survey questions.

An online 'patient hub' offered patients greater control and accessibility over their treatment records and materials, appointment checklists and support services. It enabled patients to schedule, view and reschedule appointments. It also offered an alternative route for patients to provide feedback about their experience of using the service. Each appointment confirmation email included a link to the patient hub. Patients who opted to access services in this way could set up an individual Optical Express account. We were told that over 87% of patients booked in for surgery between January-October 2025 had signed up to the hub and accessed at least one activity from their account. We were told this initiative would continue to be developed to increase the functions available for patients to use.

In December 2024 and April 2025, two patient focus groups had taken place with patients who had completed their treatment. The meetings were led by the clinical services director and supported by other members of the leadership team. From reviewing the transcripts from these meetings, we noted that patients had experienced positive clinical outcomes from their treatment and spoke highly about the staff who cared for them before, during and after they had received their treatment. We also saw that some patients had put forward ideas to further improve the service.

The provider periodically commissioned mystery shoppers to make sure patients received a quality service from when they first contacted the clinic to ask about treatment and during their initial consultation. We saw two positive mystery shopper reports from December 2024 and April this year. All calls made to and from the clinic's customer service team were monitored, and their quality formed part of the team's individual performance review and appraisal process.

Staff were recognised and rewarded by the provider for their achievements. Incentives included long-service awards and an employee discount scheme. Staff or managers also nominated a colleague every week who had shown exceptional commitment in their work, for which they received a gift or voucher. A staff survey took place every year, and the results were shared and discussed at staff and management meetings. Results from a recent staff survey in August this year were positive.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

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

An effective governance structure and policies, procedures and surgical directives set out the agreed ways of working and supported the service to deliver safe, compassionate person-centred care. The service updated its policies every 3 years or in response to changes in legislation, national and international guidance, and best practice. To support effective version control and accessibility, policies were available electronically on the provider's staff intranet. This meant that any staff member could easily access a policy in any Optical Express clinic. For example, staff were aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse. A named safeguarding lead was identified for every theatre session. The details of who to contact in the event of an adult protection concern was prominently displayed in the staff office.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland. The complaints procedure was prominently displayed in the clinic, was accessible on the service's website and leaflets were also available in the clinic. The policy made clear that patients could contact Healthcare Improvement Scotland at any stage of a complaint. A dedicated complaints team managed written complaints and monitored themes, response times and outcomes. We saw evidence that complaints were well managed. Staff had received training in complaints handling and we saw that complaints and lessons learned were discussed at staff and management meetings. An annual report provided a comprehensive summary of complaints received about the service and how they were managed.

A duty of candour procedure was in place (where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong). Staff fully understood their duty of candour responsibilities, and we saw they had received duty of candour training. An annual duty of candour report was produced every year and was displayed in the service and on its website. No duty of candour incidents had been reported at the time of the inspection.

Maintenance contracts for electrical testing, fire safety equipment, the fire detection system, laser equipment and the ventilation system were up to date. Water testing and fire safety checks were monitored regularly and showed good compliance. A recent health and safety report, and fire risk assessment, showed that the service was fully compliant.

A clear system was in place to record and manage accident and incident reporting. We saw information that seven patient-related incidents had occurred in the service between January-December 2024, with the majority being minor complications from treatment. We saw the service routinely discussed incidents at staff and management meetings to share learning and discuss any actions for improvement.

An instrument tracking system and unique identifiable labels for lens implants were kept in the patient care records we reviewed. This enabled the service to respond effectively to medical alerts, product recalls and to trace potential sources of infection.

The service had a safe system for prescribing, storing and administering medicines, including controlled drugs (medicines that require to be controlled more strictly, such as certain types of intravenous (IV) sedation). An up-to-date Home Office controlled drug license was in place, and an accountable officer (one of the clinical services managers) was responsible for this. A supply of dermal filler treatments and prescription medicines such as botulinum toxin was now stocked and stored separately in a dedicated treatment room used by the aesthetic and dermatology service. All medicines used for the ophthalmology service were stored securely, and cupboards were well organised and not overstocked. We checked a sample of stock and emergency medicines, controlled drugs and medical equipment and found they were all in date. All temperature-sensitive medicines were stored in pharmacy fridges, and a daily log of temperatures was maintained to make sure these medicines were stored at the correct temperature. The service had recently purchased thermometers to ensure that medicines stored in cupboards were being stored at the required room temperature.

Arrangements were in place to make sure the surgery team could quickly support patients in the event of a medical emergency. This included mandatory staff training and the availability of emergency life-saving equipment, including a defibrillator, emergency medicines, equipment and first aid supplies.

A laser protection advisor visited the service regularly to make sure laser safety rules and guidance were followed in line with local policy. A recent visit from the advisor earlier this year confirmed no new actions were required, as the service was fully compliant. New and existing staff had undertaken laser safety

core of knowledge training, which they were required to refresh at regular intervals. The 'local rules' (the local arrangements developed by the laser protection advisor to manage laser safety) were displayed. We saw that staff were skilled and knowledgeable in laser safety procedures.

Patient care records were in electronic and paper form and were stored securely in locked cupboards or password-protected computers. This protected 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). A dedicated data protection officer was responsible for information governance to make sure the service complied with data protection regulations.

Patients had an initial consultation and a comprehensive assessment before they received any recommendations about their treatment. This included an ophthalmic assessment to check eye health and vision, past medical history, and a health and lifestyle questionnaire to determine their suitability for treatment, risks and desired outcome. Patients with certain pre-existing medical and/or visual conditions were required to meet with the surgeon for a face-to-face appointment. For all other patients, they could choose whether to meet with the surgeon in person or remotely either by telephone or video call. Patients received a folder with detailed information about their procedure, the consent form and aftercare arrangements following their initial consultation.

Patient referrals to the aesthetic and dermatology service had a face-to-face consultation and a thorough assessment to determine their suitability for treatment. Options were discussed and treatment plans prepared in line with patients' desired outcomes before any treatment took place.

A central recruitment team and human resources department were responsible for ensuring all pre-employment checks were completed for all surgery staff before they could work in the service. This also now included aesthetic and dermatology staff employed in the service. The recruitment team was also responsible for updating Disclosure Scotland Protection of Vulnerable Groups (PVG) staff checks every 3 years.

Staff received good opportunities for training and career progression. All team members were completing quality improvement modules on the NHS training and education system. A comprehensive training manual was used as a resource to upskill staff and refresh their existing skills and knowledge. The provider had developed a bespoke training programme for non-clinical staff to help further enhance their skills by creating a new advanced theatre associate role. The majority of staff had either completed or were working towards achieving an

advanced Diploma in ophthalmic care. More recently, and as part of the provider's inclusive care and accessibility improvement initiative, all clinical and non-clinical staff had undertaken mandatory awareness training in autism, dementia and learning disability. This aimed to increase their confidence and competence to effectively support neurodiverse and vulnerable patients.

- No requirements.
- No recommendations.

Planning for quality

An effective risk management system supported the proactive management of risk in the service. The service had streamlined its risk registers and related risk assessments. This took account of any risks identified and the actions to be taken in the clinic environment, and for theatre and laser working practices. The risk management system had also been updated to include risks associated with the new aesthetic and dermatology treatments. We saw that the risk registers clearly showed risk levels before and after actions were taken to provide assurance that actions to reduce risk were effective.

A comprehensive audit programme helped to ensure the service delivered a consistent approach to safe patient care and treatment and identify any areas that needed to be improved. Action plans were produced to make sure any actions needed were taken forward.

The audit programme included:

- daily and weekly checks of emergency medicines and equipment, including the emergency trolley
- a general audit of the entire surgery department every month (including an audit of stock medicines)
- controlled drugs every 3 months
- infection control practice, including observational hand hygiene audits every 3 months
- patient care records every 3 months, and
- staff files every 6 months.

The service monitored compliance with the World Health Organization's (WHO) guidance for surgical procedures by following the treatment journey for five patients. This included checking that a 'surgical pause' was initiated in theatre to confirm the patient's identity, the operation site and the surgical procedure to be performed. Three-monthly audits of surgical site safety checklists between January-October this year showed very good compliance.

The provider's comprehensive quality improvement plan was updated every year and outlined the progress and achievements made with previous improvement initiatives across the Optical Express surgical services in Scotland. For example:

- A 'coaching and enabling' model to achieve a 'whole team' approach to quality improvement was now embedded in day-to-day practice and aligned to the provider's core values.
- The provider's professional education department was fully established to support the ongoing education and development of the workforce.
- The integration of quality improvement, compliance and professional development under the new divisional clinical services lead role provided governance, staff development and patient safety within one cohesive framework.
- Optometrists providing patient services were all qualified independent ophthalmic prescribers.
- The electronic quality and compliance 'dashboard' was fully operational and enabled staff to view results such as outcomes from audit or complaints, training and patient satisfaction.

We saw that quality improvement was staff-led and patient-informed. There was a strong focus on enhancing patient engagement and staff involvement to drive service improvement and promote consistency across all of the registered Scottish clinics.

In its quality improvement plan for 2025, we saw some quality improvement initiatives had been incorporated following patient feedback at focus groups or from patient experience surveys. For example:

- Following a review of the patient discharge process in 2024, short education videos were created. These aimed to standardise the discharge information for laser and lens replacement surgery and complement the existing written information to give patients more choice. The videos were uploaded to the patient hub in May this year.

- Patients were now able to access aftercare advice relating to their surgical treatment using a QR code as an alternative to the written information provided.
- Improvements had been made to reduce the amount of time each surgery patient spent in the clinic from 2-3 hours to 1.5 hours. In 2024, a theatre efficiency report on every treatment day was completed to identify reasons for any delays and potential solutions for improvement.

This year, theatre efficiency continued to be a key quality priority to support the patient experience and staff wellbeing. A digital tracking tool had been developed on the electronic medical record system. This provided real-time monitoring of patient flow by automatically recording and categorising the cause of delay throughout the surgical pathway. The information was then collected and analysed to identify trends, recurring bottlenecks and implement corrective action. Plans were under way to compare this data across all the surgical services to identify common causes of delay and share learning across all the provider's surgical services in Scotland.

The provider's international medical advisory board of external independent experts in ophthalmic surgery helped the service to decide treatment criteria, surgical techniques and the best diagnostic technology innovations to use. It also advised on treatment pathways, management of complications and side effects. The provider's clinical services director and medical director were members of the international medical advisory board. Patients' clinical outcomes data was analysed and interpreted to help the service to quickly identify any anomalies and trends to ensure the service continually offered its patients high quality and safe treatment.

- No requirements.
- No recommendations.

Key Focus Area: Results

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

Our findings

The care environment and equipment was clean, equipment was fit for purpose and was regularly maintained. Patients told us they were very satisfied with their care and treatment and spoke positively about the staff who delivered their care. Safe practices were in place for medicines management, infection control and staff recruitment. Patient care records were comprehensive and fully completed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The clinic environment and theatre suite were clean, and equipment was fit for purpose and regularly maintained. We saw that the theatre ventilation system fully complied with national guidance for specialised healthcare facilities.

Staff followed Health Protection Scotland guidance to reduce infection risks for patients, in line with the service's infection control policy. Personal protective equipment such as disposable gloves and masks, and medical devices such as needles and syringes, were single use to prevent cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste, including the safe disposal of hazardous waste from both the ophthalmology, and aesthetic and dermatology, services. The service had a contract with an external company to decontaminate (clean) the surgical instruments used during lens replacement surgery. All other equipment used in the service was single use. A designated clinical staff member took responsibility for ensuring infection prevention and control practices were followed in the service.

There was a good supply of antibacterial handwash and disposable paper hand towels at every sink. The scrub sink had all the required facilities and equipment to ensure staff used the correct hand hygiene practices before surgery. Cleaning schedules were fully completed, and appropriate cleaning materials were used in line with national guidance. We noted that observational audits of hand

hygiene practice between February-November this year achieved between 98-100%.

We saw the surgery team had a daily team brief before and after every surgery session. All tasks assigned to staff members were completed and signed. This included routine safety checks of lasers and emergency equipment, cleaning logs and identifying the named safeguarding lead and laser protection supervisor. The surgery manager audited the team brief every 3 months and results we saw showed very good compliance.

We reviewed four ophthalmic patient care records and one aesthetic patient care record and found that all entries were legible, dated and signed. Treatment pathways were well defined and patient notes were comprehensive and well organised. Consent to treatment forms included information about the risks and benefits of treatment, the surgical procedure or treatment delivered and the aftercare arrangements. We saw both the patient and the relevant healthcare professional had signed and dated the consent to treatment form in all of the files we reviewed. We also saw a fully completed surgical site checklist and evidence of the surgical pause before the patient's surgery commenced in the patient care records. Audits of patient care records and surgical site checklists demonstrated very good compliance.

Patients told us they were very satisfied with the care and treatment received, and the professionalism of the staff. Some comments we received included:

- 'The staff are welcoming and supportive. There was no pushy sales and the staff gave me all the information required. The environment was really clean and I was impressed with the outcome.'
- 'The team and the surgeon were polite, courteous and professional.'
- 'I felt respected and was treated with dignity.'
- 'Everyone was so supportive and made sure I knew what was happening at every stage of my journey.'

In the four staff files we reviewed, we saw that all the appropriate and necessary pre-employment checks were completed, including proof of ID, Disclosure Scotland background checks, references and the professional registration status for all clinical staff. Occupational health screening and hepatitis B checks were also up to date. New staff had a 6-month probationary period, an appraisal after 3 months and then an annual appraisal once the employment contract was approved. The service audited staff files every 6 months and we saw appraisals were up to date in the staff files we reviewed.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](http://www.healthcareimprovementscotland.org)

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.
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

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