



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Cryo Doctor, Falkirk

Service Provider: Dr Jami Islam

10 December 2025

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1 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 The Cryo Doctor on Wednesday 10 December 2025. We spoke with the manager during the inspection. We received feedback from 17 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Falkirk, The Cryo Doctor is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors, with one of the inspectors observing.

What we found and inspection grades awarded

For The Cryo Doctor, 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 had clear aims and objectives, which were available for patients to view on its website. A number of priorities had been identified to ensure the service was able to demonstrate continuous improvement. A formal system should be in place to ensure the service is meeting its identified aims and objectives.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out. Although patient feedback was actively sought and used to continually improve the service, improvements made as a result of feedback should be shared with patients. A quality improvement plan and an audit programme should be developed.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean, tidy and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Appropriate infection prevention and control practices were in place. Although consent forms were in place, patient care records should contain information on patients consenting to sharing information with other healthcare professionals.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Dr Jami Islam 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 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should ensure that a system is in place to make sure its stated aims and objectives are being met (see page 10). 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	<p>The service should develop a process to communicate to patients how their feedback is used to improve the service (see page 12).</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>
c	<p>The service should introduce a system with documented evidence to show when policy reviews are undertaken, and what changes or updates were subsequently made (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>
d	<p>The service should introduce a formal audit programme to make clear when audits will be carried out (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>
e	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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>

Results	
Requirements	
None	
Recommendation	
f	<p>The service should ensure that patients are asked if their information can be shared with their GP and other healthcare professionals. This should be documented in the patient care records. If the patient refuses to provide the information, this should also be documented (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</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](#)

We would like to thank all staff at The Cryo Doctor for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service had clear aims and objectives, which were available for patients to view on its website. A number of priorities had been identified to ensure the service was able to demonstrate continuous improvement. A formal system should be in place to ensure the service is meeting its identified aims and objectives.

Clear vision and purpose

The service's aims and objectives and a mission statement were clearly displayed on the service's website for all patients and potential patients to view. This included delivering high quality person-centred care with a focus on patient safety and affordability.

The service had identified three main areas to take forward, including:

- ongoing training and development
- developing a quality improvement plan, and
- increasing the availability of treatments to patients.

The owner (practitioner) was a GP, with additional experience in dermatology and skin conditions. The service currently operated two days each week and had a high number of patients. We were told that the service planned to increase the opening hours and the number of days it was open to meet demand for the types of treatment offered.

The service had identified three priority areas for the coming year. These included:

- modifying and updating its website to reduce the number of inappropriate enquiries as to what the service can and will treat
- increasing communication and learning for GP colleagues to ensure appropriate referrals are made to the service, and
- reviewing costing for patients, ensuring service sustainability and fairness to current and potential patients.

What needs to improve

No process was in place for the service to ensure that it was meeting its stated aims and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that a system is in place to make sure its stated aims and objectives are being met.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out.

Although patient feedback was actively sought and used to continually improve the service, improvements made as a result of feedback should be shared with patients. A quality improvement plan and an audit programme should be developed.

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

A number of patients were returning patients who had used the service for some time. Most new patients had been recommended to the service from existing patients or word of mouth, including social media reviews. All consultations were appointment only.

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries through the service's website.

The service's website was comprehensive, informative and included the practitioner's background, experience and qualifications. Treatments and costs were stated, and an email confirmation was sent after patients booked an appointment.

The service actively sought informal and formal feedback from patients about their overall experience of the service using a variety of methods, in line with its patient participation policy. This included verbal feedback, electronic communication messaging apps and bespoke patient questionnaires emailed to patients after their treatment. This helped to encourage patients to participate and be involved in the future direction of the service.

We saw that the service reviewed feedback regularly and information gathered was used to inform service improvement activities, for example a sign had been placed at the building reception advising patients where to wait before their appointment. Music had also been introduced in the area outside the treatment room to maintain patient privacy and dignity.

Any changes made as a result of patient feedback that led to improvements were monitored and evaluated to help inform and assure the quality of the service.

What needs to improve

While improvements were being made in the service after receiving patient feedback, it was not clear how these outcomes were shared with patients (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process to communicate to patients how their feedback is used to 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.

The service was aware of the notification process to Healthcare Improvement Scotland. During our inspection, we saw that the service had not had any events that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage any accidents and incidents that occur in the service.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every year, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control, and
- safeguarding (public protection) of adults and children.

Arrangements were in place to deal with medical emergencies. This included up-to-date training by the practitioner, first aid supplies and medicines available that could be used in an emergency.

Maintenance contracts for fire safety equipment, the boiler and the fire detection systems were up to date. We saw evidence that the electrical and fire safety equipment was monitored regularly.

The service's complaints policy was available in the service. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included our contact details. At the time of our inspection, no complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with Healthcare Improvement Scotland in April 2023.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The most recent duty of candour report was available on the service's website. We noted that the service had no duty of candour incidents for the previous year.

Patients were emailed information about their treatment and an initial consent form before their appointment. On the day of treatment, patients had a face-to-face consultation with the practitioner where they completed a further consent form, which was signed by both the patient and practitioner. An appropriate cooling-off period was included to allow them time to consider the treatment options. A comprehensive assessment took place which included a full medical history, as well as current medications. Where appropriate, aftercare leaflets were provided which included the service's out-of-hours contact details. We saw examples of aftercare instructions such as guidance for patients following cryotherapy (applying liquid nitrogen to a skin lesion with a specialised spray gun).

If patients experienced an adverse event following treatment, they could contact the practitioner by telephone outwith clinic times and emergency appointments were offered, if required. This information was detailed on the service's website and on the aftercare leaflets. This was also discussed with patients during and after treatments.

Patient care records were stored on an electronic and password-protected system. 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) and we saw that the service worked in line with data protection regulations.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This is how doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues.

What needs to improve

Although the service reviewed its policies every year, with version control and future review dates noted, there was no formal evidence to show that the policies had been reviewed (recommendation c).

- No requirements.

Recommendation c

- The service should introduce a system with documented evidence to show when policy reviews are undertaken, and what changes or updates were subsequently made.

Planning for quality

Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- contingency planning
- data protection
- health and safety
- patient care records
- fire, and
- infection prevention and control.

We found that the risk assessments were easy to follow, and that most risks had been reviewed with action plans in place detailing what action had been taken to reduce any identified risks.

We saw that a range of audits had been carried out, including infection prevention and control/decontamination, patient feedback and satisfaction, and health and safety.

The service had a contingency plan in place to ensure patients would be referred to their NHS GP for review, in the event that the service was unable to operate, such as a temporary closure.

What needs to improve

While the service carried out regular audits, no formal audit programme and schedule was in place detailing the frequency of audits. This would help the service improve how its audit activity was planned (recommendation d).

Although we saw improvements being made in the service as a result of patient feedback, we saw no evidence of a quality improvement plan. This would help the service to structure and record its improvement processes. This could include outcomes identified from audits, complaints, accidents and incidents, patient feedback, and from attendance at education and training events. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation e).

- No requirements.

Recommendation d

- The service should introduce a formal audit programme to make clear when audits will be carried out.

Recommendation e

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean, tidy and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Appropriate infection prevention and control practices were in place.

Although consent forms were in place, patient care records should contain information on patients consenting to sharing information with other healthcare professionals.

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.

We saw that the service was clean and tidy, of a high standard and well maintained. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. Cleaning schedules were fully completed and up to date. All equipment for procedures was single use to prevent the risk of cross-infection. We saw a good supply of alcohol-based hand rub and personal protective equipment (such as disposable aprons and gloves) was readily available. The service only produced domestic waste and this was disposed of appropriately. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning that took place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Very clean and professional treatment room and waiting room. With clear instructions on where to go.'
- 'The consultation room was clean, tidy and well lit.'
- 'Very clean, warm and quiet.'

We reviewed five patient care records. All entries were legible, signed and dated and contained contact details of patients' GPs and next of kin. Patients completed an electronic consent form before their consultation which contained full details of their past medical history, medication and allergies. We saw evidence that this was then discussed and documented in the patient care record at their initial consultation with outcomes and proposed treatment plans. This included a discussion to make sure patients had realistic expectations and agreed the most suitable options available to them. We were told treatment costs were discussed during the initial consultation. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits. Signatures of both the patient and the practitioner were noted on all documentation.

Feedback from our online survey was very positive about the experience patients had in the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- 'Excellent booking service and communication throughout booking to treatment was very efficient.'
- 'Informative doctor and caring towards patient.'
- 'Fast. Well explained. Dr has good communication skills.'

What needs to improve

We saw no evidence in the patient care records of patients consenting or being asked if relevant information could be shared with their GP or other healthcare professionals in an emergency. If the patient refuses to agree, this information should also be documented (recommendation f).

- No requirements.

Recommendation f

- The service should ensure that patients are asked if their information can be shared with their GP and other healthcare professionals. This should be documented in the patient care records. If the patient refuses to provide the information, this should also be documented.

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.



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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