



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: DermacareMedical Limited, Edinburgh

Service Provider: DERMACAREMEDICAL LIMITED

30 March 2026

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2026

First published June 2026

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.scot

Healthcare Improvement Scotland Announced Inspection Report
DermacareMedical Limited, DERMACAREMEDICAL LIMITED: 30 March 2026

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – About our inspections	19
<hr/>		

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 DermacareMedical Limited on Monday 30 March 2026. We spoke with the service manager and clinician providing the treatments. We received feedback from 14 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 Edinburgh, DermacareMedical Limited 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 DermacareMedical Limited, 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 vision and purpose was available for patients to view on its website. The service's business plan should be documented. Key performance indicators should be formalised.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>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, which we were told included a regular audit programme. Clear processes and procedures were in place for managing complaints.</p> <p>Patient feedback should be formally reviewed and improvements made as a result of feedback shared with patients.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was clean, with a well-maintained clinic environment and equipment. Appropriate infection prevention and control practices are in place. Patient care records showed thorough, person-centred care. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients were very satisfied with their care and treatment.	✓✓ 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 DERMACAREMEDICAL 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 five recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should formalise and document its business plan, including clear aims and objectives (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should formally document its key performance indicators and develop a process for monitoring these (see page 9). 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	
c	<p>The service should implement a structured approach to gathering and analysing patient feedback, to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
d	<p>The service should document and record completed audits, as well as any action plans developed where improvements were identified (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 formally document its 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>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at DermacareMedical Limited 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's vision and purpose was available for patients to view on its website. The service's business plan should be documented. Key performance indicators should be formalised.

Clear vision and purpose

The service is an independent clinic owned and managed by an independent general practitioner is registered with the General Medical Council (GMC), who was also an experienced aesthetics practitioner.

The service's mission statement was available on its website. It stated that the service specialised in safe and effective aesthetic treatments: 'We believe in the provision of ethical evidence-based treatments, information and advice.'

We were told the service had a business plan that included clear aims and objectives. We were also told key priorities had been identified to help monitor and measure the quality and effectiveness of the service. These included:

- clearly identify quality improvement projects that can be measured against key performance indicators
- formalising a more structured approach to patient feedback, including how it was shared with patients, and
- patient satisfaction.

What needs to improve

The service's business plan was not formally documented. A formal business plan would allow the service's aims and objectives to be clearly identified (recommendation a).

While we were told that key performance indicators were in place to help measure the quality and effectiveness of the service provided, these were not

formally documented. A process of monitoring key performance indicators would help the service achieve its vision (recommendation b).

- No requirements.

Recommendation a

- The service should formalise and document its business plan, including clear aims and objectives.

Recommendation b

- The service should formally document its key performance indicators and develop a process for monitoring these.

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, which we were told included a regular audit programme. Clear processes and procedures were in place for managing complaints.

Patient feedback should be formally reviewed and improvements made as a result of feedback shared with patients.

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

The majority of patients were returning customers who had used the service for some time. Any new patients had been recommended to the service through word of mouth. All consultations were appointment-only.

Patients could contact the service in a variety of ways, including:

- online through its social media account
- over the telephone, and
- text message.

The service's website included information on the treatments available and their costs, as well as how patients could book an appointment. It also included detailed information about the practitioner.

A participation policy set out how the service would engage with its patients through:

- a 12-monthly patient participation survey
- online reviews, and
- verbal feedback after appointments.

We were told that changes had been made as a result of feedback, such as increasing the temperature of rooms.

Patients who responded to our online survey told us they had been happy with their experience of using the service. Comments included:

- 'It's exceptionally good - I've always trusted the judgement of my doctor here and always take his advice. Every time has been spot on and the care, time and consideration given to my appointments is second to none.'
- '[The practitioner] is extremely knowledgeable and always provides expert advice and guidance in all my treatments.'
- 'The service works extremely well. The appointment was excellent. From the consultation and knowledge shared, the warmth and caring nature and the overall quality experience was great.'
- 'The procedure was done on a separate date from the first consultation, so I had time to reflect and think about it.'

What needs to improve

The service did not have a formal process in place to analyse feedback received and sharing improvements made as a result of it with patients (recommendation c).

- No requirements.

Recommendation c

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

Quality improvement

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

The service was aware of the notification process to Healthcare Improvement Scotland. During our inspection, we noted that the service had not had any events that should have been notified to Healthcare Improvement Scotland.

The service used a logbook to record any incidents or accidents that occurred. We were told that no incidents or accidents had taken place since its registration with Healthcare Improvement Scotland in December 2023.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service had not experienced any incidents that required it to follow the duty of candour process. Its most recent duty of candour report was displayed clearly in the clinic.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. The complaints procedure was included on the service's website and was prominently displayed in the service. At the time of our inspection, no complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in December 2023.

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 in place included those for:

- duty of candour
- emergency and resuscitation
- infection prevention and control
- medicines management, and
- safeguarding (public protection).

A medicines management policy helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked cupboard, with medication requiring refrigeration kept in a locked fridge. The fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped to make sure all items had not passed their expiry and best-before dates. The contracted pharmacy would deliver any required prescriptions.

The service's infection prevention and control policy referred to national infection prevention and control guidance and standards. It detailed the precautions that would be taken to reduce the risks of infection, including hand

hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks).

The service recognised the importance of patient confidentiality. All consultations were appointment-only, with appointments time slightly longer to minimise how many people would be waiting in the reception area.

Arrangements were in place to deal with medical emergencies. This included a delirator on-site, first aid supplies and medicines available that could be used in an emergency. All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier and the service was registered to receive product safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

The service maintained supportive professional relationships with other independent healthcare and NHS services as part of shared patient care arrangements.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This is how doctors demonstrate to the GMC that they are up to date and fit to practice. The practitioner also compared the service with similar services registered with Healthcare Improvement Scotland to review its performance and service delivery. We were told that the practitioner regularly linked in with other services offering similar services across Edinburgh. They did this through a closed chat group that could be used for advice and shared learning. This group also supported each other for any emergencies when the practitioner was on holiday.

Patients booked their appointments directly with the service over a telephone call, text message or messaging through social media. We saw that patient consultations for treatment were always carried out face-to-face with their prescribing practitioner. A comprehensive assessment was carried out, which included:

- a wellbeing assessment
- discussions on the risks, benefits and possible side effects of treatment, and
- past medical history.

Patients were also offered follow-up appointments for treatment. On the day of treatment, the patient's assessment information and a consent to treatment form was reviewed, which the patient and practitioner then signed. Post-

treatment aftercare instructions were provided for patients following treatment.

All patient information was stored in a locked cabinet. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it followed the appropriate data protection regulations.

- No requirements.
- No recommendations.

Planning for quality

We were told that the service had a business continuity plan in place. This detailed a contingency arrangement that would give patients an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness or unplanned leave). Appropriate insurances were in-date, such as public and employer liability insurance.

We saw evidence that all equipment servicing and maintenance was up to date, such as clinical and medical equipment, as well as fire equipment.

We were told that clinic audits were carried out, which included those for:

- cleaning
- dust and fumes
- electrical safety
- infection control, and
- patient care records.

Risk assessments had been carried out for key risks in the service, such as those for accidents and fire, as well as slips and trips.

The service had introduced improvements to make sure the care given to patients was safe and high quality. We discussed with the service manager the importance of recording these in a quality improvement plan which can be reviewed and updated.

What needs to improve

We were told that the service carried out audits and made improvements based on its findings. However, we saw no documented evidence of completed audits or action plans for identified improvements (recommendation d).

The service did not have a formal quality improvement plan in place to help it inform how it would identify and keep track of its improvement activities (recommendation e).

- No requirements.

Recommendation d

- The service should document and record completed audits, as well as any action plans developed where improvements were identified.

Recommendation e

- The service should formally document its quality improvement plan to formalise and direct the way it drives and measures improvement.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

Our findings

The service was clean, with a well-maintained clinic environment and equipment. Appropriate infection prevention and control practices are in place. Patient care records showed thorough, person-centred care. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients were very satisfied with their care and treatment.

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 clinic was clean, tidy and well maintained with adequate heating, lighting and ventilation. Equipment was in good condition, suitably serviced and maintained. We saw appropriate cleaning materials were used and being stored appropriately. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. A cleaning checklist was completed to demonstrate that appropriate cleaning had taken place. Personal protective equipment (such as disposable gloves), was single-use to prevent the risk of cross-infection, where appropriate. We saw a good supply of antibacterial hand wash and disposable paper hand towels to maintain good hand hygiene. A clinical waste contract was in place and waste was disposed of correctly.

We reviewed five patient care records and saw that all patient details were documented, such as their:

- date of birth
- GP details
- name and address
- next of kin, and
- past medical history.

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient to determine patients' suitability for treatment. The patient and practitioner reviewed the assessment information and signed a consent form on the day of treatment. Details of the treatments administered (including the dose of anti-wrinkle injections or dermal filler administered) and the medicine batch numbers and expiry dates were recorded, along with aftercare given. A visual record of where the doses had been administered was documented and before-and-after photographs were taken for each patient. The date and time was recorded on each patient care record and the practitioner had signed all relevant documentation.

We saw that the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product. The use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its 'Summary of Product Characteristics' and is unlicensed. We were told this provided better pain relief for patients. We saw evidence in the patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients. Patient care records showed that informed consent had been sought and that the patient had agreed to it.

Patients who completed our online survey said they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'Reception was welcoming , clinical area was in my opinion as a nurse meeting and exceeding infection and prevention control measures.'
- 'Nice and clean environment, inviting.'
- 'Clean and sterilised, fresh paper on the bed and alcohol gel and sink available.'

- 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.



More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot