



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Dr David Jack, Edinburgh

Service Provider: Beauchamp Skincare Ltd

2 September 2026

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Contents

1	A summary of our inspection	4
2	What we found during our inspection	9
	Appendix 1 – About our inspections	26

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 Dr David Jack on Wednesday 2 September 2026. We spoke with a number of staff during the inspection, including the registered manager and lead therapist. We received feedback from 12 patients through an online survey that we had asked the service to issue before the inspection. This was our first inspection to this service.

Based in Edinburgh, Dr David Jack 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 Dr David Jack, 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 clear mission and guiding principles was supported through measurable key performance indicators to help achieve it. A 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 inclusive and supportive. Regular staff meetings, events and newsletters made sure staff were fully engaged in the running of the service.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient and staff feedback was actively encouraged through a variety of methods and used to improve the service. An audit programme, policies and procedures set out the way the service was delivered and supported staff to deliver safe and person-centred care. A culture of learning was evident. Clinical and non-clinical risk assessments were in place. A quality improvement plan and staff training programme helped to improve how the service was delivered. A duty of candour report was published every year. Discussions must be had and consent must be gained from patients before using unlicensed medicines. All staff working in the service (including those granted practicing privileges) should be reviewed through an annual, formal appraisal process.	✓✓ Good

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment and equipment appeared clean and well maintained. Effective infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed, with detailed consultations and all appropriate patient consents gained. All medicines held as stock by the clinic must be prescribed to patients only using the service. A formal process must be implemented for the stock taking of all prescription medicines. A checklist should be implemented by clinic staff and external agencies for the cleaning of the service.	✓✓ 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 Beauchamp Skincare Ltd to take after our inspection

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

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

This inspection resulted in four requirements and one recommendation.

Implementation and delivery	
Requirements	
1	The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 20). Timescale – immediate <i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
2	The provider must complete annual appraisals with all members of staff who work in the service (see page 20). Timescale – by 29 January 2026 <i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendations	
None	

Results	
Requirements	
3	Provider must ensure that as an independent clinic, any stock of medication that it holds must only be prescribed to individual patients using the service (see page 24). Timescale – immediate <i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
4	The provider must implement a stock control system for medicines to make sure they remain in-date and all medicines are accounted for (see page 24). Timescale – immediate <i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendation	
a	The service should develop and implement a cleaning checklist to evidence that appropriate cleaning tasks have been carried out (see page 25). Heath and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19

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](#)

Beauchamp Skincare Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Dr David Jack 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 clear mission and guiding principles was supported through measurable key performance indicators to help achieve it. A 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 inclusive and supportive. Regular staff meetings, events and newsletters made sure staff were fully engaged in the running of the service.

Clear vision and purpose

The service is part of a provider organisation that provides non-surgical aesthetic and skincare treatments. A mission statement 'Less, but better' was available on the provider and service website, as well as in waiting area of the service for patients to see. The provider's ambition is to have 'sustainable growth built on trust and exemplary client care and experience. Support the skin. Respect its structure. Help people look and feel like themselves, at their very best.'

The organisation had three guiding principles, which it stated as 'precision, education and integrity.' This was achieved through focusing on its grounded principles of 'people, planet and profit.'

Based on its mission statement and guiding principles, the provider measured the service's performance through key performance indicators (KPIs). These included:

- environmental impact
- performance
- profit generated
- staff and client feedback
- staff and client retention, and
- training and development.

KPIs were measured and regularly discussed at corporate board meetings, and senior management meetings. Staff were kept updated on results through:

- 'all staff' meetings held by a member of the senior management team
- local clinic meetings
- newsletters, and
- one-to-one meetings and annual appraisals with their line manager.

Accomplishments were shared with patients through the service's website and social media account.

- No requirements.
- No recommendations.

Leadership and culture

The clinic had a highly skilled staffing resource, which included a mix of clinical and non-clinical staff. For example:

- aesthetic practitioners
- consultant medical practitioners
- front of house staff, and
- the service manager.

The provider managed the service through:

- a group clinics manager (manager of all the provider's clinics)
- an overarching corporate board
- individual clinic managers, and
- senior management team.

The provider had an effective leadership structure and governance framework with clearly defined roles, responsibilities and support arrangements. A non-clinical director was responsible for the overall management and strategic direction of the provider's services, while a clinical director led the clinical aspects of services across the organisation and oversaw learning and development for healthcare staff. Senior management and corporate board members provided oversight of all aspects of clinical, operational and financial performance. This help to monitor the performance of the service and helped staff to provide safe patient care

Corporate board and senior management meetings were held throughout the month. The focus of these meetings was to evaluate patient safety and quality of care. Meetings covered the following topics:

- audit results
- complaints and feedback
- health and safety
- improvement actions, and
- risk management.

A weekly organisational meeting to discuss the provider's services was held by the senior management team. They discussed the performance of each clinic as well as all topics in relation to clinical governance. We saw clear lines of escalation from the service to these wider organisational meetings. Information from these meetings was shared with staff working in the service. This helped to keep staff informed and up to date with any organisational changes.

The service manager was responsible for implementing the principles of clinical governance to support the consistent delivery of high-quality care for the service's patients.

The service manager was also responsible for the day-to-day planning and management of the service and led all meetings for staff. Minutes from meetings showed a set agenda was in place, that all staff could speak up at meetings and staff were consistently asked for feedback.

A variety of staff meetings and ways of sharing information helped to support effective communication with staff. The service held a monthly meeting, with minutes from these meetings then emailed to staff. Items discussed at these meetings included patient and staff safety, complaints and feedback, any operational issues, clinic performance, new products and treatments and training opportunities for staff.

The provider communicated with its staff in a variety of ways. Staff from the service attended:

- all staff monthly meetings
- journal clubs visiting different specialties
- marketing meetings
- online webinars
- quarterly meetings held by different corporate board members, and
- staff newsletters.

From feedback we received, staff in the service were motivated and committed to deliver high standards of patient care. Staff told us they felt involved in developing and improving the service and were encouraged to freely share their views and opinions. We saw that staff feedback had influenced the way time was allocated within the service. We saw staff had identified that additional time was needed to complete non-medical stock takes. This feedback was reviewed by the management team and had led to improvements such as consolidating stock takes and blocking time within staff diaries to allow sufficient time and access to treatment rooms. Staff we spoke with told us that the management team were approachable and supportive.

Staff told us the provider supported staff development and continuous professional development. This helped staff to progress in their career and contribute to the ongoing development of the service. For example, we were told that a staff member who was initially employed for front of house duties had previous experience and keen interest in providing skincare treatments. As a result, a learning and development pathway was initiated for the staff member to receive in-house training and to use available time within the working day to develop their skills.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patient and staff feedback was actively encouraged through a variety of methods and used to improve the service. An audit programme, policies and procedures set out the way the service was delivered and supported staff to deliver safe and person-centred care. A culture of learning was evident. Clinical and non-clinical risk assessments were in place. A quality improvement plan and staff training programme helped to improve how the service was delivered. A duty of candour report was published every year.

Discussions must be had and consent must be gained from patients before using unlicensed medicines. All staff working in the service (including those granted practicing privileges) should be reviewed through an annual, formal appraisal process.

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

A patient handbook was sent out to all patients upon booking, this included information, such as:

- accessibility of the clinics
- complaints and feedback
- confidentiality
- terms and conditions and,
- the request for a chaperone.

In addition to the patient handbook, patients were sent treatment specific information electronically about the treatments they had booked or enquired about.

The service's website and social media was regularly updated to help keep patients up to date with information about treatments available in the service. This included details of treatments introduced, educational videos and sharing information to improve patients' understanding about popular treatments offered.

The service's participation policy described how it would gather and use patient feedback to continuously improve. Patient feedback was actively sought about their experience, and this was used to improve the way the service was delivered. All patients were sent electronic feedback requests after their appointment. In addition, patients also provide feedback by using the clinic's suggestion box or by scanning a QR code displayed in the service. We saw that responses received were very positive.

The service responded to online reviews patients had provided, and the clinic manager collected and analysed all feedback received. For any social media reviews that fell below the 5-star standards set by the clinic, the clinic manager would contact patients directly to better understand their experience and identify any areas for improvement.

Patient feedback was discussed at the provider's senior management meetings, and feedback was shared with staff through newsletters, during the monthly clinic meetings and at annual appraisals. This was used to help inform the service's quality improvement plan.

We were told that many patients were returning customers. Patients told us:

- 'I have been extremely satisfied with every treatment I have had at the clinic and am delighted to have such professional, trustworthy aestheticians in the vicinity.'
- 'I feel so comfortable and safe in the hands of this team, I wouldn't go anywhere else for treatments.'

Improvements made to the service were shared with patients, through the service's social media platforms. We saw evidence of improvements made to the service as a result of patient feedback. For example, Patients had told the service that there was a gap in the range of treatments available for conditions such as acne. The provider analysed the feedback and researched evidence-based treatment options before introducing a treatment that was appropriate for the service and the needs of its patients. Before the treatment was offered all relevant staff members completed the necessary training to ensure they had the knowledge and skills required to deliver it safely.

The provider was in the process of setting up patient focus groups at the time of inspection. We were told the focus group would consist of patients who would provide honest and transparent feedback to the service. The aim was to have this rolled out within the next few months.

Staff were encouraged to give feedback during their monthly clinic meetings and at their appraisal meeting with managers. The provider had also recently introduced an anonymous feedback system for staff and told us this would be introduced in the near future.

Staff we spoke with told us the service was a positive place to work. Comments included:

- 'A positive environment where I feel able to ask questions, share ideas and continue developing.'
- 'I do feel very supported, and I appreciate the encouragement and willingness of others to help when needed.'
- 'I really cannot praise the Edinburgh team highly enough.'
- 'The communication is excellent.'

The service recognised and offered benefits to its staff for their commitment to the service. This included:

- access to mental health resources and counselling support
- flexible work practices to support work-life balance
- private medical insurance
- provider funded team events
- quarterly product allowance for all staff members, and
- regular CPD and career progression opportunities- funded by the service.

The service was involved with and supported a number of local community organisations. All requests that came in from the local community were discussed at the senior management meetings.

- 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.

A range of policies and procedures were in place to help support the delivery of safe, person-centred care. Policies and procedures were updated regularly or in

response to changes in legislation, national guidance and best practice. Key policies included those for:

- adult safeguarding (public protection)
- dealing with emergencies
- infection prevention and control, and
- medication management.

Medicines were stored in locked cupboards and fridges. fridge temperature was monitored daily to make sure medicines were stored at the appropriate temperature.

A fire risk assessment was carried out every year. Fire safety signage was displayed, and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring, and the portable electrical equipment had been tested. All specialist equipment was serviced annually.

We could see that servicing records were available for other equipment, including:

- CCTV and intruder alarm
- emergency lighting, and
- laser equipment.

A laser protection advisor visited the service regularly to make sure laser safety rules and guidance were followed in line with local policy. We saw that a recent visit from the advisor confirmed the service was fully compliant.

Staff completed daily, weekly and monthly compliance checks on:

- emergency light testing
- fire alarms
- fridge temperatures, and
- the environment.

We saw that all compliance checks had been appropriately signed and recorded.

The service was aware of the notification process to Healthcare Improvement Scotland. Since registration, the service had not had any accidents or incidents that should have been notified to Healthcare Improvement Scotland of.

A clear system was in place to record and manage accidents and incidents. Information about incidents, including actions taken and lessons learned was shared with staff through:

- one-to-one meetings
- staff appraisals
- staff emails, and
- team meetings.

The complaints procedure was displayed on the service's website. A complaints policy detailed the process for how patients could make a complaint to Healthcare Improvement Scotland. At the time of our inspection, the service had not received any complaints since registration of the service.

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 service's most recent duty of candour report was published on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency drugs supply. All medicines were obtained from appropriately registered suppliers. Emergency medicines were stored correctly and in-date, with checks carried out on expiry dates. The practitioners were trained in basic life support.

Patients booked their appointments through an online booking system. We were told patient consultations for treatment were always carried out face-to-face with the practitioner. A health questionnaire was completed by the patient online or in the service, which included any past medical history. We were told that the practitioner discussed risks, benefits and possible side effects of treatment. On the day of treatment, patients reviewed a consent to treatment form which the patient and practitioner both signed.

We saw evidence of post-treatment aftercare instructions shared with patients following treatment. Aftercare instructions included the practitioner's out-of-hours contact numbers in case of any complications. Patients who responded to our online survey told us:

- 'I always feel fully involved in every decision regarding my treatment and care. The clinic takes the time to listen to my concerns, discuss any risks and explain benefits.'
- 'I received a consultation and follow up documentation, and you certainly feel like any questions are welcomed and considered.'
- 'I was given detailed information on all aspects of the treatment during my initial consultation. I was also given information via email to read through, including aftercare reminders. Everything was very detailed but easy to understand and I felt confident with the information given.'

All patient information was stored securely on a password-protected device. 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 the service followed the appropriate data protection regulations.

Recruitment policy and processes helped to make sure staff were safely recruited. Appropriate pre-employment checks were carried out for employed staff and healthcare professionals working under practicing privileges (staff not employed directly by the provider but given permission to work in the service). These checks included obtaining satisfactory references, fitness to practice checks and an up-to-date Disclosure Scotland background check. This helped to ensure that suitably qualified staff were recruited.

A practicing privileges policy was in place. This described how healthcare professionals working under practicing privileges were expected to work in the service and set out their responsibilities, aims and behaviours. Practicing privileges contracts were also in place for these healthcare professionals.

All staff working in the service completed an induction and worked through an initial probationary period where they had documented reviews with the registered manager.

The service had a process in place for ongoing checks on staff to make sure they remained safe to work in the service. This included:

- appraisal from substantive post (if applicable)
- further training and continued professional development
- insurance
- mandatory training, and
- professional registration checks.

Regular staff reviews were carried out for employed staff and supported through a formal yearly appraisal process.

The provider encouraged continuing professional development and offered a variety of training opportunities through face-to-face courses and electronic learning, as well as in-house and external webinars. Senior management monitored training and development throughout the year to make sure all healthcare professionals in the service were fit to practice.

The provider regularly sets up online multidisciplinary team meetings for all staff to attend. This was run by members of the medical team to provide learning in different areas of expertise. The provider also offers 'Masterclass' sessions online which were available to all staff and as well as members of the public who wished to attend.

What needs to improve

We saw 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 and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used out with its Summary of Product Characteristics and is therefore termed as unlicensed use. However, there was no evidence within the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, or that informed consent had been sought before treatment administered (requirement 1).

All employed staff within the service received an annual appraisal by the registered manager, however, there was no process in place to appraise healthcare professionals that worked in the service that were granted practicing privileges. A process must be implemented to ensure all staff working in the service received an annual appraisal (requirement 2).

Requirement 1 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Requirement 2 – Timescale: immediate

- The provider must complete annual appraisals with all members of staff who work in the service.
- No recommendations.

Planning for quality

We saw robust systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. This included:

- audits
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risk, and
- staff meetings.

Appropriate risk assessments were in place to effectively manage risk in the service. These included:

- adverse reactions
- electrical safety
- fire safety
- inadequately trained staff, and
- sharps injury.

The risk assessments were collated into a risk register, which was reviewed regularly. This helped the service to make sure that care and treatment was delivered in a safe environment.

A programme of clinical and non-clinical audits helped to deliver consistent, safe care for patients and identify areas of improvement. Audits were carried out by a range of clinical and non-clinical staff. Audits included:

- external cleaning audit
- first aid and emergency medicines
- legionella
- medicine management
- patient care records, and
- stock.

Outcomes from audits results were shared with staff, including any identified action plans. We saw that identified actions were address promptly. This helped to support continuous improvement within the service.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. The service had a quality improvement plan place, which was detailed the actions that had been carried out to improve the quality of the service. For example, the quality improvement plan showed feedback had been received by staff about the medical handover process. This was reviewed, and as a result, a more comprehensive medical handover process was implemented for continuity of care for patients.

The provider has been accredited with B-Corp accreditation. B-Corp accreditation is awarded to companies that have been certified to meet and maintain high standards in social and environmental performance, transparency and accountability. The provider received B-Corp accreditation in February 2026.

- No recommendations.
- No requirements.

Key Focus Area: Results

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

Our findings

The clinic environment and equipment appeared clean and well maintained. Effective infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed, with detailed consultations and all appropriate patient consents gained.

All medicines held as stock by the clinic must be prescribed to patients only using the service. **A formal process must be implemented for the stock taking of all prescription medicines.** A checklist should be implemented by clinic staff and external agencies for the cleaning of the service.

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.

Effective measures were in place to reduce the risk of infection. We were told equipment was cleaned between appointments and the treatment room was cleaned at the end of each day. An external cleaning company also cleaned the clinic three times a week. All equipment used, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection. Alcohol-based hand rub and disposable paper hand towels were used to help maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

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

- 'The clinic and treatment rooms are always immaculate. Treatment rooms are comfortable, relaxing and private.'
- 'The clinic is really quite exquisite! It manages to feel luxurious but also still clinical with all the up to date equipment needed.'

Processes were in place for ordering and prescribing medicines. The service's medicine fridge was clean and in good working order. We noted a temperature-recording log was fully completed and up to date. This was used to record fridge temperatures every day to make sure medicines were stored at the correct temperature. Medicine dosage, batch numbers and expiry dates of medicines used were recorded in the patient care records. Patient care records also recorded that patients were given verbal and written aftercare advice at the time of treatment.

We reviewed four patient care records and saw that assessments and face-to-face consultations were carried out before treatment was provided. To help plan care and treatment according to individual need, assessments included details of:

- completed past medical history questionnaires, which included questions about allergies and whether the patient regularly used any medicines
- consent obtained before treatments were carried out
- fully documented consultation
- patient contact details, and
- patients' GP and next of kin contact details.

We saw patients were also asked to provide consent for photographs to be taken and for information to be shared with other healthcare professional where necessary.

Patients who completed our online survey said the service was professional and well organised. Comments included:

- 'I couldn't fault the professionalism, organisation and kindness of staff.'
- 'I would go so far as to say impeccable and I do not say that lightly!'
- 'The staff are always very professional and give confidence to the client.'

We saw the service completed pre-employment checks in staff files we reviewed, including:

- Disclosure Scotland status
- insurance documentation
- mandatory training
- photographic identification
- professional registration
- references, and
- training certificates and continued professional development.

What needs to improve

We found that a prescription medicine held as stock within the service was prescribed to a named staff member. Medicines prescribed to a named patient cannot be held in stock to be prescribed to another patient. Independent healthcare services can hold stock medicines in connection with the running of that service. However, the stock medicines must only be prescribed to the patient to whom it will be administered at the point of need. (requirement 3).

All medicines were stored securely within locked cupboards in the service however there was no process in place for stock checking medications held within the service. This would help staff to identify medication that was close to expiry and make sure medical equipment remains safe to use (requirement 4).

We were told during the inspection that staff cleaned the treatment rooms between patients and at the end of each day, and that an external cleaning company deep cleaned the service three times per week. However, there was no documented cleaning checklist or cleaning record in place to demonstrate that appropriate cleaning had been carried out. (recommendation a).

Requirement 3 – Timescale: immediate

- Provider must ensure that as an independent clinic, any stock of medication that it holds must only be prescribed to individual patients using the service.

Requirement 4 – Timescale: immediate

- The provider must implement a stock control system for medicines to make sure they remain in-date and all medicines are accounted for.

Recommendation a

- The service should develop and implement a cleaning checklist to evidence that appropriate cleaning tasks have been carried out.

Appendix 1 – About our inspections

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

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

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

Before inspections

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

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



Before

During inspections

We use inspection tools to help us assess the service.

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

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



During

After inspections

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

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

We check progress against the improvement action plan.



After

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

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

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

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