

Announced Inspection Report: Independent Healthcare

Service: Emma J Aesthetics, Inverness

Service Provider: Highland Medical Aesthetics Limited

12 March 2025

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – About our inspections	19
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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 Emma J Aesthetics on Wednesday 12 March 2025. We spoke with the two owners (practitioners) 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 Inverness, Emma J Aesthetics is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Emma J Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's clear mission statement had been shared with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. A proactive approach to maintaining and improving the quality of patient care was evident. Staff were encouraged to contribute to developing and improving the service.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Policies and procedures set out the way the service delivered safe care, including a range of policies related to the protection of patients' wellbeing. The service kept up to date with developments in the aesthetics and medical industries. Regular newsletters and an annual magazine kept patients informed about the service and treatments. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident. Collating all patient feedback would help to identify trends and the impact of improvements made in the service. Audits of patient care records should be introduced.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment and equipment was clean and well maintained, with appropriate infection control measures in place. Patient care records were well completed. Patients were complimentary about the clinic environment.	✓✓ 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 Highland Medical Aesthetics 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 two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should collate all patient feedback obtained from the various methods to provide a more structured approach. This would further help when analysing feedback and being able to demonstrate the impact of change from the improvements made (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>
b	<p>The service should further develop its clinical audit programme to include audits of patient care records (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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

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

We would like to thank all staff at Emma J Aesthetics 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 statement had been shared with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. A proactive approach to maintaining and improving the quality of patient care was evident. Staff were encouraged to contribute to developing and improving the service.

Clear vision and purpose

The service's mission statement was available to staff and patients in the reception area and detailed the service's commitment to providing safe and patient-focused care. This included:

- providing a caring and professional service
- providing the highest standards of care by experienced and trained practitioners
- using up-to-date safe and effective techniques and treatments
- keeping patients well informed, and
- always working to patients' best interests.

Key performance indicators had been identified to monitor and measure the quality and effectiveness of the service. These included collecting data for:

- infection control compliance audits
- patient satisfaction questionnaire responses, and
- minor surgery performance and outcomes.

This data was collated into a report which was then discussed at team meetings and directors board meetings.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned by a registered nurse and a GP, both of whom provided treatments to patients. One of the owners was the registered manager of the service. One member of staff was employed as a healthcare assistant.

A clinical governance policy provided an overview of the clinical governance methods used in the service, including audit activities and risk management.

Informal communication about the day-to-day running of the service was in person or using an online group messaging system. We saw good communication between the team about clinical governance matters through regular meetings including:

- monthly informal team meetings
- formal team meetings every 3 months
- directors board meetings every 6 months, and
- annual meeting with directors and accountant.

We saw minutes of meetings documenting discussions about regular agenda items such as:

- day-to-day operational issues
- patient feedback
- updating the risk register
- review of key performance indicators, and
- long-term business plan.

We saw evidence that staff had the opportunity to suggest improvements to the service during day-to-day informal conversations and during team meetings. For example, staff had suggested actions to be taken following a review of patient feedback that included developing more patient information in paper format, rather than email only.

A whistleblowing policy described how staff could raise a concern about patient safety and/or practice. A grievance policy outlined how staff could raise a concern or complaint about another staff member.

- 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

Policies and procedures set out the way the service delivered safe care, including a range of policies related to the protection of patients' wellbeing. The service kept up to date with developments in the aesthetics and medical industries. Regular newsletters and an annual magazine kept patients informed about the service and treatments. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident. Collating all patient feedback would help to identify trends and the impact of improvements made in the service. Audits of patient care records should be introduced.

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

Information about the treatments and procedures provided in the service was available on the service's website.

The service's participation policy stated how it would proactively seek feedback from patients and learn from all feedback to continuously improve. Methods used by the service to obtain feedback included:

- verbally at the time of consultation or when making an appointment
- questionnaire
- online reviews
- social media, and
- the service's website.

Feedback from completed questionnaires was collated into a feedback log which was then reviewed and discussed at team meetings. We noted discussions about patients' suggestions for improvement had included clinic opening times and car parking. A statement on the questionnaire gave patients the option to be contacted by the service to discuss any suggestions for improvements further.

Improvements and changes in the service such as new treatments, procedures or products were shared with patients in newsletters produced by the service.

What needs to improve

While the service collated feedback responses from the patient questionnaire, feedback from other sources such as verbal, email and social media was not included in the feedback log. Collating all feedback from the various sources into one system could help when evaluating feedback to identify any trends (recommendation a).

- No requirements.

Recommendation a

- The service should collate all patient feedback obtained from the various methods to provide a more structured approach. This would further help when analysing feedback and being able to demonstrate the impact of change from the improvements made.

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 that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration with Healthcare Improvement Scotland in April 2022, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care. All documents had recently been reviewed and updated and were easily accessible to staff.

A range of policies related to the protection of patients' wellbeing was in place. A safeguarding policy described the actions staff should take in case of an adult protection concern, as well as a policy detailing actions to be taken if a patient was identified who had been subject to female genital mutilation. A chaperone policy and a poster detailed arrangements for having a chaperone present during treatments. An equality and diversity policy stated how the service would avoid any discrimination, ensuring a safe and inclusive service for patients.

Protocols detailed how treatments and procedures should be carried out to ensure patient safety. A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored appropriately. The temperature of the pharmacy fridge was monitored to

make sure medicines were stored at the appropriate temperature. A stock control system for medicines helped make sure all items had not passed their expiry and best-before dates. The service was registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. These include updates on medicines and medical devices if they are recalled or had safety issues, and safety information notifications.

An emergency care policy was in place, emergency medicines and equipment were easily accessible and medical emergencies posters were displayed for staff to refer to. A first aid kit was also available and staff had received medical emergency training. In case the emergency services needed to attend the service, the 'what three words' system was displayed in the reception area. This system is a combination of three words that are unique to a location and can be used as a way to communicate the precise location of the clinic for faster response times.

An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections, with information including hand hygiene practice, use of personal protective equipment (gloves, aprons and masks) and decontamination of equipment and the environment. Appropriate products were used to clean equipment and the environment, and a cleaning schedule detailed the required cleaning tasks.

Safety checks of facilities, such as gas, electrical wiring, water and fire safety, and portable electrical appliances were carried out.

A fire safety policy was in place and an annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was regularly safety checked. A safety certificate was in place for the fixed electrical wiring, and portable electrical equipment had been tested. A health and safety policy described the service's responsibilities to staff and patients, and health and safety risk assessments had been carried out.

An accident reporting policy and significant event and incident policy were in place. We saw a significant event analysis report which detailed how a particular event had been managed including:

- the details surrounding the event
- lessons learned, and
- actions taken to improve the service.

We were told no complaints had been received by the service, and Healthcare Improvement Scotland had not received any complaints about the service since registration. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. A complaints leaflet was available for patients. The service was a member of an accredited register of non-surgical practitioners. Patients could also raise a concern or complaint about the service through this organisation.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). An annual duty of candour report was displayed in the service. Relevant staff had completed duty of candour training. We were told this training would be added to the mandatory training plan for all new staff to complete.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. Policies were in place to ensure the appropriate management of patient information in the service.

A consent policy detailed how the service would ensure that informed consent was obtained from patients before any treatment took place. Patients were given information leaflets that included risks and benefits of treatments. Patients had a face-to-face consultation with the practitioner before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before going ahead with treatment.

Other appropriate consents were also obtained, such as consent for digital images to be taken and sharing information with other healthcare professionals if required.

Where appropriate, consultations included a psychological assessment to assess for body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance).

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- 'I was given lots of options and my questions were answered which led me to make an informed decision.'
- 'Given plenty of information. I feel I was listened to and my choices respected.'
- 'I was given all the information and options to enable me to make the choices for the results I was looking for.'

Review appointments were offered after treatment to ensure patients were happy with the results and for the practitioner to provide any additional treatment or advice. If patients had travelled some distance to the clinic for the initial appointment, depending on the type of treatment they had received, an option was given for them to have the appointment by video call.

Policies were in place that detailed safe recruitment and staffing. Staff had received an appropriate level of Disclosure Scotland background check to make sure they were safe to work in the service.

A mandatory training plan was in place for staff that included:

- infection prevention and control
- fire safety
- capacity to consent
- basic life support and resuscitation
- safeguarding
- complaints management
- information governance and data security, and
- sepsis (a life-threatening reaction to an infection).

The practitioners attended conferences and training to keep updated with developments in the aesthetics and medical industries. They were also members of organisations including:

- British Association of Medical Aesthetic Nurses
- British College of Aesthetic Medicine, and
- Joint Council for Cosmetic Practitioners.

As well as the patient newsletters, the service produced an annual magazine that included information about the clinic, and the qualifications and experience of staff. Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- ‘... so professional in this clinic. I have 100% confidence in them.’
- ‘Very professional and highly qualified.’
- ‘The expertise and knowledge of staff and the treatments show a high level of individual customer care.’

We were told development opportunities and plans were in place for the staff member to provide them with further training, attend an aesthetics conference and to give them more responsibility in the clinic.

- No requirements.
- No recommendations.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the service or cancellation of appointments, such as flooding or sickness. This would help to make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as employer liability, medical malpractice, and public and products liability.

A programme of audits helped to review the safe delivery and quality of the service. Audits included:

- infection prevention and control
- waste management
- patient satisfaction, and
- minor surgery outcomes.

Findings from audits were documented and an action plan completed, if required. This was then discussed during team meetings. Audit results were also assessed against the service’s key performance indicators and included in a quality improvement plan with summaries of actions to be taken, if required.

The service also participated in the British College of Aesthetic Medicine’s annual clinical review. This is an audit of members’ clinical activity over the previous 12 months.

Risk assessments help services to prioritise and take actions to reduce any risks identified to staff and patients. Risk assessments had been carried out for:

- clinical risks such as those from treatments and procedures
- health and safety
- fire safety, and
- infection control.

A risk register of business risks was in place and this was regularly reviewed.

What needs to improve

Audits of patient care records was not included in the service's audit programme. This would help to ensure patient care records were being fully and consistently completed (recommendation b).

- No requirements.

Recommendation b

- The service should further develop its clinical audit programme to include audits of patient care records.

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 was clean and well maintained, with appropriate infection control measures in place. Patient care records were well completed. Patients were complimentary about the clinic environment.

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 was modern, clean, organised, well equipped and well maintained. Equipment was in good condition and weekly safety checks were documented. Cleaning schedules described the cleaning process, and we saw that cleaning checklists were completed, with appropriate cleaning products used. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The environment is fresh, professional and calming.’
- ‘First class, up-to date facilities, scrupulously clean.’
- ‘Exceptionally clean professional environment.’

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel. Hand hygiene posters were displayed. Clinical waste and sharps (needles and syringes) were well managed and an appropriate clinical waste management contract was in place.

The three patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents
- medical history
- medicine dosage, batch numbers and expiry dates
- the procedure, and
- the provision of aftercare information.

The staff file we reviewed included evidence of initial background and identity checks to help make sure the staff member was safe to work in the service. We saw evidence of completed mandatory training as well as training that had been identified for their professional development. An annual appraisal process was in place but had not yet been carried out for the staff member due to them being employed less than a year. We also saw records of all training completed and conferences attended by the owner practitioners.

What needs to improve

The staff member had previously been employed by the NHS and had therefore undergone occupational health checks in their previous role. However, the service did not have evidence of their occupational health record in the staff file. We were told this would be requested. We will follow this up at future inspections.

- 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](#)

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
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