



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Riley Aesthetics, Clarkston

Service Provider: Riley Aesthetics Ltd

25 March 2025

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First published May 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 23 February 2022

Requirement

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

Risk assessments of some clinical and health and safety risks had been carried out including:

- needlestick injuries
- slips, trips and falls
- use of non-compliant clinical hand wash basin, and
- fire.

However, the limited range of risk assessments did not demonstrate that all risks had been identified, assessed and managed. **This requirement is not met and a new recommendation has been made.** This is reported in Domain 5 (Planning for quality) (see recommendation e on page 17).

Requirement

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

The service was part of a small peer group of other registered independent healthcare services who carried out quality improvement activities to compare themselves against each other's service and treatment outcomes from products used. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 23 February 2022

Recommendation

The service should arrange for a waste transfer note to be used in conjunction with all hazardous waste segregated and disposed of through the EWC code 18-01-08.

Action taken

An appropriate clinical waste contract was now in place ensuring that clinical waste would be managed correctly.

Recommendation

The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

Action taken

We saw records of completed cleaning schedules for environmental and equipment cleaning.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

Action taken

The service carried out an annual hand hygiene audit. However, we did not see evidence of other audits such as patient care records, infection prevention and control, or medicines management taking place. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 17).

Recommendation

The service should ensure portable electrical equipment is tested by an appropriate electrician or person holding the appropriate skills to do so and be in receipt of a certificate to demonstrate this.

Action taken

We saw evidence that the portable electrical equipment in the service had been safety tested by an electrician and a safety certificate issued.

Recommendation

The service should amend its safeguarding policy to include the process that will be followed if a safeguarding issue is identified.

Action taken

The service's safeguarding policy now included steps to take in the event of a safeguarding (public protection) concern.

Recommendation

The service should make sure all patients consent and sign to every treatment carried out in the service.

Action taken

From the four patient care records we reviewed, we saw that all patients had consent forms completed, which included details of the risks and benefits of treatments.

Recommendation

The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions.

Action taken

There were no longer any staff working in the service. Therefore, this recommendation is no longer applicable.

Recommendation

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

Action taken

Although a quality improvement plan was now in place, this was a list of planned improvements that did not include details of any actions or timeframes to make the improvements. This recommendation is reported in Domain 5 (Planning for Quality) (see recommendation d on page 17).

Recommendation

The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to ensure they are in line with current legislation and reflect the service provided.

Action taken

We saw evidence that some policies had recently been updated. However, not all included review dates or version numbers. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation c on page 16).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Riley Aesthetics on Tuesday 25 March 2025. We spoke with the owner (practitioner) during the inspection. We received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Clarkston, Glasgow, Riley Aesthetics 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 Riley 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 mission statement was shared with patients. Progress in achieving the service's aims and objectives was reviewed against other services.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The practitioner kept up to date with developments in the aesthetics industry. Meetings took place with other registered services to compare practice and share learning. Further developing the service's audit programme and range of risk assessments would help to improve safety, and manage and reduce risks in the service.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Patients felt fully informed and relevant consent documentation was completed. The service was clean and appropriate infection control practices were in place. Patient care records must document patients' GP, next of kin or emergency contact details and aftercare information provided. The correct cleaning products should be used on sanitary fittings.		✓ Satisfactory

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 Riley Aesthetics 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 one requirement and eight recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should review and implement its participation policy to ensure that it reflects the activities in the service (see page 13).</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 ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>

Implementation and delivery (continued)

Recommendations

- c** The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to ensure they are in line with current legislation and reflect the service provided (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

This was previously identified as a recommendation in the February 2022 inspection report for Riley Aesthetics.

- d** The service should further develop its quality improvement plan to include specific actions and timeframes (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the February 2022 inspection report for Riley Aesthetics.

- e** The service should expand the range of risk assessments carried out to ensure all clinical risks to patients have been identified and are being managed (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

This was previously identified as a requirement in the February 2022 inspection report for Riley Aesthetics.

- f** The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the February 2022 inspection report for Riley Aesthetics.

Results	
Requirement	
1	<p>The provider must ensure that patients' GP details, next of kin or emergency contact details are documented in patient care records. If the patient refuses to provide this information, this should be documented (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
g	<p>The service should ensure patient care records contain documented evidence of patients receiving aftercare information (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
h	<p>The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins, in line with national guidance (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</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](#)

Riley Aesthetics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Riley Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service's mission statement was shared with patients. Progress in achieving the service's aims and objectives was reviewed against other services.

Clear vision and purpose

A mission statement displayed in the service described its commitment to patient-centred and safe care.

The service's aims and objectives included:

- patient wellbeing
- patient care and safety
- the use of quality products, and
- skilled staff.

We saw evidence that the practitioner reviewed the service's progress against its aims and objectives through meetings with a peer group of other registered independent healthcare services where, for example, a comparison of the quality of products used was discussed.

- 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

The practitioner kept up to date with developments in the aesthetics industry. Meetings took place with other registered services to compare practice and share learning. Further developing the service's audit programme and range of risk assessments would help to improve safety, and manage and reduce risks in the service.

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

A participation policy described how the service would encourage patients to provide feedback about the service. Following an appointment, patients received a card with a QR code to access an online review site to provide feedback on their experience of the service. They could also leave reviews on social media. We saw evidence that all reviews received were positive, and most were responded to by the practitioner.

What needs to improve

We saw that the service's participation policy detailed how feedback was obtained and used to inform the service. However, not all of the methods for collecting feedback described in the policy were in place. In addition, not all feedback, such as verbal and text messages, was collated. We were told that the service planned to introduce an annual patient feedback questionnaire in the future (recommendation a).

The service told us its website was out of date and required updating. The website detailed procedures that were no longer offered to patients, referred to staff that no longer worked in the service and had no prices for treatments. The website should reflect the service being provided (recommendation b).

- No requirements.

Recommendation a

- The service should review and implement its participation policy to ensure that it reflects the activities in the service.

Recommendation b

- The service should ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments.

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.

Although the service told us there had been no accidents or incidents to date, a process was in place to document and report any accidents and incidents that occurred.

A yearly fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was regularly checked. The fixed electrical wiring and portable electrical appliances had received appropriate safety checks.

Medicines were stored in locked cupboards and a locked fridge. The fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Emergency medicines were easily accessible.

A consent policy detailed how informed consent would be obtained from patients. Patients received a face-to-face consultation with the practitioner. A cooling-off period then allowed patients to fully consider the information they had been given during the consultation before proceeding with the procedure, if required.

Patients completed an electronic form before their consultation to provide full details of their past medical history and allergies. This was then discussed at the initial consultation with information documented in the patient care records about treatment outcomes and proposed treatment plans. This included a discussion with each patient to establish and achieve realistic expectations and agree the most suitable options available to them. Treatment costs were also discussed during the initial consultation and documented in the patient care record.

Information leaflets were available in the service about the treatments offered. Written aftercare information was available for patients that included out-of-hours contact details for the service in case they had any queries or concerns following their treatment.

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 confidential patient information was safely stored.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) and an annual duty of candour report was available to patients on the service's social media page.

The service's complaints management process was displayed in the reception area. This made clear that patients could make a complaint to Healthcare Improvement Scotland at any time. The service told us no complaints had been received since the last inspection in February 2022.

We saw that the practitioner attended conferences and aesthetic industry training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. All patients who responded to our online survey confirmed that they had confidence in the practitioner:

- 'She explained her training and background.'
- 'I have total confidence in... abilities to provide treatments.'
- 'Very knowledgeable.'

What needs to improve

Although we received evidence of some recently updated policies from the service, review dates and version numbers were not consistently recorded on each policy. One policy referred to controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers). However, controlled drugs were not used or prescribed in the service. Therefore, we could not be assured that an effective process for reviewing policies and procedures was in place. This was reported in our February 2022 inspection report (recommendation c).

- No requirements.

Recommendation c

- The service should introduce a system for regularly reviewing its policies and procedures or when changes occur to ensure they are in line with current legislation and reflect the service provided.

Planning for quality

A contingency plan was in place in case of emergencies that caused a temporary closure of the service or cancellation of appointments, such as:

- flood
- power failure, or
- sickness.

This would provide patients with an option to continue their treatment plans with alternative practitioners at other Healthcare Improvement Scotland registered services.

Appropriate insurances, including medical indemnity and public liability, were in-date and these were displayed in the service.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service provided evidence of quality improvement activities taking place with peer colleagues from other registered independent healthcare services through meetings.

What needs to improve

We were provided with a document titled 'quality improvement plan'. However, this was a list of planned improvements that did not include details of any actions or timeframes to make the improvements (recommendation d).

We saw that only a limited range of risk assessments had been carried out. Therefore, the service could not demonstrate that all risks had been identified and were being effectively managed. We discussed with the service that they should consider undertaking treatment related risk assessments. This was a requirement at our previous inspection in February 2022 (recommendation e).

We saw that the service had carried out hand hygiene audits. We discussed with the service, expanding the range of audits to include, for example, audits of:

- environment and equipment (infection prevention and control, and health and safety)
- medicines management, or
- patient care records.

This was a recommendation at our previous inspection in February 2022 (recommendation f).

- No requirements.

Recommendation d

- The service should further develop its quality improvement plan to include specific actions and timeframes.

Recommendation e

- The service should expand the range of risk assessments carried out to ensure all clinical risks to patients have been identified and are being managed.

Recommendation f

- The service should further develop its programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

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

Patients felt fully informed and relevant consent documentation was completed. The service was clean and appropriate infection control practices were in place. Patient care records must document patients' GP, next of kin or emergency contact details and aftercare information provided. The correct cleaning products should be used on sanitary fittings.

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 limited self-evaluation.

A daily cleaning schedule was completed. Equipment was in good condition. 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 clinic is always clean and well maintained.'
- 'Clean and clinical.'

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 (disposable gloves and aprons) and alcohol-based hand gel.

We reviewed four patient care records. We saw that all patients had consent forms completed for treatments, which included details of the risks and benefits. Consent was also obtained for sharing information with other healthcare professionals if required and for taking digital images. We noted signatures from both patients and the practitioner on all documentation. A record of treatment and batch numbers, including expiry dates, for medicines used was also included in the patient care records.

All patients who responded to our online survey told us they had received adequate information about their procedure and felt involved in the decisions about their care. They also confirmed they were given time to consider all the provided information before having a procedure. Comments included:

- ‘We talked everything through and then I was given a week to think about it and ensure I was happy.’
- ‘... always explains the best and more appropriate options.’
- ‘Discusses everything with you beforehand.’

What needs to improve

Of the four patient care records we reviewed, one did not have contact details for the patient’s GP and two did not have the next of kin or emergency contact documented (requirement 1).

We were told that patients were given verbal and written advice after their treatments, including information about contacting the practitioner out of hours. However, the patient care records did not document that aftercare advice had been given (recommendation g). We discussed with the practitioner that implementing an audit of patient care records would help to identify any gaps in record keeping.

Appropriate cleaning products were used for cleaning the clinic with the exception of the sanitary fittings, including the clinical hand wash basin. These were not being cleaned with a chlorine-releasing disinfectant and detergent product (recommendation h).

Requirement 1 – Timescale: immediate

- The provider must ensure that patients’ GP details, next of kin or emergency contact details are documented in patient care records. If the patient refuses to provide this information, this should be documented.

Recommendation g

- The service should ensure patient care records contain documented evidence of patients receiving aftercare information.

Recommendation h

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins, in line with national guidance.

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.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
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