Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Good Skin Place, Prestwick

Service Provider: Think Aesthetic Ltd

20 May 2025

NHS SCOTLAND

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

First published July 2025

www.healthcareimprovementscotland.scot

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1 A summary of our inspection

Background

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

Our focus

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

About our inspection

We carried out an announced inspection to The Good Skin Place on Tuesday 20 May 2025. We spoke with staff during the inspection. We received feedback from 33 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 Prestwick, The Good Skin Place is an independent clinic providing non-surgical and surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The Good Skin Place the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's aims and vision was available to patients. Leadership was visible and approachable. Staff worked well together and regularly met informally to discuss the service. Key performance indicators for the aims and vision should be developed. Staff meetings should be formal and documented.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients could leave feedback in a variety of ways. Patients told us they felt fully informed about treatments available to them. Processes were in place to make sure the service was safe. Risk assessments and a regular audit programme were in place. The service should make sure all staff working under practicing privileges agreement have a yearly appraisal process in place. The quality improvement plan should include timelines and actions.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The service was clean and in a good state of repair. Effective processes were in place to maintain a clean and safe environment. Patients told us they found the service welcoming and professional. A thorough process was in place for patients receiving minor surgical procedures. Consent to share information with the GP and next of kin should be documented in patient care records.	✓✓ 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 Think 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 no requirements and six recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should develop measurable key performance indicators to help monitor its aims and objectives (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should develop a regular programme of formal staff meetings (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
	None
Recommendations	
c	The service should develop a process to keep patients informed about the impact their feedback has on the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should develop a process of ensuring staff working under practicing privileges are appropriately appraised every year (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
e	The service should further develop the quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
	None
Recommendation	
f	The service should obtain consent from the patient for the sharing of information with their GP and next of kin in an emergency (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

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: [Find an independent healthcare provider or service – Healthcare Improvement Scotland]

We would like to thank all staff at The Good Skin Place 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service's aims and vision was available to patients. Leadership was visible and approachable. Staff worked well together and regularly met informally to discuss the service.

Key performance indicators for the aims and vision should be developed. Staff meetings should be formal and documented.

Clear vision and purpose

The service displayed its aims in the clinic and on its website, which were:

- to focus on skin health and anti-aging, and
- to make sure that patients were fully informed of all treatment options available to them, including the side effects, recovery time and costs.

The information shared with patients about treatment helped them to make an informed choice. The service described its vision to achieve its aims in a relaxed, clinical environment that provided patient confidentiality, privacy and anonymity.

What needs to improve

We saw no evidence that the service had a process in place to measure its performance against aims or objectives and demonstrate how the vision would be achieved (recommendation a).

- No requirements.

Recommendation a

- The service should develop measurable key performance indicators to help monitor its aims and objectives.

Leadership and culture

An independent nurse prescriber registered with the Nursing and Midwifery Council (NMC) owned and managed the service. The nurse prescriber was an experienced dermatology nurse and aesthetics practitioner.

Staff working under practicing privileges are not directly employed by the provider but are given permission to work in the service. The service had three clinical staff (one surgeon and two nurses) working under a practicing privileges arrangement.

We were told that all staff had known each other for years and worked well together. We were also told that informal meetings were regularly held at the end of a clinic day to discuss any concerns or issues. The service had a shared calendar available to all staff to ensure continual communication on various aspects of the clinic. Staff also communicated with each other through an encrypted electronic platform.

Staff we spoke with told us the service manager was always visible. As it was a small service and team, they felt able to approach the manager directly with any concerns.

What needs to improve

The service did not have a regular programme of formal staff meetings which include agendas and minutes. This would help make sure that all staff have an opportunity to contribute to the running of the service (recommendation b).

- No requirements.

Recommendation b

- The service should develop a regular programme of formal staff meetings.

Key Focus Area: Implementation and delivery

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

Our findings

Patients could leave feedback in a variety of ways. Patients told us they felt fully informed about treatments available to them. Processes were in place to make sure the service was safe. Risk assessments and a regular audit programme were in place.

The service should make sure all staff working under practicing privileges agreement have a yearly appraisal process in place. The quality improvement plan should include timelines and actions.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service's website provided information about the treatments offered and costs. Information on treatments available was also available in the clinic. Patients could contact the service directly over the telephone, through email or social media.

The service had an up-to-date participation policy in place, which set out how and why it would obtain patient feedback. At the end of their appointment, patients were asked to complete a questionnaire about their experience. A QR code was available in the clinic that allowed patients to leave feedback when used.

Patients who completed our online survey told us they felt fully informed. Comments included:

- 'Everything was explained well to me, and I was clear on risks and benefits, cost etc.'
- 'I have always been very fully informed about the treatment and procedures before they are undertaken. All risk, benefits, side effects and outcomes are covered in the consultation.'
- 'I was provided with full information pre and post appointments.'
- 'I was given written information... Also it was explained verbally and we had a thorough discussion about the expected outcomes, the procedure and any possible side effects.'

Staff we spoke with told us they felt like a valued member of staff and enjoyed working in the service.

What needs to improve

It was not clear how the service kept patients informed about the outcomes of their feedback and how this was used to make changes or improvements to the service (recommendation c).

- No requirements.

Recommendation c

- The service should develop a process to keep patients informed about the impact their feedback has on the service.

Quality improvement

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

The service manager was aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

A variety of policies and procedures were in place to support the delivery of person-centred care, including those for:

- duty of candour
- medical emergencies
- medicine management, and
- safeguarding.

The service's infection prevention and control policy described the standard infection control precautions in place to prevent the risk of infection. This included hand hygiene, sharps management and the use of personal protective equipment (such as gloves, aprons and face masks). A good supply of single-use equipment was available to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

The service had a process in place for managing incidents and accidents, which was easily accessible for all staff. We noted that the service had experienced no incidents and accidents since its registration with Healthcare Improvement Scotland.

The complaints policy included Healthcare Improvement Scotland's contact details. How to make a complaint was displayed clearly for patients in the service.

Duty of candour is where organisations have a duty to be open and honest with patients when something goes wrong. We saw a duty of candour policy in place and noted that no duty of candour incidents had occurred in the last 12 months. A duty of candour report was on display in the service.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients, and a small amount of stock was held. A medicine fridge was in use in the service to store medicines, the temperature of the fridge was regularly recorded. We saw that all medicines, including a number of emergency medicines held in stock, were in-date and stored securely. All staff working in the service had up-to-date training in managing medical emergencies.

The service offered treatments using intense pulsed light (IPL). Appropriate policies, processes and local rules were in place for patient and staff safety when using IPL. Staff registered to carry out these treatments had access to the policies. The room used for laser treatments was suitably equipped.

Most consultations in the service were appointment-only. When required, such as concerning skin lesion, patients could be seen quickly after a telephone call with the service manager. Face-to-face consultations were carried out, and we saw that patients were appropriately assessed, consented and given aftercare and follow-up information. Following their initial consultation, patients had a 'cooling-off' period to consider the treatment options available to them.

At the time of our inspection, the service was moving from paper copies of patient care records to an electronic system. All patient care records were securely stored in either a locked cabinet or electronically on a password-protected system. The service was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights.

All staff working in the service had been enrolled in the Protecting Vulnerable Groups (PVG) scheme. Appropriate recruitment checks had been completed on each staff member, including references, qualifications and ID checks. All staff working under the practicing privileges agreement had a contract in place.

The service manager was a member of a number of groups and forums for example the British Dermatological Nursing Group (BDNG) and the British Association of Medical Aesthetic Nurses (BAMAN).

What needs to improve

We saw no evidence that the service had a process in place for carrying out appraisals of staff working under practicing privileges. This could include a review of staff members' yearly NHS appraisal and would help demonstrate oversight of all staff practice (recommendation d).

- No requirements.

Recommendation d

- The service should develop a process of ensuring staff working under practicing privileges are appropriately appraised every year.

Planning for quality

Risk assessments were in place for fire safety, ventilation and trips and falls. These had been reviewed and updated recently. A risk registered demonstrated further actions required and named staff responsible for completing these.

A programme of audits in place included:

- infection prevention and control and environment checks
- medicine management checks, and
- review of policies.

Audits specific to dermatology, including the transportation of specimens were also carried out.

We saw a business continuity plan in place, which set out what would happen should the service have to close.

What needs to improve

The service's quality improvement plan included the audit programme and environmental checks. However, this did not include planned improvements with associated actions, timelines, or staff responsible for completion (recommendation e).

- No requirements.

Recommendation e

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

Key Focus Area: Results

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

Our findings

The service was clean and in a good state of repair. Effective processes were in place to maintain a clean and safe environment. Patients told us they found the service welcoming and professional. A thorough process was in place for patients receiving minor surgical procedures.

Consent to share information with the GP and next of kin should be documented in patient care records.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The environment was clean and in a good state of repair. We saw daily cleaning checklists were in place and appropriate cleaning equipment and products were used.

We saw a good supply of personal protective equipment in place including aprons and gloves. Single-use equipment (such as syringes and needles) was in place to help manage the risk of cross-infection.

Medicines were stored appropriately and checklists were completed to make sure all single-use equipment and medicines remained in-date.

We reviewed four patient care records and saw that all included the patient's name, contact details and date of birth. Patients had completed and signed a medical questionnaire, which included information on past medical history, allergies and current medications.

Documentation for patients receiving minor surgery included a safety checklist capturing baseline observations completed for each patient, such as temperature and pulse. A 'pause before theatre' was completed in each patient care record we reviewed and was based on the World Health Organization (WHO) recommendations. This included a checklist read aloud in theatre to confirm the patient's identity and the procedure to be carried out. All theatre staff also had the opportunity to raise any concerns during the pause. Following surgery, the service completed a post-op checklist completed. This included making sure that sharps were safely disposed of.

On review of all staff files, we saw that recruitment checks were complete and staff working under a practicing privileges agreement were suitably qualified.

Patients who completed our online survey told us:

- 'The environment is of the highest, most clinical standard and always was.'
- 'Every appointment was on time. Everything about the company is of a very high standard.'
- 'The personal care and attention. The quality of care. The interest and time spent on each individual. Going the extra mile to be helpful. Value for money.'
- 'You don't see any other customers, your time there is all about you'.

What needs to improve

We saw a thorough process of documentation in patient care records and that GP and next of kin contact details were obtained each time. Consent was obtained for the procedure and for taking photographs. However, consent was not documented for sharing information with patients' GP and next of kin in the event of an emergency. If the patient refuses, this should also be documented (recommendation f).

Checks had been completed to make sure all staff continued to be registered on their professional body and were suitably insured. A more structured process could be developed to make sure these checks are completed yearly. We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should obtain consent from the patient for the sharing of information with their GP and next of kin in an emergency.

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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