

Announced Inspection Report: Independent Healthcare

Service: Valley Aesthetics, Galston

Service Provider: Sharon Lundie

26 May 2025

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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 Valley Aesthetics on Monday 26 May 2025. We spoke with the manager during the inspection and, following the inspection, we telephoned two members of staff. We received feedback from 15 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 Galston, Valley Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Valley 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 aim and vision were available for patients to view. Leadership was visible and approachable with formal staff meetings taking place. Key performance indicators to measure the service's performance should be developed.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Feedback from patients about their experience of the service was gathered in a variety of ways. Patients told us they felt fully informed about treatments available to them. Processes were in place to help deliver safe patient care and continually improve the service, including a regular audit programme.</p> <p>Although the service had a risk register, the risk assessments should be further developed to include a risk rating system. All staff working under practicing privileges should have a yearly appraisal. The quality improvement plan should include timescales and responsible persons.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>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.</p> <p>Appropriate background safety checks on all staff must be carried out. Consent to share information with patients' GP and next of kin should be consistently documented in patient care records.</p>		✓ 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 Sharon Lundie 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 seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop measurable key performance indicators to help monitor how well it is achieving its aim and vision (see page 9).</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>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should develop a formal process of informing patients of the outcome of their feedback (see page 12).</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>
c	<p>The service should develop a process of ensuring staff working under practicing privileges are appropriately appraised every year (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
d	<p>The service should further develop its risk assessments to include an appropriate risk scoring system (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should further develop its quality improvement plan to include timescales and named staff responsible for taking forward identified actions (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
f	<p>The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Results	
Requirement	
1	<p>The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key recruitment checks are carried out (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
g	<p>The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</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](#)

Sharon Lundie, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Valley 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 aim and vision were available for patients to view. Leadership was visible and approachable with formal staff meetings taking place. Key performance indicators to measure the service's performance should be developed.

Clear vision and purpose

The service's vision to provide treatments in a discreet and safe clinical environment was clearly displayed in the clinic. The service's aim was to provide patients with personal skincare advice and treatments.

What needs to improve

We were told the service was planning to develop a process that would demonstrate how its vision and aim were being achieved. Identifying relevant key performance indicators would help to monitor and measure the quality and effectiveness of the service (recommendation a).

- No requirements.

Recommendation a

- The service should develop measurable key performance indicators to help monitor how well it is achieving its aim and vision.

Leadership and culture

An independent nurse prescriber who was also a qualified aesthetic practitioner owned and managed the service. They were registered with the Nursing and Midwifery Council (NMC).

A number of nurse practitioners who were also prescribers worked in the service under a practicing privileges agreement (staff not directly employed by the provider but given permission to work in the service).

We were told the manager frequently had informal meetings with individual staff members. Formal, documented staff meetings were held every 2 months to allow all staff to contribute to the running of the service. For example, future training needs and outcomes from audits were discussed at the meetings. Staff also communicated with each other through an encrypted messaging service.

Staff we spoke with told us the manager was always available, and they felt able to approach them directly with any concerns. They also felt that, as a team, they were professionally supportive of each other.

- 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

Feedback from patients about their experience of the service was gathered in a variety of ways. Patients told us they felt fully informed about treatments available to them. Processes were in place to help deliver safe patient care and continually improve the service, including a regular audit programme.

Although the service had a risk register, the risk assessments should be further developed to include a risk rating system. All staff working under practicing privileges should have a yearly appraisal. The quality improvement plan should include timescales and responsible persons.

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

The service's social media provided information about the treatments offered and costs. Information on treatments was also available in the clinic. Patients could contact the service directly by telephone, email or social media.

We were told that a website was being developed to help expand the information available to the public. This will include links for giving feedback and information on to how to make a complaint.

The service had an up-to-date patient participation policy which detailed how the service obtained and reviewed patient feedback. We were told that feedback from patients was obtained verbally, through email, social media reviews or by telephone. Patients were also asked to complete a questionnaire following treatment. We were told the questionnaire had recently been reviewed and was now in a shorter format to encourage more patients to complete it. Feedback was reviewed by the manager and often discussed at staff meetings.

Patients who completed our questionnaire told us:

- 'Very informative and reassured regarding my procedure. Follow up care was also great.'
- 'Everything regarding the treatment was fully explained prior to any decision.'

- ‘Confidentiality respected throughout. All procedures explained.’
- ‘Very informative both before and after procedure. Put me at ease and answers all my questions.’

Staff we spoke with told us they enjoyed working in the service and felt valued.

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 improve the service (recommendation b).

- No requirements.

Recommendation b

- The service should develop a formal process of informing patients of the outcome of their feedback.

Quality improvement

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

The manager was aware of the process of notifying Healthcare Improvement Scotland of any changes or events occurring in the service, as detailed in our notifications guidance. During the inspection, we were told about potential refurbishment and expansion plans as the service had taken over the lease from the previous hairdressing salon where the service had been located. We reminded the manager about notifying Healthcare Improvement Scotland of any changes such as this to the service.

A variety of policies and procedures were in place to support the delivery of person-centred care. These were easily accessible for staff and included:

- management of emergencies
- medicine management, and
- safeguarding (public protection).

The service’s infection prevention and control policy referred to 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 process for logging and managing any incidents and accidents that occur in the service was in place, which was easily accessible for all staff. We noted that the service had had no incidents or accidents since its registration with Healthcare Improvement Scotland in November 2022.

The complaints policy included Healthcare Improvement Scotland's contact details and made clear that patients could contact us at any time. Information on how to make a complaint was clearly displayed in the service. We were told no complaints had been received by the service since registration with Healthcare Improvement Scotland, and we had not received any complaints about the service.

The service had a duty of candour policy. This is where organisations have a duty to be open and honest with patients when something goes wrong. We noted that no duty of candour incidents had occurred since registration with Healthcare Improvement Scotland. A yearly duty of candour report was available in the service.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. A medicine fridge was used to store medicines, with the temperature of the fridge regularly recorded to make sure medicines were stored at the correct temperature. 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.

Consultations in the service were by appointment-only. We were told that patients had face-to-face consultations with a prescribing practitioner, and were appropriately assessed, consented and given information about aftercare and follow up. Following their initial consultation, patients were given a 'cooling-off' period to consider the treatment options available to them. We were told that patients contacting the service through social media were automatically sent the service's out-of-hours contact details. Patients would also often contact their practitioner directly through an encrypted messaging service, if required.

All patient care records were electronic and stored securely 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, to make sure confidential patient information was safely stored.

An up-to-date practicing privileges policy highlighted the process of recruiting staff under a practicing privileges agreement. Staff files for the staff working under practicing privileges included a checklist ensuring various background and identify checks were reviewed, for example ensuring their insurance, training

and ongoing registration with a professional body was up to date. Each staff file contained a signed agreement by both the manager and staff member. This detailed the expectations of both the service and the staff member to ensure safe delivery of care.

The manager was a member of different online aesthetic forums and attended conferences held by aesthetic companies. This helped them keep up to date with their practice, including changes in the aesthetics industry, legislation and best practice guidance.

What needs to improve

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

- No requirements.

Recommendation c

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

Planning for quality

The service's audit programme included audits of:

- patient care records
- infection control such as cleaning, sharps disposal and clinical waste, and
- staff training.

The audit documentation included the frequency and dates for when audits were due and the named person responsible for completing each individual audit.

The service's risk register included a number of risk assessments, for example:

- trips and falls
- use of injectables
- gas, water and electricity, and
- ventilation.

What needs to improve

The risk assessments did not include a valid risk rating score (such as low, medium or high) to help ensure that each individual risk was reviewed within appropriate timescales with suitable processes in place to help manage the risks identified (recommendation d).

A quality improvement plan documented areas for potential improvement, for example ongoing staff training and patient feedback. However, this did not include timescales or a named person responsible for taking actions forward (recommendation e).

Although the service could describe its business continuity arrangements, no documented plan was in place. This would help to make sure patients could continue their treatment plans in case of events that may cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness (recommendation f).

- No requirements.

Recommendation d

- The service should further develop its risk assessments to include an appropriate risk scoring system.

Recommendation e

- The service should further develop its quality improvement plan to include timescales and named staff responsible for taking forward identified actions.

Recommendation f

- The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

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 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.

Appropriate background safety checks on all staff must be carried out. Consent to share information with patients' GP and next of kin should be consistently 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 completed and were up to date, and appropriate cleaning equipment and products were being used. We were told a weekly deep clean was also carried out by the manager.

A good supply of personal protective equipment and single-use equipment was available to reduce 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.

Checklists were in place demonstrating that all medicines and single-use equipment was regularly checked and in date.

We reviewed five patient care records and saw that each one included the patient's name, contact details and date of birth. A medical questionnaire had been completed and signed by the patient. This included information on their past medical history, allergies and current medications.

Each patient care record included details about the face-to-face consultation with the prescribing practitioner and the resulting treatment plan. Information on the risks and benefits of treatment was part of the consent process. Each consent to treatment form was signed and dated by the patient, and included consent to photographs being taken. We were told aftercare information was discussed after treatment and emailed to patients. Patients' GPs and next of kin contact details were also documented.

Patients who completed our online survey told us:

- 'Confident and competent in delivery of treatments, person-centred and felt involved in all decisions and parts of treatment.'
- 'Kind and reassuring. First class service from booking appointments to leaving the salon feeling more confident and with a smile.'
- 'Lovely clean, relaxing environment.'
- 'Given the risks attached it is very important to find the right experienced, knowledgeable and confident clinicians... I have found that... '

What needs to improve

From the four staff files we reviewed, we found the recruitment checks for staff working under practicing privileges had not been consistently completed. For example:

- no staff identities had been checked
- two staff members had only one reference obtained, and
- none of the staff had an up-to-date Disclosure Scotland Protecting Vulnerable Groups (PVG) background check (requirement 1).

Consent to share information with the patient's GP and next of kin in the event of an emergency was not consistently recorded in the patient care records reviewed (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key recruitment checks are carried out.

Recommendation g

- The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record.

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.
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