

Announced Inspection Report: Independent Healthcare

Service: Bespoke Skinology Aesthetics Ltd,
Montose

Service Provider: Bespoke Skinology Aesthetics
Ltd

19 June 2025

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

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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 Bespoke Skinology Aesthetics Ltd on Thursday 19 June 2025. We spoke with the service manager who is also the sole practitioner during the inspection. We received feedback from 19 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 Montrose, Bespoke Skinology Aesthetics Ltd 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 Bespoke Skinology Aesthetics Ltd, 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 website detailed its mission statement. A detailed strategic plan included its mission statement, objectives and key performance indicators. Objectives and key performance indicators should be shared with patients.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information about treatments offered was available on the service's website. Regular audits were carried out. A proactive approach was in place for the assessment and management of risk of chemicals used in the service.</p> <p>The service should follow its participation policy for collecting feedback from patients. Meetings with other services should be documented. Complaints information should be accessible for patients.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date and medicine checklists were fully completed. Adequate personal protective equipment was available for use.</p> <p>When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Consent to share information with medical professionals in the event of an emergency should be recorded.</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 Bespoke Skinology 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 six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should share its objective and key performance indicators with patients (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 4.19</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
b	<p>The service should follow its own participation policy for obtaining patient feedback and use this to inform service development (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 4.19</p>

Implementation and delivery (continued)	
Recommendations	
c	<p>The service should record minutes of any meetings with other services (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>
d	<p>The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint (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 4.20</p>

Results	
Requirements	
1	<p>The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 19).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
e	<p>The service should make sure that patient consent forms are fully completed including the practitioners signature (see page 19).</p> <p>Health and Social Care Standards: My Support, my life. I experience high quality care and support that is right form me. Statement 1.24</p>
f	<p>The service should obtain contain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented (see page 19).</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](#)

Bespoke Skinology 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 Skinology Aesthetics Ltd their assistance during the inspection.

2 What we found during out 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 website detailed its mission statement. A detailed strategic plan included its mission statement, objectives and key performance indicators. Objectives and key performance indicators should be shared with patients.

Clear vision and purpose

The service's website stated that its mission was to blend the science of medicine with the artistry of aesthetics, improving patients' confidence. It aimed to use safe, personalised treatments to enhance natural beauty to make sure its patients experienced exceptional care and natural results.

The service had a strategic plan in place, which detailed its aim, objectives and key performance indicators (KPIs) and how these would be evaluated and achieved. The service's key performance indicators included:

- attracting new patients
- clinic performance
- continued professional development
- maintaining returning patients
- monitoring complications
- patient satisfaction, and
- staff training.

We saw evidence that the KPIs and objectives were reviewed every year.

What needs to improve

The website detailed the service's aim and we were shown a copy of its strategic plan. However, the service did not display its objectives or KPIs for patients to see (recommendation a).

Recommendation a

- The service should share its objective and key performance indicators with patients.

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

Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information about treatments offered was available on the service's website. Regular audits were carried out. A proactive approach was in place for the assessment and management of risk of chemicals used in the service.

The service should follow its participation policy for collecting feedback from patients. Meetings with other services should be documented. Complaints information should be accessible for patients.

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

The service's social media profile shared information with patients about the treatments available, costs and service. Patients could use a messaging app or social media to contact the service with enquiries.

Patients could give feedback about their experience in the service verbally directly to the practitioner, use a messaging app or leave messages on the service's social media account. The service also sent out an automated email after treatment asking patients to leave feedback and a review. We saw documented feedback received on the service's patient booking system. The feedback that we saw recorded was all positive.

Examples we saw of service improvements that had been made included:

- introduction of skin care treatments
- providing additional appointments, and
- wireless speakers to play music.

We were told that some new patients had used the service after recommendations from friends. All consultations were appointment-only.

What needs to improve

While the service collected feedback, it did not send out a structured feedback questionnaire in line with its own participation policy (recommendation c).

- No requirements.

Recommendation b

- The service should follow its own participation policy for obtaining patient feedback and use this to inform service development.

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 (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting which included an accident and incident log.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier, and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

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.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service kept a record of monthly equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and an up-to-date electrical safety certificate was in place.

We saw that the service had an appropriate infection prevention and control policy and procedures in place, as well as a clinical waste contract for the disposal of clinical waste. Clinical waste was managed appropriately.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The

service had published a yearly duty of candour report, which was available in the clinic.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

Details of how to contact the practitioner out-of-hours was also provided to patients along with aftercare leaflets.

Patient care records were stored securely on an electronic system. This system could be accessed using a password on a tablet computer, which only the aesthetics practitioner (manager) had access to.

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 consent policy detailed how the service would make sure that informed consent was obtained before any treatments were carried out. The service had recently introduced bespoke aftercare leaflets for anti-wrinkle injections and dermal fillers. This informed patients of who to contact if they had any questions or queries about their treatment.

The practitioner engaged in regular continuing professional development and had recently completed their revalidation. This is managed through the NMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years. They also kept up to date with appropriate training, such as training for:

- adult support and protection
- equality and diversity, and
- infection prevention and control.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending webinars, aesthetic conferences and additional masterclass sessions.

What needs to improve

The aesthetics practitioner regularly met with other aesthetic practitioners to share learning and discuss updates in current practice. However, these meetings were not documented (recommendation c).

- No requirements.

Recommendation c

- The service should record minutes of any meetings with other services.

Planning for quality

The service had risk assessments in place to effectively manage risk in the service, including those for:

- control of substances hazardous to health (COSHH)
- data protection
- electrical safety
- fire
- lone working
- medication, and
- slips, trips and falls.

The risk assessments helped make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and staff.

We saw that the service had a risk register in place, which was reviewed every year and included:

- cyber security
- natural disaster
- pandemic
- power outage, and
- supply chain disruption.

The service carried out some regular audits, including those for:

- infection prevention and control
- medication
- patient care records, and
- policy review.

We saw that action plans were developed to address any issues identified in these audits.

The service's quality improvement plan set out how it would use information gathered from audit results and patient feedback to continuously improve patient outcomes and service delivery. The plan was regularly reviewed and updated.

What needs to improve

The service had a complaints policy in place that detailed how patients could make a complaint about the service, including that patients could contact Healthcare Improvement Scotland at any time. However, this information was not available for patients to access.

- No requirements.

Recommendation d

- The service should publish its complaints procedure on its website to make it easy for patients to find out how to make a complaint.

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 environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date and medicine checklists were fully completed. Adequate personal protective equipment was available for use.

When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Consent to share information with medical professionals in the event of an emergency should be recorded.

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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully and accurately completed. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately. Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Clinic is beautiful and spotless.'
- 'The premises are to a high standard and everything is sterile.'
- 'The treatment room and waiting area are immaculate.'
- 'Very clean, clinical environment.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medication and consumables checklist was fully and accurately completed.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- 'Before treatments we had an initial consultation meeting.'
- 'I had been given a consultation and time to consent.'
- 'There was no pressure at all. Was given as much time as I wanted to decide following my initial consultation.'
- 'Yes, the procedure was explained to me fully and I felt like I had time to reflect on my decisions but again I was more than happy going forward.'

We reviewed five patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient or the assessment to determine patients' suitability for treatment. Details of the treatments administered, including the dose of anti-wrinkle injections or dermal filler administered along with the medicine batch numbers and expiry dates were recorded, along with aftercare given. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

We saw that the service used bacteriostatic saline to reconstitute the vials of botulinum toxin (this is when a liquid solution is used to turn a dry substance into a specific concentration of solution). The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, we saw no

evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, or that informed consent had been sought before treatment was administered (requirement 1).

While patients had signed consent forms, we found that the practitioner had not signed the majority of consent forms we reviewed (recommendation e).

Patient care records did not document patients' consent to share their details with other healthcare professionals in the event of an emergency situation, or whether this consent had not been given (recommendation f).

Requirement 1 – Timescale: immediate

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

Recommendation e

- The service should make sure that patient consent forms are fully completed, including the practitioner's signature.

Recommendation f

- The service should obtain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented.

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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