

Announced Inspection Report: Independent Healthcare

Service: Clinic 22 Saltcoats, Saltcoats

Service Provider: Clinic 22 Saltcoats Ltd

10 June 2025

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1 Progress since our last inspection

The provider was previously known as The Registry Clinic Ltd. What the service had done to meet the recommendations we made at our last inspection on 18 November 2020

Recommendation

The service should ensure that appropriate chlorine-based cleaning products are used to clean all clinical areas, in line with national guidance.

Action taken

The service used appropriate cleaning products and equipment in line with best practice.

Recommendation

The service should develop a regular programme of audits to help monitor and inform service improvement. Audits must be documented and improvement action plans implemented.

Action taken

The service had developed a clear audit programme, with a process of sharing results with staff.

Recommendation

The service should ensure a practicing privileges contract is in place with the independent nurse prescriber.

Action taken

We saw practicing privilege contracts in place for those staff.

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 Clinic 22 Saltcoats on Tuesday 10 June 2025. This service was previously known as The Registry Clinic. We spoke with staff during the inspection. We received feedback from 18 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Saltcoats, Clinic 22 Saltcoats 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 Clinic 22 Saltcoats, 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
<p>The service displayed its mission and vision in the clinic and on its website. Leadership was visible approachable and open to staff ideas for improving the service. Key performance indicators were measurable. The owner was currently completing training in leadership from a Scottish entrepreneur. A human resource consultant had recently been recruited to support the new manager in the service.</p> <p>Electronic systems were in place to help gather and analyse patient and staff experience feedback. A strategic plan was in place for 2024–26.</p>		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient feedback 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>Patient assessments must be carried out face-to-face before prescribing certain medications. A suitably qualified practitioner must be in the clinic when treatments are administered.</p>		✓ Satisfactory
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 environment. Patients told us they found the service welcoming and professional. A consultation process was in place to include information on patient wellbeing and sleep patterns. Patient consent was obtained to share information with GP and next of kin in an emergency.</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 Clinic 22 Saltcoats 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 two requirements and two recommendations.

Implementation and delivery

Requirements

- 1 The provider must ensure that a responsible healthcare professional is available in the clinic and able to prescribe and administer prescription-only medicines as part of a response to complications and/or in an emergency situation, if required (see page 15).

Timescale – immediate

Regulation 12(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 2 The provider must ensure that medicines that require a face-to-face consultation are not prescribed without a face-to-face consultation (see page 15).

Timescale – immediate

Regulation 3(d)(iv)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Implementation and delivery (continued)

Recommendations

- | | |
|----------|---|
| a | <p>The service should ensure that references are consistently obtained for new recruits (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 4.24</p> |
| b | <p>The service should further expand its current program of risk assessments used in the service to ensure that care and treatment is delivered in a safe environment. (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 4.11</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](#)

Clinic 22 Saltcoats Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Clinic 22 Saltcoats 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 displayed its mission and vision in the clinic and on its website. Leadership was visible approachable and open to staff ideas for improving the service. Key performance indicators were measurable. The owner was currently completing training in leadership from a Scottish entrepreneur. A human resource consultant had recently been recruited to support the new manager in the service.

Electronic systems were in place to help gather and analyse patient and staff experience feedback. A strategic plan was in place for 2024–26.

Clear vision and purpose

The service's mission and vision were displayed on its website and in the clinic. It stated that the service's mission was to create a safe environment for all patients and staff, focusing on confidence and wellness. The service's vision was to offer a wide range of treatments to support physical and emotional wellbeing.

Key performance indicators (KPIs) used to assess the service's progress included:

- growth of the business
- outcomes of audits
- staff satisfaction obtained through a regular staff survey, and
- the number of returning patients.

Electronic systems had been introduced to help gather patient and staff experience, which included emailing patients regularly with service information and asking for their input into service improvement.

The service had a strategic plan in place for 2024–26, which the KPIs were linked to. The strategic plan also included the main parts of the service's mission and vision.

The service owner had successfully won a place on a 7-month leadership and management training program with a Scottish entrepreneur, to develop service systems, processes and their leadership skills. The service had recently recruited a human resource consultant, offering support to staff and one-to-one support for the new manager of Clinic 22 Saltcoats.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council (NMC), who was also an experienced aesthetics practitioner.

The service directly employed most staff, including administrative staff.

Some aesthetic practitioners worked under practicing privileges contracts. Staff working under practicing privileges are not employed directly by the provider but given permission to work in the service. We were told this was changing and all staff would be employed in future.

Monthly staff meetings gave staff the opportunity to contribute to the running of the service and regular topics discussed included KPIs, the results of audits and future training. Staff meetings were documented, and the minutes included actions, along with the people who were responsible for their completion.

The service had developed a weekly overview and communication document, which was accessible to all staff and allowed sharing of information. An encrypted messaging service with staff group chats was used.

Staff we spoke with told us the service manager was always visible and approachable. As it was a small team, they felt that all their colleagues supported them.

- 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

Patient feedback 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.

Patient assessments must be carried out face-to-face before prescribing certain medications. A suitably qualified practitioner must be in the clinic when treatments are administered.

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

The service's website provided information about the treatments offered and costs. Treatment information was also available in the service. Patients could contact the service directly over the telephone, through email or social media.

We were told that patients could give feedback about their experience directly to the practitioner verbally, through a feedback email link or messages on the service's social media account. A more detailed anonymous questionnaire was sent out to patients every 3 months.

The service informed patients about the findings from feedback received and improvements made on its website and through individual patient emails. We were told that changes had been made as a result of patient feedback. These included introducing a skin-checking service, with appropriate staff completing a diploma in dermatology and the service developing a direct referral process to NHS dermatology services.

Patients could become members of a savings club, allowing them to put money aside to be used on treatments or gifts in the service. This allowed treatments to be more manageable.

Staff were asked to complete a staff survey every 6 months, which included questions on what could be improved and training development. As a result, staff had completed training in safeguarding, duty of candour (where

organisations have a duty to be open and honest with patients when something goes wrong) and first aid.

Staff had access to a variety of rewards, such as the opportunity to attend training sessions abroad and aesthetic treatments free of charge. The service also paid for social events, including overnight stays for staff during the year. the year.

Comments from patients who completed our survey included:

- 'I am always provided with treatment information, costs, outcomes, risks and aftercare through email and consultations and during the service.'
- 'I was fully informed of the procedure I had booked, recommendations and results expected.'
- 'Very informative and clearly explained all aspects of my treatment/aftercare/costs and potential side effects.'
- 'All my concerns and questions were answered before any treatments took place.'

■ No requirements.

■ No recommendations.

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
- emergency procedures
- medicine management, and
- safeguarding.

Policies were available to all staff on an electronic system and staff were expected to sign once they had read all of the policies.

The service's infection prevention and control policy referred to the Health Protection Scotland's *National Infection Prevention and Control Manual*. The policy described the standard infection control precautions in place to prevent risks of infection in the service, including use of personal protective equipment (such as gloves, aprons and face masks) and sharps management.

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 or accidents since its last inspection.

The complaints policy included Healthcare Improvement Scotland's contact details. How to make a complaint was displayed clearly for patients in the service and on the website. We noted that the service had not received any complaints since its last inspection.

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 yearly 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. Medicine fridges were in use in the service to store medicines and the fridge temperature was regularly recorded. We saw that all medicines, including a small number of emergency medicines held in stock were in-date and stored securely.

Consultations in the service were appointment-only. We were told that patients had face-to-face consultations 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.

All patient care records were securely stored 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.

We saw that all staff working in the service had been enrolled in the Protecting Vulnerable Groups (PVG) scheme.

Staff appraisals were completed using a structured training needs analysis document to make sure that the individual's development goals were captured.

The owner (practitioner) was a member of the Complications in Medical Aesthetics Collaborative and the British Association of Medical Aesthetic Nurses.

The owner (practitioner) and other practitioners also attended a variety of training courses every year to help keep up to date with developments in the sector.

What needs to improve

We were told that a practitioner who was not a prescriber had provided treatments to patients without a prescriber being present. In the event an emergency situation occurs for a patient, an assessment and prescription must be completed by the prescriber (requirement 1).

Before prescribing medicines for patients, practitioners would sometimes assess patients over the telephone. Some medicines must only be prescribed after a face-to-face consultation (requirement 2).

We saw references were not obtained when recruiting staff. While reference contact details were documented, this was not always followed up during the recruitment process (recommendation a).

Requirement 1 – Timescale: immediate

- The provider must ensure that a responsible healthcare professional is available in the clinic and able to prescribe and administer prescription-only medicines as part of a response to complications and/or in an emergency situation, if required.

Requirement 2 – Timescale: immediate

- The provider must ensure that medicines that require a face-to-face consultation are not prescribed without a face-to-face consultation.

Recommendation a

- The service should ensure that references are consistently obtained for new recruits.

Planning for quality

Risk assessments were in place, which included assessments of:

- the use of alcohol gel
- the use of sharps, and
- ventilation.

The risk assessments included a program of review and the name of the person responsible for their review. We saw that other risk assessments, including

those for the use of anti-wrinkle injections and the risk of adverse drug reactions were in development.

An audit calendar was available to all staff to highlight when audits were due to be completed. Audits carried out included those for:

- health and safety
- infection prevention and control, and the environment
- medicine management, and
- patient care records.

Each audit documented the name of the person responsible for completing it and any associated actions.

A strategic improvement plan was in place, which included areas for improvement and actions in place to address them, such as inconsistent completion of patient records. The quality improvement plan also included future improvements, such as introducing new staff training.

What needs to improve

The service should further expand the risk assessments available to include health and safety aspects, such as assessing the risk of trips and falls (recommendation b).

- No requirements.

Recommendation b

- The service should further expand its current program of risk assessments used in the service to ensure that care and treatment is delivered in a safe environment.

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 environment. Patients told us they found the service welcoming and professional. A consultation process was in place to include information on patient wellbeing and sleep patterns. Patient consent was obtained to share information with GP and next of kin in an emergency.

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 in each room 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.

The four patient care records we reviewed had documented patient contact details, as well as information on their past medical history, including regular medications and allergies.

Patient care records we reviewed documented a detailed consultation process and treatment plan. The medical questionnaire sent out to patients before their treatment included questions on their wellbeing and sleep patterns. Patients were asked to score their feeling of self-confidence. Patients would be asked this question after treatment this information would be captured in the service's KPIs.

Patients were asked for GP and next of kin contact details. Consent was obtained for treatment, taking photos and to share information with GP, other medical professionals and next of kin.

Comments from patients who completed our survey included:

- 'You are never judged & they support you more than just a paying client. They really care about you.'
 - 'Privacy maintained throughout and made to feel extremely at ease in a comfortable professional environment.'
 - 'Clinic22 Saltcoats is clean, inviting.'
 - 'Clean, tidy and welcoming.'
-
- No requirements.
 - No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

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