

Announced Inspection Report: Independent Healthcare

Service: KAM Aesthetics & Beauty Clinic, Kirkcaldy

Service Provider: KAM Aesthetics & Beauty Clinic
Ltd

17 June 2025

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 28 October 2020

Recommendation

The service should carry out infection prevention and control audits. Audits should be documented and improvement actions implemented.

Action taken

The service carried out yearly infection prevention and control audits and planned to introduce a regular monthly audit programme.

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 Kam Aesthetics & Beauty Clinic on Tuesday 17 June 2025. We spoke with a number of staff during the inspection and received feedback from 19 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Kirkcaldy, KAM Aesthetics & Beauty Clinic is an independent clinic providing non-surgical treatments, namely:

- blood tests
- facial and body aesthetic treatments
- general non-surgical procedures
- laser and IPL treatments
- specialist consultation, assessment and treatment, and
- wellness injections and IV therapy treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For KAM Aesthetics & Beauty Clinic, 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 had a clear vision and purpose and measurable aims and objectives set out in a strategic plan. This plan identified regularly-monitored key performance indicators to make sure aims and objectives were being met. Clear governance structures were in place and staff met every month to discuss operational issues. The manager invested in staff training and development to make sure the service had enough skills and competence to meet the needs of its patients. Staff worked well together, were empowered to suggest improvements and told us they felt valued.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The service actively sought patient and staff feedback and used it to improve the way the service was delivered. We saw good levels of patient and staff satisfaction. Staff were recruited safely. Systems were in place to manage risks. Policies and procedures supported staff to deliver safe, compassionate and person-centred care. A comprehensive quality improvement plan helped staff to continuously improve service delivery. Single-use hydrafacial tips should be used. Hand soap and hand cream should be wall-mounted above the clinical hand wash basins in the clinical rooms.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The care environment and patient equipment were clean and tidy. Equipment was fit for purpose and regularly maintained. Patient care records and staff files were of good quality. The service completed a comprehensive self-evaluation and engaged well with the inspection process. Staff described the service as a good place to work. Patients were very satisfied with their care and treatment.		✓✓ 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 KAM Aesthetics & Beauty Clinic 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 two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	<p>The service should use single-use hydrafacial tips to minimise the risk of cross-infection (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24</p>
b	<p>The service should wall-mount the hand soap and hand cream bottles above the clinical hand wash basins in the clinical rooms, to facilitate effective cleaning of the basins (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24</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](#)

We would like to thank all staff at KAM Aesthetics & Beauty Clinic Ltd 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 had a clear vision and purpose and measurable aims and objectives set out in a strategic plan. This plan identified regularly-monitored key performance indicators to make sure aims and objectives were being met. Clear governance structures were in place and staff met every month to discuss operational issues. The manager invested in staff training and development to make sure the service had enough skills and competence to meet the needs of its patients. Staff worked well together, were empowered to suggest improvements and told us they felt valued.

Clear vision and purpose

The service's purpose was to provide high-quality, accessible health, wellness, beauty and aesthetics that prioritised patient-centred care, enhanced clinical outcomes and promoted overall wellbeing. Its vision was to provide a space that supported wellness and allowed time for patients to relax and receive care from highly skilled practitioners. A strategic plan set out the service's strategy for achieving its vision and purpose. This included aims and objectives that covered four key areas:

- collaboration and communication
- performance monitoring
- person-centred care, and
- quality improvement.

Five key performance indicators had been identified to help the service demonstrate how it met its aims and objectives:

- improved clinical outcomes
- improved treatment options
- positive endorsement
- reducing harm, and
- well managed.

Each key performance indicator was measured using data to inform analysis, such as:

- number of reported incidents, complaints, infections etc
- patient retention rates
- patient satisfaction scores
- staff compliance with policies and protocols, and
- staff turnover rates.

Key performance indicators were reviewed at monthly staff meetings to check the service continued to work in line with its strategic plan.

- No requirements.
- No recommendations.

Leadership and culture

A nurse, who was also the registered manager led the staffing team, which was also made up of:

- a consultant dermatology nurse
- another nurse
- two receptionists, and
- two therapists.

Clear governance structures were in place and staff met every month to discuss operational issues. A staff group on an online messaging service was also used for exchanging information quickly. Minutes of staff meetings were recorded.

The manager invested in staff training and development to make sure the service had enough skills and competence to meet the needs of its patients. An example of this included a nurse recently completing a training course on bioidentical hormone replacement therapy. The service planned to introduce this treatment in the near future.

The manager told us they planned to introduce a more formal peer-mentoring programme to help encourage collaboration and knowledge sharing among staff.

- No requirements.

- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

The service actively sought patient and staff feedback and used it to improve the way the service was delivered. We saw good levels of patient and staff satisfaction. Staff were recruited safely. Systems were in place to manage risks. Policies and procedures supported staff to deliver safe, compassionate and person-centred care. A comprehensive quality improvement plan helped staff to continuously improve service delivery. Single-use hydrafacial tips should be used. Hand soap and hand cream should be wall-mounted above the clinical hand wash basins in the clinical rooms.

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

A participation policy set out how the service engaged its patients, sought their feedback and used it to improve the way the service was delivered. Patient information was provided through:

- aftercare advice
- face-to-face consultations
- patient leaflets, and
- the service's website.

The website featured a contact form to make it easy for patients to communicate. Its digital platform included a built-in patient feedback system. Patients also had direct access through the service's email address or telephone number.

The service's contact details were provided with aftercare advice, along with encouragement to provide feedback through the service's website. Staff told us they offered every patient a review appointment to assess their treatment outcomes and gather feedback.

Feedback was actively monitored to inform the service's quality improvement plan and discussed through staff meetings to inform future practice.

In its self-evaluation, the service told us that it planned to further improve patient engagement. It planned to do this through developing a more interactive and user-friendly website that included video tutorials and explanations of treatments, as well as potential side-effects and aftercare requirements. This would also include a follow-up system after treatment to gather more in-depth feedback. The manager told us the service was also considering anonymous surveys to encourage more candid responses, as well as patient workshops for patients to ask questions directly to staff.

- 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 registered manager understood the Healthcare Improvement Scotland notification process. The service had recently submitted two notifications and had followed the process appropriately.

Appropriate policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. All policies were written in a consistent format and had a clear review process. Policies were updated regularly to make sure they were in line with appropriate legislation, guidance and best practice. The registered manager planned to create an electronic version of all policies and procedures, to support effective version control and staff access.

A clear process was in place for managing complaints. Information about how to make a complaint was displayed in the service and on its website. The service had received no complaints since it was registered with Healthcare Improvement Scotland in 2018.

A duty of candour procedure (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) was published on the service's website and a report was published each year. The staff we spoke with understood their responsibilities and had received training in duty of candour principles.

The service kept an accident book where complications and adverse events were recorded and managed, through the service's digital platform. No complications or adverse events had occurred since registration.

Infection prevention and control policies and procedures were in line with Health Protection Scotland's *National Infection Prevention and Control Manual*. A cleaning schedule was in place and an audit to make sure procedures were followed.

A medicines management policy was in place, which described how medicines were ordered, received, stored, prescribed, administered and disposed of. Medicines were either stored in a locked cabinet or medical fridge in one of the treatment rooms. The fridge was checked at the start of each clinic session and temperatures recorded. A stock checking system was in place to make sure all medicines remained in-date and ready for use. A prescription log was also kept to record when medicines were used and at what dosage. An emergency kit was kept, which included appropriate medication for the types of treatments offered.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). We saw that patient care records were stored securely on a clinic tablet device.

Face-to-face consultations were carried out before patients were treated, where verbal and written information was given to help them decide on the best option for their needs. This included risks, benefits and alternatives, as well as cost. This was all recorded on the service's digital platform, which also automatically sent pre-treatment and aftercare information to the patient.

A recruitment policy described how staff were appointed. An induction programme was in place and all staff completed an induction period when they started working in the service. This included mandatory training through an external health and safety and human resource system. Training included manual handling, safeguarding of people and infection prevention and control.

Staff repeated mandatory training modules each year either online through the external human resource system or through their substantive post in the NHS. Staff told us they received enough training to carry out their role.

Ongoing checks were carried out to make sure staff remained safe to work in the service. This included checking professional registration status and indemnity insurance renewal every year and repeating background checks with Disclosure Scotland every 5 years.

Staff appraisals were carried out every year where aims, objectives and goals were identified and discussed. It also gave staff an opportunity to feedback any issues or make suggestions for improvement. We looked at five appraisal

records, which had all been carried out in 2025 and had been comprehensively completed.

What needs to improve

Staff were using barbicide to disinfect hydrafacial tips to allow them to be reused. While these tips do not cause a break in the skin, they are designed to be single-use items to minimise the risk of cross-infection (recommendation a).

Bottles of hand soap and hand cream were kept on the edge of clinical hand wash basins in the three clinical rooms. Consideration should be given to wall mounting these to allow effective cleaning of the basins (recommendation b).

- No requirements.

Recommendation a

- The service should use single-use hydrafacial tips to minimise the risk of cross-infection.

Recommendation b

- The service should wall-mount the hand soap and hand cream bottles above the clinical hand wash basins in the clinical rooms, to facilitate effective cleaning of the basins.

Planning for quality

The service had a proactive approach to risk management and staff were encouraged to be involved in this. A clinical governance policy described the service's processes for managing risk. An external health and safety and human resource management provider had carried out risk assessments. These included general health and safety, as well as infection prevention and control. Each risk assessment detailed the actions taken to mitigate or reduce risk. External contractors had also carried out other specialised risk assessments, such as those for fire safety and legionella management.

We saw evidence that all equipment servicing, and maintenance was up to date. Examples included:

- clinical and medical equipment
- fire equipment
- portable appliances
- the fixed electrical installation, and
- water tank.

The service's quality improvement plan had recently been reviewed to make sure it was in line with the seven core areas of the Healthcare Improvement Scotland Quality Assurance Framework, namely:

- clear vision and purpose
- co-design, co-production
- leadership and culture
- quality control
- quality improvement
- planning for quality, and
- relationships.

The service had built its audit programme around its quality improvement plan to help make sure it delivered consistent safe care and treatment for patients and identified any areas for improvement. Audit templates were set out in the format of structure, process and outcome. Each individual treatment offering had a separate audit recently carried out. We saw one example for the use of laser equipment and another for botulinum toxin type A injections. We also saw regular audits took place for infection prevention and control and stock control and prescription. Each audit had an action plan that was shared with staff at monthly staff meetings so that learning was shared.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident.

What needs to improve

The service told us that it planned to further develop its audits to implement a programme of regular operational audits for patient care records, medicine management and infection prevention and control. We discussed this at inspection with the registered manager and they told us this would involve some monthly, some 6-monthly and some yearly audits. We will follow this up at future inspections.

- No requirements.
- No recommendations.

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 care environment and patient equipment were clean and tidy. Equipment was fit for purpose and regularly maintained. Patient care records and staff files were of good quality. The service completed a comprehensive self-evaluation and engaged well with the inspection process. Staff described the service as a good place to work. Patients were very satisfied with their care and treatment.

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 comprehensive self-evaluation.

The service premises were clean, tidy and well maintained with adequate heating, lighting and ventilation. Equipment was in good condition, suitably serviced and maintained. We saw appropriate cleaning materials were available and used and stored appropriately. We saw appropriate personal protective equipment (PPE) was available and alcohol-based hand rub was located throughout the service.

Patients who completed our online survey said 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. Comments included:

- '[...] high standards of cleanliness which is evident throughout the treatment rooms.'
- 'Excellent facilities and choice of equipment. Clinically adept however able to relax in comfortable surroundings [...].'
- 'Professionally delivered in a safe, clean and very pleasant environment.'

We looked at five patient care records and saw they all included the patients' name, address, next of kin and GP details. Patient care records also included:

- a record of the discussion about treatment plan, including the risks, benefits and alternatives of each treatment offered
- dates and signatures of the patient and practitioner throughout the different parts of the process
- details of their consultation and assessment
- the patient's consent to treatment, before and after photographs and to sharing information with their GP or other relevant healthcare professional where appropriate
- their treatment plan, including medicine dosage and batch numbers and a record of which part of the body was treated, and
- a record of aftercare discussions.

We reviewed three files of employed staff and one for an individual granted practicing privileges. All four staff files were well organised and contained appropriate evidence to demonstrate appropriate checks had been carried out. These included:

- professional register checks
- qualifications (where appropriate)
- Disclosure Scotland background checks
- professional indemnity insurance, and
- references.

We saw evidence in staff files of completed mandatory training, including staff with practicing privileges (staff not employed directly by the provider but given permission to work in the service). We looked at five appraisal records, which had all been carried out in 2025.

As the leader of the service, we found the registered manager to be approachable and transparent. They engaged well with the inspection process and openly shared all the information we asked for. Staff told us they enjoyed working in the service and felt valued. From our observations, staff worked well together and demonstrated an open approach and collaborative approach.

Patients who completed our online survey said they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'I wouldn't go anywhere else for treatment. I feel the girls are really knowledgeable and know exactly what they are doing.'
 - 'Admin system is well organised re booking etc.'
 - 'There is no need for improvement with customer service or any procedures carried out.'
 - 'Top class service highly professional individuals who are very friendly and make you feel at ease before during and after any procedures carried out.'
-
- 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

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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