

Announced Inspection Report: Independent Healthcare

Service: MacKenzie Aesthetics, Stornoway

Service Provider: Liza MacKenzie

2 July 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 24 August 2023

Requirement

The provider must develop a risk register highlighting all risks in the service

Action taken

While the service did not have a formal risk register in place, it had identified and carried out risk assessments highlighting risks in the service. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 24 August 2023

Recommendation

The service should develop clear and measurable aims and objectives for patients to access.

Action taken

A patient information folder displayed in the treatment room contained information on the service's aims and objectives, which was accessible to patients.

Recommendation

The service should develop a process of informing patients of how their feedback has helped to improve the service.

Action taken

The service did not have a process in place to analyse patient feedback and share improvements made based on this feedback with patients. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation b on page 15).

Recommendation

The service should ensure patient know how to make a complaint should they have concerns about their experience.

Action taken

The service's website contained up-to-date information on how patients can make a complaint to the service and Healthcare Improvement Scotland.

Recommendation

The service should ensure a duty of candour report is published every year for patients to review.

Action taken

The service's duty of candour report was published on its website.

Recommendation

The service should develop a regular programme of clinical audits to demonstrate ongoing service improvement.

Action taken

While some audit activity was carried out, no formal audit programme was in place. This recommendation is reported in Domain 5: Planning for quality (see recommendation d on page 18).

Recommendation

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

Action taken

The service had identified two areas of improvement through identified risks. However, this did not contain details of the person responsible for the improvements or planned completion dates. This recommendation is reported in Domain 5: Planning for quality (see recommendation e on page 21).

Recommendation

The service should develop checklists capturing the regular cleaning of the clinic and checks on expiry dates of single-use equipment.

Action taken

We saw completed cleaning schedules in place.

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 MacKenzie Aesthetics on Thursday 2 July 2025. We spoke with the service manager who is the sole practitioner for the service during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Stornoway, MacKenzie 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 MacKenzie 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 practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view. A system should be in place to help make sure the service meets its identified aims and objectives.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. Policies and processes were up to date and reviewed when required. Medical stock was in-date and regularly reviewed.</p> <p>A more structured approach and a yearly audit programme should be implemented. Patient feedback should be reviewed in line with the service's participation policy to demonstrate how feedback is used to improve the service. A quality improvement plan should be developed.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service.</p> <p>Clinical waste must be managed in line with current guidance. Information about patients' GP, next of kin or emergency contacts must be documented in patient care records. The stair carpet must be upgraded to maintain patient safety. Details of initial consultations and treatment plans must be included in patient care records. Patient consent to share information with other healthcare professionals should be documented.</p>	Unsatisfactory

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 Liza MacKenzie 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 four requirements and five recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should ensure a system is in place to make sure the aims and objectives identified in its business plan are being met (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	
Requirements	
None	
Recommendations	
b	<p>The service should develop a formal process of formally reviewing patient feedback in line with its participation policy. Improvements made based on feedback should be shared with patients (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>

Implementation and delivery (continued)	
Recommendations	
c	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 18).</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> <p>This was previously identified as a recommendation in the August 2023 inspection report for MacKenzie Aesthetics</p>
d	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).</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> <p>This was previously identified as a recommendation in the August 2023 inspection report for MacKenzie Aesthetics</p>

Results	
Requirements	
1	<p>The provider must develop a risk assessment and ensure appropriate procedures are in place for the safe disposal of clinical waste, in line with national guidance (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Requirements	
2	<p>The provider must ensure patients' GP, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure the premises are kept in a good state of repair both externally and internally (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 10(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
4	<p>The provider must ensure patient care records contain appropriate information, detailing initial assessments and treatment plan that the practitioner carried out (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
e	<p>The service should ensure patient care records contain consent to share information with other healthcare professionals (see page 21).</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](#)

Liza MacKenzie, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at MacKenzie Aesthetics 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 practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, which were available for patients to view. A system should be in place to help make sure the service meets its identified aims and objectives.

Clear vision and purpose

The service's aims and objectives were available in a patient information folder for patients to read in the waiting area of the clinic, which included the service's values of providing a safe and professional service. It also aimed to provide natural aesthetics, providing the highest standard of treatment and meeting agreed patient outcomes.

The owner (practitioner) was an experienced registered nurse and independent nurse prescriber. While the service had a small turnover of patients at the time of our inspection, we were told it was developing a 5-year business plan. The business plan would include information on expanding in size and increasing patient numbers, as well as the treatments available and days the clinic would be open.

What needs to improve

The service had a vision of delivering a high-quality person-centred service with identified aims and objectives. However, it did not have a process in place to help make sure it was meeting the aims and objectives identified in its business plan (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a system is in place to make sure the aims and objectives identified in its business plan are being met.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. Policies and processes were up to date and reviewed when required. Medical stock was in-date and regularly reviewed.

A more structured approach and a yearly audit programme should be implemented. Patient feedback should be reviewed in line with the service's participation policy to demonstrate how feedback is used to improve the service. A quality improvement plan should be developed.

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

The service had an active website and social media pages where treatment information and costs were available, allowing patients the opportunity to review information before making contact. Patients contacted the practitioner over the telephone, the website or through social media applications with queries before and after treatment.

The service's participation policy described how it would engage with patients and how feedback would be collected and used to improve the service.

We were told that the service had many returning patients and new patients used the service after recommendations from friends and from reviews on social media sites. All consultations were appointment-only.

The initial consultation included a discussion about the patient's desired outcomes, the benefits and risks of treatment.

Feedback from patients about their overall experience of the service was gathered in several ways. Patients could provide verbal feedback directly to the practitioner, complete the electronic feedback form on the service's website or could post online reviews, including on the service's social media pages.

What needs to improve

While the methods used to gather feedback were useful, it was difficult for the service to draw conclusions that could be used to inform improvement. We found no evidence that feedback was recorded and analysed. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- communicating with patients and reviewing feedback in line with the service's participation policy
- documenting and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation b).

■ No requirements.

Recommendation b

- The service should develop a formal process of formally reviewing patient feedback in line with its participation policy. Improvements made based on feedback should be shared with patients.

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 had policies and procedures in place to support the safe delivery of person-centred care, including those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

Policies were reviewed every 2 years and were kept electronically, as well as in paper copies in an information folder for patients to view in the waiting area.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training, first aid supplies and medicines available that could be used in an emergency.

Maintenance contracts for fire safety equipment, the boiler and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly.

A clear system was in place to record and manage accident and incident reporting. The practitioner was able to describe how adverse events and incidents should be reported appropriately, including to Healthcare Improvement Scotland. We noted no incidents or accidents had been reported since the service registered with Healthcare Improvement Scotland in September 2021.

Information about how to make a complaint was available on the service's website, including details on how to contact Healthcare Improvement Scotland. The service had not received any complaints since its registration with Healthcare Improvement Scotland.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour policy was up to date and the report was available on the service website. The service had a safeguarding (public protection) policy and the practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

The service's up-to-date infection prevention and control policy referred to the standard infection control precautions it had in place in line with national guidance. This included hand hygiene, sharps management and use of personal protective equipment (PPE).

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were stored in a lockable cabinet to help maintain patients' confidentiality.

The service had a process in place for ordering medicines. Patient prescription-only medicines were not held in stock on the premises. All medications were ordered from appropriately registered suppliers and ordered for individual patients. A system was in place to record the temperature of the dedicated clinical fridge to make sure medications were stored at the correct temperature. The service had a small number of emergency medicines held in stock, which were stored appropriately and in-date.

Patient care records were in hard copies and stored in a locked cupboard in the treatment room for which the practitioner was the sole key holder. Patients had

the opportunity to have a consultation free of charge to discuss their expectations from the treatment and to allow the practitioner to make an initial assessment. The patient could have a cooling-off period to re-consider the treatment over a number of weeks. Following the treatment, patients could contact the practitioner directly if they had any concerns.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support. The practitioner was also a member of a number of aesthetic forums, such as the Aesthetic Complications Expert group (ACE) and attended aesthetic practitioner forums on social media. They subscribed regularly to aesthetic journals.

The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, and yearly appraisals. 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 for adult support and protection, equality and diversity, as well as infection control.

- No requirements.
- No recommendations.

Planning for quality

We saw some risk assessments had been carried out, including those for:

- accidents and injuries
- aesthetic complications, and
- environmental hazards.

We saw evidence of some risk assessment audits carried out every 3 months. This included audits of postures, lighting, equipment and treatment room temperatures.

The service had a contingency plan in place to help make sure patients could access aesthetic treatments from peers and aesthetic colleagues, should the service cease to operate.

What needs to improve

While some audit activity was carried out, no formal audit programme was in place to determine when audits would take place. The range of audits carried

out could also be extended to include patient care records and patient feedback (recommendation c).

The service had informally identified two areas for improvement through the risk assessment process. However, this did not contain details of the person responsible for the improvements or planned completion dates. A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents
- audits
- complaints
- education and training events, and
- patient feedback (recommendation d).

■ No requirements

Recommendation c

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Recommendation d

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

Key Focus Area: Results

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

Our findings

The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service.

Clinical waste must be managed in line with current guidance. Information about patients' GP, next of kin or emergency contacts must be documented in patient care records. The stair carpet must be upgraded to maintain patient safety. Details of initial consultations and treatment plans must be included in patient care records. Patient consent to share information with other healthcare professionals should be documented.

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 and tidy, of a high standard and well maintained. Cleaning schedules were in place and were fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection. We saw a checklist recording the expiry date of the emergency medicines that confirmed the emergency medicines were all in-date.

A good supply of single-use equipment was available, to prevent the risk of cross-infection. The service also had a good supply of PPE, including gloves, aprons and face masks. We saw appropriate sharps bins were in use.

The medical fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures every day. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We noted no medication was stored in the service on the day of our inspection. We saw a safe system in place for the procurement and prescribing of medicines.

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

- 'I felt relaxed and had complete faith in the practitioner. She explained what she would be doing as she went along. The room is well set up.'
- 'Always professional and organized.'
- 'The practitioner is very knowledgeable & skilled, I always feel comfortable.'

We were told patients were seen face-to-face in the service to carry out initial assessments. The five patient care records we reviewed were legible, accurate and up to date. Patient consent to treatment was noted on all records reviewed and the practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

What needs to improve

The service was not able to produce a clinical waste contract. We were told this was due to the clinical waste service on the island had failed to engage with the service on numerous occasions. We saw no evidence of a build-up of clinical waste containers in the service awaiting collection. The service opened only 1 day a week at the time of our inspection and did not generate a great deal of clinical waste. However, the provider must proactively source an alternative to the current process for safe disposal of clinical waste in line with national guidance (requirement 1).

While patients had consented to treatments, patient care records did not document their GP, next of kin or emergency contact details (requirement 2).

The clinic consultation room was on the first floor of a hairdressing salon. The carpeted stairs to the clinic needed an upgrade to avoid the risk of falls. This was discussed with the practitioner (owner), who told us that they had advised the owner of the salon and this would be addressed. A risk assessment must be carried out immediately (requirement 3).

Of the five patient care records we reviewed, we saw no documented evidence that a consultation or initial assessment had been carried out (requirement 4).

Patients' consent to share information with other healthcare professionals in the event of an emergency situation was not documented in patient care records we reviewed (recommendation f).

Requirement 1 – Timescale: immediate

- The provider must develop a risk assessment and ensure appropriate procedures are in place for the safe disposal of clinical waste, in line with national guidance.

Requirement 2 – Timescale: immediate

- The provider must ensure patients' GP, next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented.

Requirement 3 – Timescale: immediate

- The provider must ensure the premises are kept in a good state of repair both externally and internally.

Requirement 4 – Timescale: immediate

- The provider must ensure patient care records contain appropriate information, detailing initial assessment and treatment plan that the practitioner carried out.

Recommendation e

- The service should ensure patient care records contain consent to share information with other healthcare professionals.

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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We are happy to consider requests for other languages or formats.
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or email his.contactpublicinvolvement@nhs.scot

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