

# Announced Inspection Report: Independent Healthcare

**Service:** SkinGenius Private GP and Medical  
Aesthetics, Kirkcaldy

**Service Provider:** Heather McCallum

25 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 9 October 2020**

#### **Recommendation**

*The service should start to use disposable mops for cleaning the floors in the clinic.*

#### **Action taken**

The service was still not using appropriate mop heads for cleaning the treatment room floor. This recommendation is reported in Domain 7 (Quality control) (see recommendation f on page 19).

#### **Recommendation**

*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.*

#### **Action taken**

Although some clinical audits were now being carried out, a formal and detailed audit programme had still not been developed. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation c on page 16).

## **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 SkinGenius Private GP and Medical Aesthetics on Wednesday 25 June 2025. This service was previously known as SkinGenius Medical Aesthetics. We spoke with the owner (practitioner) during the inspection. We received feedback from 15 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Kirkcaldy, SkinGenius Private GP and Medical Aesthetics is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For SkinGenius Private GP and Medical 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>	
<b>Summary findings</b>		<b>Grade awarded</b>
The service's vision, purpose, aims and objectives were available for patients to view on its website. Although the service had identified key performance indicators, a process should be developed to ensure these key performance indicators are being met.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were fully informed about treatment options and involved in all decisions about their care. Risk assessments were carried out. A quality improvement plan and a more detailed audit programme should be developed. Patients must be made aware that they can make a complaint to Healthcare Improvement Scotland at any time.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The environment and equipment were clean and well maintained. Infection control measures were in place. Patients reported high levels of satisfaction, and told us they felt safe and cared for in the service. Patient care records were fully completed with relevant consent forms in place. Medications were in-date, and medicine checklists were fully completed.</p> <p>Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines. Appropriate cleaning products should be used.</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 Heather McCallum 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 six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should implement a process to make sure its key performance indicators are being met (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	
Requirement	
<b>1</b>	<p>The provider must update the complaints policy to include the correct contact details for Healthcare Improvement Scotland and make clear that patients can refer a complaint to us at any stage of the complaints process (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 15(6)(b)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
<b>b</b>	<p>The service should follow its participation policy and implement a process to communicate to patients how their feedback has been used to improve the service (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>
<b>c</b>	<p>The service should develop a more detailed programme of regular audits to cover key aspects of care and treatment, for example patient care records. Audits should be documented, and improvement action plans implemented (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 4.19</p> <p>This was previously identified as a recommendation in the October 2020 inspection report for SkinGenius Medical Aesthetics.</p>
<b>d</b>	<p>The service should develop and implement a quality improvement plan for this current year to formalise and direct the way it drives and measures improvement (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 4.19</p>



Results	
Requirement	
<b>2</b>	<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 – by 25 September 2025</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	
<b>e</b>	<p>The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance (see page 19).</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>
<b>f</b>	<p>The service should use appropriate cleaning equipment for cleaning the treatment room floor (see page 19).</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> <p>This was previously identified as a recommendation in the October 2020 inspection report for SkinGenius Medical Aesthetics.</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](#)

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

We would like to thank all staff at SkinGenius Private GP and Medical 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 service's vision, purpose, aims and objectives were available for patients to view on its website. Although the service had identified key performance indicators, a process should be developed to ensure these key performance indicators are being met.**

#### *Clear vision and purpose*

The service's vision and purpose 'to provide a safe, ethical and person-centred independent healthcare service' was clearly displayed on the service's website for all patients and potential patients to view.

Aims and objectives were also stated on the website to demonstrate the short, medium and longer-term plans of the service. The aims and objectives included to:

- increase appointment availability to reduce waiting times, aiming to improve patient satisfaction and care
- increase the number of staff working in the service, and
- provide an additional treatment room in the service.

The owner (practitioner) was a GP and an experienced advanced aesthetics practitioner. They were qualified to deliver minor surgical treatments and interventions.

Key performance indicators had been identified detailing how the service would monitor and measure the quality and effectiveness of the service. These included:

- customer satisfaction - by reviewing patient feedback and completing a patient satisfaction audit
- patient retention rates - by tracking and reviewing patients attending and returning for follow-up or additional appointments, and

- word of mouth - monitoring how many new patients used the service based on recommendations from existing patients who refer others.

### **What needs to improve**

Although the service had identified key performance indicators, aims and objectives, no process was in place to show how the service would measure its performance against the key performance indicators (recommendation a).

- No requirements.

### **Recommendation a**

- The service should implement a process to make sure its key performance indicators 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. Risk assessments were carried out. A quality improvement plan and a more detailed audit programme should be developed. Patients must be made aware that they can make a complaint to Healthcare Improvement Scotland at any time.**

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

We were told that a number of patients were returning patients who had used the service for many years. New patients were usually patients who had been recommended to the service by existing patients or by word of mouth, including social media reviews. All consultations were by appointment only.

Patients could contact the service in a variety of ways, including by telephone, email, text messages and online enquiries either through the service's website or social media pages.

The service's website was comprehensive, informative and included the practitioner's background, experience and qualifications. Treatments and costs were stated, and an email confirmation was sent after patients booked an appointment.

The service actively sought informal and formal feedback from patients about their overall experience of the service using a variety of methods, in line with its patient participation policy. This included verbal feedback, online review sites and bespoke patient questionnaires emailed to patients immediately after treatments. This helped to encourage patients to participate and be involved in the future direction of the service.

Any changes that led to improvements were monitored and evaluated through the patient feedback information to help inform and assure the quality of the service. For example, the service had introduced additional aesthetic treatments and minor surgical treatments based on previous patient feedback received.

### **What needs to improve**

The participation policy detailed how the service would share any improvements made with patients, and we noted some improvements had been made as a result of patient feedback. However, no process was in place to share information with patients about how their feedback had been used to help the service continually improve (recommendation b).

- No requirements.

### **Recommendation b**

- The service should follow its participation policy and implement a process to communicate to patients how their feedback has been used to improve the service.

### **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 practitioner was aware of the notification process to Healthcare Improvement Scotland and the need to notify us of certain events that occur in the service. We noted that the service had recently submitted, and had approved, a notification to deliver minor surgical treatments to patients. A clear system was in place to record and manage any accidents and incidents that may occur.

The service proactively developed and implemented policies to help ensure that patients had a safe experience in the service. Policies were reviewed every 2 years, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of adults and children.

Arrangements were in place to deal with medical and aesthetic emergencies, including emergency medicines available for patients who may experience aesthetic complications following treatment. We saw regular, documented checks carried out for all emergency equipment in the service. We noted that the practitioner had carried out advanced life support and anaphylaxis training, and specific aesthetic complications training.

Maintenance contracts for fire safety equipment, oxygen therapy and the fire detection system were up to date. Appropriate signage was in place to advise of the location of the oxygen cylinder. Electrical and fire safety checks were monitored regularly.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection, where appropriate.

The service's complaints policy was available in the service. At the time of our inspection, the service had not received any complaints since it was registered with Healthcare Improvement Scotland in May 2018.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The most recent duty of candour report was available on the service's website. We noted that the service had no duty of candour incidents for the previous year.

Patients received information about their treatment electronically before their appointment. On the day of treatment, patients had a face-to-face consultation with the practitioner where they completed a consent form, which was signed by both the patient and practitioner. An appropriate cooling-off period was included to allow them time to consider the treatment options. A comprehensive assessment took place which included a full medical history, as well as current medications. Where appropriate, aftercare leaflets were provided which included the service's contact details. We saw examples of aftercare instructions, such as guidance following steroid injection treatments.

If patients experienced an adverse event following treatment, they could contact the practitioner by telephone outwith clinic times and emergency appointments were offered, if required. This information was detailed in the aftercare leaflets and discussed with patients during and after treatments.

Patient care records were stored on an electronic and password-protected system. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service worked in line with data protection regulations.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This is how doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues.

The practitioner maintained supportive professional relationships with other independent healthcare peers and NHS services as part of shared patient care arrangements.

### **What needs to improve**

Although the service had recently updated all of its policies and procedures, the complaints policy did not have the correct details for patients to contact Healthcare Improvement Scotland or advise that they could contact Healthcare Improvement Scotland at any stage of the process (requirement 1).

### **Requirement 1 – Timescale: immediate**

- The provider must update the complaints policy to include the correct contact details for Healthcare Improvement Scotland and make clear that patients can refer a complaint to us at any stage of the complaints process.
  
- No recommendations.

### ***Planning for quality***

Appropriate risk assessments were in place to effectively manage risk in the service including those for:

- contingency planning
- data protection
- fire
- infection prevention and control, and
- ventilation.

A business continuity plan described the steps that the service would take to protect patient care if an unexpected event happened, such as the service closing. Arrangements were in place with other services in the surrounding areas to treat patients, if required.

We saw evidence of some audits carried out by the service on a regular basis. This included patient satisfaction, medicines governance, adverse events and some clinical audits.

### **What needs to improve**

We noted some clinical audit activity was carried out, and a very limited audit programme was in place. However, the programme did not include details of the frequency of audits, and was limited in its scope. For example, the range of audits carried out could be extended to include patient care records. This will ensure the service covers all key aspects of care and treatment (recommendation c).

Although we saw evidence of a quality improvement plan for the previous year (Apr.2024-Apr.2025), this had not been updated or a new quality improvement plan developed for this current year. A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from audits, complaints, accidents and incidents, patient feedback, and education and training events. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation d).

- No requirements.

### **Recommendation c**

- The service should develop a more detailed programme of regular audits to cover key aspects of care and treatment, for example patient care records. Audits should be documented, and improvement action plans implemented.

### **Recommendation d**

- The service should develop and implement a quality improvement plan for this current year 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 and equipment were clean and well maintained. Infection control measures were in place. Patients reported high levels of satisfaction, and told us they felt safe and cared for in the service. Patient care records were fully completed with relevant consent forms in place. Medications were in-date, and medicine checklists were fully completed.**

**Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines. Appropriate cleaning products should be used.**

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.

We saw the service was clean and tidy, of a high standard and well maintained. Daily cleaning schedules were fully completed and up to date. A good supply of personal protective equipment was readily available. A clinical waste contract was in place, and clinical waste and used sharps equipment was stored securely and disposed of appropriately. We saw a good supply of antibacterial hand wash and disposable paper hand towels.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning that took place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Room was spacious, clean, all looked clinically as if in a 'hospital' or dr's practice-type surrounding. Familiar but friendly.'
- 'The room was immaculate and very sterile as was the equipment.'

The medical refrigerator was clean and in good working order. A temperature-recording logbook was fully completed and up to date. This was used to record fridge temperatures every day to make sure medicines were stored at the correct temperature. We saw evidence of good standards of medicines management in line with the service's medicine management policy. This included a safe system for the procurement and prescribing of medicines, as well as completed records of stock checks, and medicines prescribed and used for treatments in the service.

We reviewed five electronic patient care records. Patients completed an electronic form before their consultation which contained full details of their past medical history and allergies. We saw evidence that this was then discussed and documented in the patient care record at their initial consultation with outcomes and proposed treatment plans. This included a discussion to make sure patients had realistic expectations and agree the most suitable options available to them. We were told treatment costs were discussed during the initial consultation. We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits. Consent was also obtained for taking photographs. Signatures of both patients and the practitioner were noted on all documentation. A record of treatment and batch numbers including expiry dates for medicines used was also included in the patient care record. We were told that patients were given verbal and written advice after their treatments, including information about contacting the practitioner out of hours and this was recorded in their notes.

Feedback from our online survey was very positive about the experience patients had in the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Comments included:

- 'This service totally suited my needs.'
- 'Efficient and done with experience and skill.'
- 'I had choice about what treatment I underwent and made a decision based on what I felt was best for me.'
- 'It was explained so clearly, I couldn't help but know!'

### **What needs to improve**

We were told 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 is therefore termed as unlicensed use. We were told this provided better pain relief for patients. There was no evidence in the patient care records we reviewed that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients or that consent had been sought before treatment was administered (requirement 2).

Sanitary fittings, including clinical wash hand basins, were not being cleaned using a chlorine-releasing disinfectant and detergent product, in line with national infection prevention and control guidance (recommendation e).

We found that the service was still not using appropriate mop heads for cleaning the treatment room floor. At the previous inspection in October 2020, we had advised the service to use single-use mop heads or mop heads which were machine washable at recommended temperatures, in line with national infection prevention and control guidance (recommendation f).

Although all patient care records we reviewed had patients' GP details recorded, there was no next of kin or emergency contact recorded. We discussed this with the practitioner who told us that this was an issue with the new software system as this information had previously been documented. The practitioner assured us they would contact the software provider to ensure this information will be captured going forward. We were told the practitioner would also be contacting the software provider as consent forms were not easily located on the new software system. We discussed with the practitioner that implementing an audit of patient care records would help to identify any gaps in record keeping. We will follow this up at future inspections.

#### **Requirement 2 – Timescale: by 25 September 2025**

- 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 ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins, in line with national guidance.

#### **Recommendation f**

- The service should use appropriate cleaning equipment for cleaning the treatment room floor.

## 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](http://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](mailto:his.ihtregulation@nhs.scot)

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