

Announced Inspection Report: Independent Healthcare

Service: Aspyre Aesthetics, Glasgow

Service Provider: Marianne Sheridan

18 July 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 3 May 2023

Recommendation

The service should provide information for patients on how to make a complaint.

Action taken

A poster with information about how to make a complaint was displayed in the service, as well as a link to this information on the service's social media pages.

Recommendation

The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed.

Action taken

Only some of the service's policies and procedures had been reviewed since our last inspection. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation d on page 18).

Recommendation

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

Action taken

Although a list of audits had been developed, no audits had been carried out at the time of the inspection, and no audit programme was in place. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 19).

Recommendation

The service should ensure that patient care records are fully completed.

Action taken

We were unable to view the full patient care records at the time of our inspection. This recommendation is reported in Domain 7 (Quality control) (see requirement 2 on page 21).

Recommendation

The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.

Action taken

As we were unable to view patient care records in full during the inspection, this recommendation will be carried forward.

Recommendation

The service should document what aftercare has been provided in the patient care record.

Action taken

As we were unable to view patient care records in full during the inspection, this recommendation will be carried forward.

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

Although the service had now developed a quality improvement plan, it was limited in detail and did not include details of the action planned and completion dates. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation f on page 19).

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 Aspyre Aesthetics on Friday 18 July 2025. We spoke with the manager (practitioner) during the inspection. We received feedback from three patients through an online survey we had asked the service to issue to its patients for us before the inspection and another two patients emailed us directly.

Based in Glasgow, Aspyre Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector and a pharmacy analyst.

What we found and inspection grades awarded

For Aspyre 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
Although key performance indicators had been developed, no process was in place to show how well the service was performing against these. The service's aims and objectives should be available for patients to view.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients told us they were fully informed and very happy with their experience, with a high number of returning patients. A variety of policies and processes helped support safe care. A risk management process must be developed and risk assessments completed. The service user participation policy should reflect how patient feedback is gathered and reviewed. An audit programme should be developed, and the quality improvement plan should be further developed to help support the service to continually improve. All policies and procedures should be regularly reviewed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. Appropriate infection control measures were in place. Patients reported good levels of satisfaction and told us they felt safe in the service. Patient care records must be fully completed and available for viewing by authorised persons. An effective stock checking system must be in place to ensure all medicines are in date and safe to use, and the fridge temperatures recorded.		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 Marianne Sheridan 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 eight recommendations, and two recommendations have been carried forward from the May 2023 inspection.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that information about the service's aims and objectives is available to patients (see page 14).</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>

Direction (continued)	
Recommendations	
b	<p>The service should implement a process for monitoring and measuring the service against the key performance indicators and record the outcomes (see page 14).</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	
1	<p>The provider must develop effective systems that demonstrate the proactive management of risks in the service, including carrying out risk assessments (see page 19).</p> <p>Timescale – by 10 November 2025</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
c	<p>The service should review and update the service user participation policy to outline how feedback received from patients will be reviewed and evaluated, and how patients will be informed of any improvements made (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 4.8</p>
d	<p>The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed (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 4.11</p> <p>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>

Implementation and delivery (continued)	
Recommendations	
e	<p>The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (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 4.19</p> <p>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>
f	<p>The service should further develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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 4.19</p> <p>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>
g	<p>The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (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 4.14</p>

Results	
Requirements	
2	<p>The provider must ensure that patient care records are fully completed so that safe care of patients can be demonstrated (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)(c)(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> <p>This was previously identified as a recommendation in the May 2023 inspection report for Aspyre Aesthetics.</p>

Results (continued)	
Requirements	
3	<p>The provider must ensure that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(2)(a)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>
4	<p>The provider must ensure an effective system is in place for monitoring all medicines in stock to ensure they remain in date (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
h	<p>The service should monitor fridge temperatures daily to comply with national guidance for temperature-sensitive medicines (see page 21).</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>

Recommendations carried forward from our May 2023 inspection

Recommendations
<p>The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.</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>
<p>The service should document what aftercare has been provided in the patient care record.</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</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](#)

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

We would like to thank all staff at Aspyre 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

Although key performance indicators had been developed, no process was in place to show how well the service was performing against these. The service's aims and objectives should be available for patients to view.

Clear vision and purpose

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. No other staff worked in the service.

The service's aims and objectives included:

- providing expert care
- creating a safe, comfortable environment for patients
- building trust through honest consultations, and
- developing personalised tailored treatment plans.

A business plan had been developed which provided information about the service's target market, business objectives and marketing strategies. The service had recently developed key performance indicators to help identify and measure the effectiveness of the quality of the service provided. These included new patient numbers, booked appointment rates, patient satisfaction scores and treatment complication rates.

What needs to improve

The service did not have a website and used social media. The aims and objectives were not available for patients to view either online or displayed in the service (recommendation a).

Although key performance indicators had recently been developed, no process was in place to measure performance against the key performance indicators to show how the service was performing (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about the service's aims and objectives is available to patients.

Recommendation b

- The service should implement a process for monitoring and measuring the service against the key performance indicators and record the outcomes.

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 told us they were fully informed and very happy with their experience, with a high number of returning patients. A variety of policies and processes helped support safe care.

A risk management process must be developed and risk assessments completed. The service user participation policy should reflect how patient feedback is gathered and reviewed. An audit programme should be developed, and the quality improvement plan should be further developed to help support the service to continually improve. All policies and procedures should be regularly reviewed.

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

Patients could contact the service directly over the telephone, or through social media.

A service user participation policy was in place. This detailed how the service would gather feedback from patients. Patients could give feedback in person or through online reviews. We were told and saw online reviews that feedback received was always positive.

The practitioner told us the service had a high patient retention rate and that they took pride in building relationships with patients. They also told us they used a shared decision-making model when planning patients' treatment. This meant that the patient was fully involved in any decisions about the treatment options, and that they received the best care outcomes.

All patient feedback we reviewed was positive. Patients that responded to our online survey told us they were very happy with their experience of using the service. Comments included:

- 'I have had different treatments... and I always enjoy the experience in the full knowledge that the treatments are completed to a high level with full professionalism. I wouldn't hesitate to recommend... '
- 'Professional from start to finish and an overall excellent experience.'

What needs to improve

The service user participation policy did not include information on how patient feedback would be reviewed, and what method would be used to inform patients of any changes made to the service as a result of feedback received (recommendation c).

- No requirements.

Recommendation c

- The service should review and update the service user participation policy to outline how feedback received from patients will be reviewed and evaluated, and how patients will be informed of any improvements made.

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 when and how to notify Healthcare Improvement Scotland of any changes or incidents that may occur in the service, in line with our notifications guidance. An incident reporting process was in place, although we noted no accidents or incidents had occurred in the service since it was registered with Healthcare Improvement Scotland in June 2018.

A variety of policies and processes was in place to help support safe care. This included:

- medicine management
- management of emergencies, and
- safeguarding (public protection).

The infection prevention and control policy included relevant standard infection control precautions in place to help prevent the risk of infection. This included information about hand hygiene, use of personal protective equipment (such as aprons and gloves) and management of blood spills.

The complaints policy included information about contacting Healthcare Improvement Scotland at any time and our contact details. Information about how to make a complaint was displayed in the service. The service had not received any complaints since registration with Healthcare Improvement Scotland, and we had not received any complaints about the service.

Duty of candour is where organisations have a duty to be open and honest with patients when something goes wrong. The service had an up-to-date duty of candour policy and an annual report was published to the service's social media account. No duty of candour incidents had occurred since the service's registration with Healthcare Improvement Scotland.

Medicines were obtained from an appropriately registered pharmacy registered with the General Pharmaceutical Council (GPhC), and the practitioner was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These include updates on medicines and medical devices if they are recalled or have safety issues, and safety information notifications. Emergency medicine was stored in the service and the practitioner was trained in basic life support.

Electronic patient care records were stored securely on a password-protected tablet device. 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 it worked in line with data protection regulations.

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

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

Patients who completed our online survey told us they felt fully informed:

- 'I was well informed of my treatment before during and after. Also followed up the next day to make sure all was well.'
- 'Great information for pre, during and post procedure. The information given was easy to understand and follow.'

We were told that the practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending courses and following best practice guidance updates. The practitioner engaged in regular continuing professional development by also retaining their career in NHS emergency medicine and had completed their revalidation as part of their NMC registration process. Their NHS work also allowed them to keep up to date with appropriate training, such as for adult support and protection, equality and diversity, and infection control.

What needs to improve

We found that only some of the service's policies and procedures had been reviewed since our last inspection. All policies lacked general administrative details, for example effective from and review dates, and version number. Some policies also lacked specific details or did not reflect what happened in the service, for example the medicine management policy did not state the dose given had to be documented in the patient care record and the management of emergencies policy still referred to a separate prescriber (recommendation d).

- No requirements.

Recommendation d

- The service should review all policies and procedures on a regular basis to ensure each one accurately reflects practice in the service, and that current legislation and best practice is always being followed, with the appropriate version control and review dates listed.

Planning for quality

The service had an up-to-date fire risk assessment, and appropriate fire extinguishers and fire signage were in place. Annual portable appliance testing on electrical appliances was carried out.

We noted that a quality improvement plan had recently been developed. Appropriate indemnity and public insurance was in place.

What needs to improve

Aside from the fire risk assessment, no other risk assessments were in place to protect patients and the practitioner. A risk management process would demonstrate that all risks had been considered and help to make sure the service was safe. Risk assessments must be completed, addressing all possible risks in the service. For example:

- lone working
- management of sharps injuries, and
- trips and falls (requirement 1).

The service had recently developed a list of audits which included patient care records, medicine management, and the safety and maintenance of the care environment. However, we found no evidence of a frequency plan or any audits taking place to review the safe delivery and quality of the service. An audit programme which would help the service structure, its audit process, record findings and improvements made (recommendation e).

The quality improvement plan was limited in detail, and did not include details of the action planned and completion dates. A formal and more detailed quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- audits
- education and training events, and
- patient feedback (recommendation f).

No contingency plan was in place. This would help to make sure patients could continue their treatment plans in case of events that may cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness (recommendation g).

Requirement 1 – Timescale: by 10 November 2025

- The provider must develop effective systems that demonstrate the proactive management of risks in the service, including carrying out risk assessments.

Recommendation e

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

Recommendation f

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

Recommendation g

- The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

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. Appropriate infection control measures were in place. Patients reported good levels of satisfaction and told us they felt safe in the service.

Patient care records must be fully completed and available for viewing by authorised persons. An effective stock checking system must be in place to ensure all medicines are in date and safe to use, and the fridge temperatures recorded.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

The 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 used and were being stored appropriately. Personal protective equipment and alcohol-based hand rub was also available. A clinical waste contract was in place and waste was being disposed of correctly.

Patients who completed our online survey said they felt safe and that they were satisfied with the cleaning that took place to reduce the risk of infection. All patients stated the clinic was clean and tidy. Comments included:

- 'Immaculate, fresh, clean, bright and welcoming.'
- 'A lovely clean and fresh treatment space.'
- 'The clinic is immaculate and always such a pleasure to visit.'

We reviewed two patient care records and saw that each one included the patient's name, address, contact details, date of birth and GP details.

What needs to improve

As the practitioner was unable to allow us access to the patient care record system on the day of the inspection, we were unable to fully review the patient care records. This meant we were unable to confirm whether patient care records were being fully completed and included information about the consultation, patient medical history, treatment plan and medications given as well as next of kin details (requirement 2).

Registered services must provide Healthcare Improvement Scotland with access to relevant documentation when requested, in line with the regulations for inspection (requirement 3).

No stock checking system for medicines was in place and we found a number of room temperature drugs were out of date, including an emergency drug (requirement 4).

Although medicines were stored in an appropriate fridge, the absence of a temperature recording log meant the service could not verify that storage conditions remained within the correct range (recommendation h).

Requirement 2 – Timescale: immediate

- The provider must ensure that patient care records are fully completed so that safe care of patients can be demonstrated.

Requirement 3 – Timescale: immediate

- The provider must ensure that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection.

Requirement 4 – Timescale: immediate

- The provider must ensure an effective system is in place for monitoring all medicines in stock to ensure they remain in date.

Recommendation h

- The service should monitor fridge temperatures daily to comply with national guidance for temperature-sensitive medicines.

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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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