



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Angel Face Aesthetics, Glasgow

**Service Provider:** Angel Face Aesthetics Limited  
Provider Name

5 August 2025

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## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>11</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>23</b>
<hr/>		

## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 14 October 2020**

#### **Recommendation**

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

#### **Action taken**

A programme of audits had not been developed. This recommendation is reported in Domain 5: Planning for quality (see recommendation b 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 Angel Face Aesthetics on Tuesday 5 August 2025. We spoke with the manager (practitioner) and one staff member during the inspection. We received feedback from 29 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Angel Face 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 Angel Face 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
<p>The service had a clear mission statement which set out the key aims and objectives for the service. Staff were clear about their roles and responsibilities and described the manager (practitioner) leadership as fair, visible and approachable.</p> <p>A system should be in place to measure the service's performance against key performance indicators.</p>		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. This also included clear systems and processes to monitor and manage complaints and risk. Processes were in place to make sure medicines were handled safely and securely.</p> <p>A process for contributing to and obtaining appraisals from NHS-employed staff should be developed. A regular programme of audits should be introduced to help the service continuously improve. A quality improvement plan should be developed and implemented.</p>		✓ Satisfactory

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Summary findings		Grade awarded
<p>The clinic environment and equipment was clean and well maintained, with good infection control measures in place. A clear patient pathway from assessment to aftercare could be seen. Safe recruitment processes were in place. Patients were very positive about their experience.</p> <p>Patients' next of kin details and consent for sharing information with patients' GPs and other healthcare professionals in an emergency must be documented in the patient care record. Correct cleaning products for cleaning sanitary fittings (including clinical wash hand basins) should be used in line with national guidance.</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 Angel Face Aesthetics Limited 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 four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should implement a process for measuring, recording and reviewing key performance indicators (see page 12).</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 ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges from their respective NHS employer (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>



Implementation and delivery (continued)	
Recommendations	
<b>b</b>	<p>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 (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>
<b>c</b>	<p>The service should 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>

Results	
Requirement	
<b>2</b>	<p>The provider must ensure patients' next of kin details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record (see page 22).</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>
Recommendation	
<b>d</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 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Angel Face Aesthetics Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Angel Face 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 had a clear mission statement which set out the key aims and objectives for the service. Staff were clear about their roles and responsibilities and described the manager (practitioner) leadership as fair, visible and approachable.**

**A system should be in place to measure the service's performance against key performance indicators.**

#### *Clear vision and purpose*

The service had a mission to provide safe, personalised care in a professional environment. It aimed to empower and enhance the confidence and wellbeing of patients through providing safe, ethical and natural-looking aesthetic treatments in a calm and professional environment. This information was displayed to patients in the treatment room.

The service had a defined set of aims and objectives to help it achieve its vision and purpose:

- Build a loyal client base through providing consistent results and outstanding service.
- Offer treatments with integrity and transparency. Give honest and open advice, even if this means no treatments carried out if it is in the patient's best interest.
- To establish a trusted brand associated with excellence, safety and patient satisfaction.
- To maintain ethical, professional and inclusive practices in all patient interactions.
- To offer high-quality, evidence-based aesthetic treatments in a safe and welcoming environment.

### **What needs to improve**

The service had identified key performance indicators to help measure and evaluate how well it was performing. The key performance indicators included:

- patient satisfaction
- provision of new treatments, and
- returning patients.

However, the service had not started to measure the key performance indicators to provide reassurance that its mission was being met (recommendation a).

- No requirements.

### **Recommendation a**

- The service should implement a process for measuring, recording and reviewing key performance indicators.

### ***Leadership and culture***

The service is owned and managed by the manager (practitioner) an independent nurse prescriber who was also an experienced aesthetics practitioner. A nurse practitioner who was also a prescriber worked in the service under a practising privileges agreement (staff not directly employed by the provider but given permission to work in the service). All clinical staff were registered with their professional regulator, the Nursing and Midwifery Council (NMC).

The manager (practitioner) told us that they held regular informal catch ups with the staff member. This provided opportunities for discussions about current and ongoing priorities in the service, with patient care updates on service changes. It also allowed the staff member to hear feedback about their performance and to identify future training opportunities.

Policies were in place describing the procedure for staff to raise concerns, including a bullying and harassment policy.

Staff we spoke with were clear about their roles and responsibilities and how to discuss any concerns or raise areas for improvement in the service. They spoke positively about the leadership and support provided. Staff told us they had been regularly kept up to date with any changes, such as updated policies and procedures. They also described the manager (practitioner) leadership as fair,

visible and approachable. The staff member was encouraged to attend conferences and training sessions to develop their skills.

- No requirements.
- No recommendations.

## Key Focus Area: Implementation and delivery

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

### Our findings

**Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. This also included clear systems and processes to monitor and manage complaints and risk. Processes were in place to make sure medicines were handled safely and securely.**

**A process for contributing to and obtaining appraisals from NHS-employed staff should be developed. A regular programme of audits should be introduced to help the service continuously improve. A quality improvement plan should be developed and implemented.**

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

Key information about the treatments offered, including risks and benefits, was sent to patients before treatment through the service's online software system.

The service had a patient participation policy in place and actively encouraged patient feedback. We saw a variety of ways that patients could provide input into how the service continued to develop. Patients were encouraged to provide verbal feedback at any time during treatment and could provide feedback through text or the services online software system if they wished. We saw evidence that patient feedback was regularly reviewed and that feedback was consistently very positive.

#### **What needs to improve**

The service had recently introduced a more structured approach to gathering patient feedback. This included creating a QR code to link directly to a questionnaire. This allowed patients to scan the code and be immediately directed to answer questions. Questions focused on:

- aftercare
- cleanliness
- professionalism, and
- responsive care.

However, the impact of this engagement with patients had not been measured at the time of our inspection. We will follow this up at future inspections.

- No requirements.
- No recommendations.

### ***Quality improvement***

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The manager (practitioner) recognised the importance of people's dignity and respect. All consultations were by appointment and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room meant patients' privacy and dignity was not compromised.

All patients who responded to our online survey agreed they were treated with dignity and respect. Comments included:

- 'Always treated respectfully in relation to discussing needs, possible solutions and in carrying out treatments.'
- 'Very respectful and ensured all my questions were answered.'
- 'Yes, I felt I was treated with complete dignity and respect throughout the entire process. The practitioner was professional, attentive, and made sure I was comfortable and well informed at every stage of the procedure.'

The landlord was responsible for managing the servicing and maintenance of the building, including fixed electrical safety and fire safety.

Patients completed the first part of their patient care record before their consultation, which included medical history consultation form and consent form. Staff reviewed the completed forms before the patient's face-to-face consultation to assess their suitability for treatment.

All patients had a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. Patients were involved in planning their treatment. During their consultation appointment, discussions took place about the risks and benefits, costs and likely outcome of the desired treatment. Consent from patients was discussed and the patient and practitioner signed the consent form. Patients were given time to consider treatment options and ask questions before

agreeing to treatment. This helped to make sure patients had realistic expectations of the proposed treatment.

As part of their treatment plan, patients were invited to attend a follow-up appointment. This allowed the service to make sure patients were happy with the results and provide any additional treatment or advice.

Written aftercare advice was provided before treatment and verbal aftercare advice at the time of treatment. This was documented in the patient care record. Patients were also given the service's contact details in case of any complications.

All patients who responded to our online survey agreed they were involved in decisions about their care and treatment and were given sufficient time to reflect on their treatment options before consenting to treatment. Comments included:

- 'Yes, I felt fully involved in all decisions regarding my care and treatment. The practitioner took the time to explain the options available, listened to my preferences, and made sure I was comfortable with the plan before proceeding.'
- 'Always a full discussion prior to treatment with advice on likely outcomes and /or possible side effects provided to allow for informed decision.'
- '... made me feel fully informed and comfortable with the care and treatment.'

Patient care records were in electronic format. Appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

Safe management processes were in place for ordering, storing, prescribing and administering all medicines. All medicines were obtained from appropriately registered suppliers and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Medicines were stored securely in a locked medical refrigerator. A system was in place to monitor the temperature of the fridge to make sure medicines were stored at the correct temperature. An effective stock control and rotation system allowed the service to regularly monitor the medicines supply.

A first aid kit and emergency medication were available along with emergency protocols to quickly deal with any medical emergencies, such as a complication



or adverse reaction from treatment. The manager (practitioner) had been trained to deliver advanced life support in the event of a medical emergency.

The service kept a register of its policies and procedures. All were in-date, reviewed and updated regularly to reflect current legislation and best practice. We saw that some of the policies in place included those for:

- consent
- infection control, and
- medicines management.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the waiting area. The service had not received any complaints since it had registered with Healthcare Improvement Scotland in April 2018.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A yearly duty of candour report was available in the treatment room. The most recent report showed that no duty of candour incidents had occurred. A safeguarding (public protection) policy described the actions to take in case of an adult protection concern.

While the service had not had any incidents or accidents since registration, systems were in place to record any that may occur. The manager (practitioner) was aware of their responsibility to notify Healthcare Improvement Scotland of certain events in line with our notification guidance and relevant incidents under health and safety legislation.

The service's practicing privileges policy and signed agreement highlighted the requirements for any staff working under practicing privileges. For example, making sure staff were appropriately qualified and that the appropriate recruitment checks were completed. We saw appropriate insurance was in place and the staff member had been checked under the Protecting Vulnerable Groups (PVG) scheme from Disclosure Scotland.

The manager (practitioner) and the staff member working under practicing privileges worked in the NHS and engaged in regular continuing professional development through the NMC registration and revalidation process. 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.

The service had a focus on continuous learning and improvement. The manager (practitioner) had completed a leadership training course and training in skin care treatments.

The service also attended regular conferences and training days. This helped the service keep up to date with:

- best practice
- changes in legislation
- current product knowledge, and
- techniques

### **What needs to improve**

The manager (practitioner) spoke regularly with the staff member. However, the service did not have a process in place for contributing to appraisals for staff members working under practicing privileges. We also did not see a process in place for the service obtaining appraisals for practicing privileges staff from their NHS employers. This would allow the service to determine that an appraisal had been completed and to see the supporting evidence required for effective governance oversight of staff (requirement 1).

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

- The provider must ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges from their respective NHS employer.
- No recommendations.

### **Planning for quality**

Reliable systems were in place to manage risk and the service maintained a register of practice-associated risks and their impact. We saw a variety of current risk assessments were in place to protect patients and staff. This included fire safety, lone-working and moving and handling. Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been regularly reviewed and that all necessary action plans were in place.

The service had a contingency plan in place to make sure patients could access aesthetic treatments from peers and aesthetic colleagues should the service become unavailable for any reason.

### **What needs to improve**

We found no evidence of audits taking place to review the safe delivery and quality of service. For example, audits could be carried out on:

- medicines management
- patient care records, and
- the safety and maintenance of the care environment.

An audit programme would help the service structure its audit process, record findings and improvements made (recommendation b).

The service did not have a quality improvement plan in place. This would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation c).

- No requirements.

### **Recommendation b**

- 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.

### **Recommendation c**

- 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 clinic environment and equipment was clean and well maintained, with good infection control measures in place. A clear patient pathway from assessment to aftercare could be seen. Safe recruitment processes were in place. Patients were very positive about their experience.**

**Patients' next of kin details and consent for sharing information with patients' GPs and other healthcare professionals in an emergency must be documented in the patient care record. Correct cleaning products for cleaning sanitary fittings (including clinical wash hand basins) should be used in line with national guidance.**

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

The clinic environment and equipment was clean, well maintained and in a good state of repair. Daily cleaning schedules were fully completed and up to date.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps, such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). Appropriate personal protective equipment (such as disposable gloves and aprons) were available.

All patients who responded to our online survey were satisfied with the facilities and equipment in the service. Comments included:

- 'I was very satisfied with the facilities and equipment. The environment was clean, well organised, and felt professional, which helped me feel confident and at ease during my treatment.'
- 'Very clean and professional.'

We reviewed three patient care records and saw evidence of comprehensive record keeping. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Patient information included a full medical history, with details of:

- any health conditions
- medications, and
- previous treatments.

Any areas which would highlight risks associated with treatment, such as pregnancy or previous allergic reactions were also documented. Patients' GP details and consent to having their photograph taken were documented. Records were kept of each treatment session and helped to inform the overall plan of care, such as:

- diagrams
- photographs of the treated area, and
- skin assessments.

Dosage and medicine batch numbers were also recorded for each treatment. This would allow tracking if any issues arose with the medications used.

Feedback from our online survey was very positive about the experience patients had at the service. Comments included:

- 'The service is professional, welcoming, and informative. What works particularly well is the way the practitioner takes time to explain procedures clearly, answer any questions, and ensure you're comfortable and confident throughout. The environment is clean and calming, and appointments are well organised, making the overall experience smooth and reassuring.'
- 'I had full confidence that the staff had the right knowledge and skills to carry out my treatment. They demonstrated professionalism and expertise throughout, which made me feel safe and well cared for.'
- 'Felt very at ease and very happy with the service.'

### **What needs to improve**

Patients' next of kin details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency was not recorded in the patient care record (requirement 2).

The service did not use the correct cleaning products for cleaning sanitary fittings, including its clinical wash hand basin (recommendation d).

### **Requirement 2 – Timescale: immediate**

- The provider must ensure patients' next of kin details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record.

### **Recommendation d**

- 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.

## 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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