Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Beautiform Aesthetics, Glasgow

Service Provider: Beautiform Aesthetics Ltd

3 September 2025

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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www.healthcareimprovementscotland.scot

Contents

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 ensure that all control measures that are in place for the management of Covid-19 are reflected in the service's risk assessment documentation.

Action taken

This recommendation is no longer applicable as it related to Scottish Government COVID-19 guidance at the time of that inspection.

Recommendation

The service should ensure that the patient screening questionnaire and Covid-19 consent to treatment form is revised in line with current guidance.

This recommendation is no longer applicable as it related to Scottish Government COVID-19 guidance at the time of that inspection.

Recommendation

The service should ensure that patients are provided with written information about Covid-19 risks and precautions prior to their appointment.

Action taken

This recommendation is no longer applicable as it related to Scottish Government COVID-19 guidance at the time of that inspection.

Recommendation

The service should ensure that patients are screened for Covid-19 the day before and on the day of their appointment. This will minimise the risk of cross-infection.

Action taken

This recommendation is no longer applicable as it related to Scottish Government COVID-19 guidance at the time of that inspection.

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 Beautiform Aesthetics on Wednesday 3 September 2025. We spoke with the manager/practitioner during the inspection. We received feedback from 14 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Beautiform Aesthetics is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Beautiform Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's vision was displayed in the clinic to be easily viewed by patients and key performance indicators were used to regularly assess and improve the service's performance. A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care, including regular staff meetings.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. The service had good communication and engagement with patients, staff and stakeholders. Detailed policies and procedures helped to support the safe delivery of care. Clear procedures were in place for managing complaints. Comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, helped ensure the quality of care provided. The service had refurbished its new premises to a high standard, including the use of digital safety technology and internal communication systems, and enhanced lighting. The manager carried out extensive professional development and shared this with patients and other aesthetic colleagues, including involvement and participation in new aesthetic education courses.	✓✓✓ Exceptional
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment and patient equipment appeared clean, and equipment was fit for purpose and was regularly maintained. Comprehensive employment checks ensured that all staff were safe to work in the service. Patient care records were fully completed and included detailed patient consultations. Patients were very satisfied with their care and treatment and said they often recommended the service. Privacy and dignity should be maintained for patients in the clinic rooms. Patient care records should include consent for sharing information with other healthcare professionals, if required.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect Beautiform Aesthetics Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two recommendations.

Results	
Requirements	
None	
Recommendations	
a	The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required (see page 21). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Results (continued)
Recommendations
b The service should ensure the privacy of patients when undergoing treatment (see page 21). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.1

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: Find an independent healthcare provider or service – Healthcare Improvement Scotland

We would like to thank all staff at Beautiform 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service's vision was displayed in the clinic to be easily viewed by patients and key performance indicators were used to regularly assess and improve the service's performance. A well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care, including regular staff meetings.

The service was owned and managed by a nurse prescriber who was registered with the Nursing and Midwifery Council (NMC).

The service's vision was to 'deliver compassionate, inclusive and responsive care… while supporting the wellbeing of every individual'. This was displayed in the clinic for patients to see.

The service had set a number of aims and objectives, including:

- educating patients and other healthcare professionals in safe practice in aesthetics
- financial objectives
- building a sustainable business, and
- patient satisfaction.

We saw that the service regularly reviewed its performance against these aims and objectives, for example using software generated reports to report on returning patients. A recent report showed 89% of patients were returning patients to the service. We also saw that the service used patient feedback as part of its performance measurement. The service told us the clinic was performing well and objectives were under constant review.

- No requirements.
- No recommendations.

Leadership and culture

A range of healthcare professionals worked in the service under practicing privileges (staff not directly employed by the provider but given permission to work in the service). This included:

- independent prescribing nurse practitioners
- aesthetic nurse practitioners
- dentists
- surgeons, and
- surgical nurses.

The manager had a well-defined role, with clear responsibilities and support arrangements in place for all staff. This helped to provide assurance of safe and consistent patient care and treatment. An independent human resources company was employed to offer support to the management team and staff. This included offering services such as employment law advice.

A governance structure included how staff met together. Monthly online team meetings were held so that all staff could participate. These meetings had a different agenda every month depending on the needs of the service at the time. Common topics for discussion included:

- patient and staff feedback
- staff training and development needs
- audit results, and
- new treatments being offered in the service.

We reviewed recent agendas and minutes for these meetings and saw good attendance from staff. Minutes also showed that staff could express their views freely and could make suggestions to improve the service. Actions plans from the meetings were shared with staff.

The manager was a regional leader of the British Association of Medical Aesthetic Nurses and a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners regularly report on any aesthetic complications and difficulties encountered, and the potential solutions. It also provides learning opportunities and support for its members.

The manager was also the director of the Scottish Medical Aesthetics Safety Group and actively took part in their activities. We noted that the service had received a commendation award voted for by other aesthetic industry leaders.

- 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
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. The service had good communication and engagement with patients, staff and stakeholders. Detailed policies and procedures helped to support the safe delivery of care. Clear procedures were in place for managing complaints. Comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, helped ensure the quality of care provided. The service had refurbished its new premises to a high standard, including the use of digital safety technology and internal communication systems, and enhanced lighting. The manager carried out extensive professional development and shared this with patients and other aesthetic colleagues, including involvement and participation in new aesthetic education courses.

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

Information was shared with patients in a variety of ways. The service's website included a wide range of information on all treatments available in the service. After booking an appointment, patients received information about the treatment requested. Information was also available to patients on the service's social media accounts and through information leaflets provided in the service.

The service's participation policy detailed how it would actively engage with and encourage feedback from patients about their experience of treatment and care, and how this feedback would be used to continually improve how the service was delivered.

The service sought stakeholder involvement in a variety of different ways. Stakeholders included staff, patients and industry stakeholders. This included patient feedback surveys and reviews left on social media accounts. We looked at recent patient survey results and noted they showed a high level of satisfaction and a willingness to recommend the service. Comments from our own patient survey included:

- '… offers an opportunity to discuss different treatments to tailor your choice to you. It is both discreet and welcoming with a professional approach.'

- ‘This was my first time I have had any treatment like this and felt thoroughly informed and in capable and safe hands. Would highly recommend.‘

Patients were sent a survey link after every appointment requesting feedback through a short survey of structured questions. Survey results were analysed and results were shared with staff through their monthly meetings. Results were also made available to patients through the service’s social media accounts or in a patient newsletter. An example of improvements made following patient feedback was when a patient fed back about the service’s previous location and wanting more privacy when attending appointments. When the service relocated to its new premises, a private space with an additional small waiting room was constructed at the back of the clinic where a patient could wait if they wanted more privacy.

If feedback received raised a particular concern or issue, this was reviewed and the patient contacted and invited into the service to see how their experience could be improved.

Staff fed back to the manager any improvement they would like to see in the service in their monthly meetings. For example, staff told us they had suggested that the service could hold education evenings for patients. This was to help educate patients on safe and effective treatments, and the basics of good skincare. Staff also told us that this may help with introducing new staff to the patients. The manager now planned to hold an open evening in the coming months for all staff to be involved in and had invited other skincare specialists to the event.

- 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 service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland in the last year. A clear system was in place to record and manage accidents and incidents.

Policies and procedures set out the way the service was delivered, and supported staff to deliver safe, compassionate, person-centred care. Policies and procedures were updated regularly or in response to changes in legislation, national and best practice. To support effective version control and accessibility, policies were held electronically and printed out for staff to refer to. Staff received information and training on new initiatives and policy updates. Key policies included:

- adult and child safeguarding (public protection)
- clinical governance
- infection prevention and control
- dealing with emergencies, and
- medication management.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance.

An annual fire risk assessment was carried out. The service also had a site visit from the fire safety officer every 6 months who carried out checks on all smoke detectors and fire alarms. Fire safety signage was displayed, and fire safety equipment was checked regularly. Emergency lighting was in place throughout the service. A safety certificate was in place for the service's fixed electrical wiring. A log was kept of all portable electrical appliances for safety testing.

Emergency medicines were kept in a specific aesthetics emergency cupboard. This was well equipped and contained enough medicines and equipment to deal with any foreseeable medical emergency connected to the types of treatments provided. The cupboard also held standard operating procedures for aesthetic emergencies. Monthly checks on the stock held in the cupboard were documented. The defibrillator and oxygen were regularly checked and maintained. All staff were trained in basic life support.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. The complaints procedure was prominently displayed in the service's clinic rooms. At the time of inspection, the service had not received any complaints in the last year.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was displayed in the clinic. We noted that the service had not experienced any incidents that required it to follow the duty of candour process. All staff had undertaken duty of candour training.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any investigations or treatment took place. Patients completed a consent form to consent to investigations, treatments and photography being carried out. On the day of treatment, patients reviewed the consent to treatment form which was then signed by both the patient and practitioner.

Patients were sent a health questionnaire and treatment-specific information after booking their appointment. We were told that patient consultations for treatment were always carried out face to face with their prescribing practitioner. A comprehensive assessment took place which included past medical history, as well as discussions on the risks, benefits and possible side effects of treatment. A cooling-off period was offered to allow patients time to decide on their treatment options.

Post-treatment aftercare instructions were provided for patients at both the consultation stage and following treatment. We saw that patients were also emailed aftercare leaflets that included staff's out-of-hours contact numbers in case of any complications. Patients who responded to our online survey told us:

- 'I was fully informed of all the information regarding my treatment during my very thorough consultation.'
- 'I was given detailed explanation regarding my treatment, what to expect, after instructions and follow up appointments made.'

All patient information was stored securely on password-protected devices, with every practitioner having their own device to access the patient care record system. This helped to protect 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 followed the appropriate data protection regulations.

Recruitment and practicing privileges policies, and practicing privileges contracts, were in place. The service's recruitment policies described how staff would be appointed. Staff files contained a checklist to make sure that appropriate pre-employment recruitment checks were carried out. All staff had to complete mandatory training before starting work in the service. The service used an online app to log all recruitments checks, induction information and mandatory training completed by staff. Staff could also upload additional completed training certificates to their file.

Staff training analysis records and all training was documented and reviewed regularly. All healthcare professionals completed ongoing training as part of their professional registration. We saw evidence that all staff kept up to date with their own practice and with best practice in aesthetics through continued training on treatments. We saw evidence that they also participated in peer reflection sessions. The practicing privileges contracts made clear that practitioners were responsible for completing their own training and education outwith the mandatory training requested by the service.

A programme of annual recruitment checks were in place to ensure staff remained safe to work in the service. At the time of inspection, we noted that all staff granted practicing privileges had been with the service less than one year. These included checks on:

- professional registration
- insurance documents
- appraisal from substantive NHS post, and
- continued professional development.

We saw that the service kept up to date with research and best practice through continued professional development and from the mutual support of professional colleagues, with the most up-to-date best practice guidance being implemented in the service. The manager's continued professional development was often shared with their patients through the service's website, social media or by email.

The manager shared best practice and supported staff through mentorship and shadowing opportunities. These opportunities were also offered to healthcare professionals in the wider aesthetic community for educational purposes.

The manager worked with the University of the Highlands and Islands to share their knowledge and experience. Once a year, they lectured on the safe prescribing of medicines to encourage good compliance for healthcare professionals.

We were told the service had recently accepted an invitation from a Glasgow university to mentor aesthetics students as part of a new aesthetics course being introduced. The manager had been nominated as an honorary lecturer at the university for their participation in writing this new course.

In February 2025, the manager had an article about reducing patient risk in Scotland published in a leading aesthetics journal. Links to this article were shared with patients and staff through the service's social media accounts.

We saw that the service was now a counter signatory with Disclosure Scotland. This meant that the service now had a lead signatory that could sign off all Disclosure Scotland applications without having to source an external company to do this. The service had attended sessions run by Disclosure Scotland to ensure it was fully informed of the regulations and any upcoming proposed changes.

- No requirements.
- No recommendations.

Planning for quality

Effective systems were in place to show that the service proactively assessed and managed risks to patients and staff to ensure care and treatment was delivered in a safe environment. This included risk assessments, risk registers, auditing and reporting systems. A number of risk assessments had been carried out to help identify and manage risk. These included:

- medicine management
- sharps and waste management
- reporting of accidents and incidents, and
- safe storage of patient care records and sensitive information.

The service proactively managed its staffing complement through an online app that all staff had access to. This ensured safe staffing numbers and skill mix was in place for the service at all times.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident. An arrangement was in place with another service registered with Healthcare Improvement Scotland to ensure patient treatment and care could continue.

We saw evidence of audits being carried out, such as:

- cleaning
- prescription-only medication, including emergency medicines
- environmental

- hand washing
- patient care records, and
- prescriptions.

Any results from audits were documented with an attached action plan and these were discussed at staff meetings. We were given examples of where audits had led to changes or improvements in the service. For example, regular audits of prescriptions in patient care records had shown that these were not being completed to the standard expected and were missing key information. After consultation with staff and investigating the record keeping software used, it was decided that new software would be installed. This would ensure that the required safe prescribing information would be consistently logged. Further patient care record audits had shown that this had resulted in improved prescribing information being documented.

The manager had invited an external skincare specialist to audit their patient consultation process to see if any improvements were needed. We were told the results of this audit were very positive.

The service's quality improvement plan contained improvements made to the service as a result of patient and staff feedback, results from audits, changes to best practice and risk assessments. A recent example included the refurbishment of the service's new premises. This had been designed with patient and staff safety at the forefront of all decisions made. This included the use of digital technology such as a thumb print analysis locking system to ensure safe access to all clinical rooms and medicine cupboards. The locking system logged all staff members' movements in the clinic.

The service had also introduced an internal communication system where patients could directly access their own clinic room without the need for a receptionist, and could then alert the practitioner to their arrival. Each clinic room's communication system could access other staff in the event of an emergency. All staff also had a personal alarm system in place.

An electronic lighting and photography system had been fitted in each of the clinic rooms. This was to ensure any photography taken was of the highest standard.

- No requirements.
- No recommendations.

Key Focus Area: Results

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

Our findings

The environment and patient equipment appeared clean, and equipment was fit for purpose and was regularly maintained. Comprehensive employment checks ensured that all staff were safe to work in the service. Patient care records were fully completed and included detailed patient consultations. Patients were very satisfied with their care and treatment and said they often recommended the service.

Privacy and dignity should be maintained for patients in the clinic rooms. Patient care records should include consent for sharing information with other healthcare professionals, if required.

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 appeared clean and well maintained. Cleaning of the clinic rooms and equipment was carried out by staff between appointments and logged on the service's cleaning log. Cleaning audits were carried out by the manager to ensure high standards were maintained. Patients who responded to our online survey told us they felt the service was kept extremely clean and tidy:

- 'Everything in the clinic was brand new and high tech, a lot of thought has gone into this clinic space for all treatment, it was spotless as you would expect in a clinical area, bright and roomy.'
- 'I was extremely satisfied with the pristine cleanliness of the clinic, the equipment and the facilities.'

Personal protective equipment (such as disposable aprons and gloves) was readily available. All equipment used was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene and regular hand wash audits were carried out by the manager. A contract was in place for the disposal of sharps and other clinical waste.

Safe management processes were in place for ordering, storing and prescribing medicines. The service's medicine fridges were clean and in good working order. We noted a daily temperature recording log was fully completed and up to date. This was used to ensure medicines were being stored at the correct temperature. We saw evidence of annual calibration of the medicine fridges. Medicines stored in the fridges were in-date and were part of the small stock of prescription-only medication held by the service.

An effective stock control system made sure medicines and non-prescription items were always in date and helped to monitor stock balance. A stock control log was used to keep a record of every medicine ordered and the date it was received. Staff completed a daily medicine sheet of which medicines were used which the manager checked and then replenished stock daily. The service cross-matched its online system with the staff medicine sheet to ensure that the prescription medicines used was consistent with any remaining stock balance logged. This kept strict control of prescription-only medications, including botulinum toxin.

We saw all appropriate pre-employment checks had been completed in the four staff files we reviewed, including:

- proof of ID
- references
- training certificates
- induction
- signed contract
- the professional registration status for all clinical staff, and
- Disclosure Scotland checks.

The four patient care records we reviewed showed that patients received a face-to-face consultation about their expectations and a psychological assessment before treatments were offered. Patient care records were legible, accurate and up to date. Dosages, batch numbers and expiry dates of medicines used were also documented. The patient care records also included information on:

- medical history
- GP and emergency contact details
- treatment options
- discussion about costs
- treatment plans
- risk and benefits of treatment, and
- aftercare advice.

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

- 'Top class facilities.'
- 'I would highly recommend… felt completely safe. First class service from beginning to end.'

What needs to improve

Information requested from patients did not include consent to share information with other healthcare professionals in the event of an emergency (recommendation a).

The glass paneling in the clinic doors should be covered to ensure patient privacy and dignity during treatments (recommendation b).

- No requirements.

Recommendation a

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

Recommendation b

- The service should ensure the privacy of patients when undergoing treatment.

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.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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