

Announced Inspection Report: Independent Healthcare

Service: Best Face Forward Aesthetics, Glasgow

Service Provider: Gemma Henderson

14 August 2025

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Contents

| | | |
|----------|--|-----------|
| 1 | A summary of our inspection | 4 |
| <hr/> | | |
| 2 | What we found during our inspection | 8 |
| <hr/> | | |
| | Appendix 1 – About our inspections | 16 |
| <hr/> | | |

1 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 Best Face Forward Aesthetics on Thursday 14 August 2025. We spoke with the owner (practitioner) during the inspection. We received feedback from 11 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Glasgow, Best Face Forward 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 Best Face Forward Aesthetics, the following grades have been applied.

| Direction | <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i> | |
|---|--|----------------------|
| Summary findings | | Grade awarded |
| The service had a clear vision, aims and objectives and these were available for patients to view in the service. The service was regularly assessing its performance against identified key performance indicators. Formal team meetings should be introduced. | | ✓✓ Good |
| Implementation and delivery | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i> | |
| Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was gathered and used to improve the service. A quality improvement plan and audit programme supported the service to continually improve. A suitably qualified healthcare professional must be onsite at all times. | | ✓ Satisfactory |
| Results | <i>How well has the service demonstrated that it provides safe, person-centred care?</i> | |
| The clinic environment and equipment were clean, fit for purpose and regularly maintained. Patients told us they felt safe and were very satisfied with their experience in the service. Patient care records were fully completed with relevant consent forms in place. Staff working under practicing privileges had all the relevant pre-employment checks in place. | | ✓✓ 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 Gemma Henderson 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 one requirement and two recommendations.

| Direction | |
|----------------|--|
| Requirements | |
| None | |
| Recommendation | |
| a | <p>The service should introduce formal team meetings. These should include any actions taken and those responsible for the actions (see page 9).</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 that a responsible healthcare professional able to prescribe and administer prescription-only medicines is onsite when dermal filler treatments are being undertaken as part of a response to complications and/or an emergency (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |

Implementation and delivery (continued)

Recommendation

- b** 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 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

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](#)

Gemma Henderson, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Best Face Forward Aesthetics for their assistance during the inspection.

2 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 vision, aims and objectives and these were available for patients to view in the service. The service was regularly assessing its performance against identified key performance indicators. Formal team meetings should be introduced.

Clear vision and purpose

The service's vision statement stated that it would provide 'innovative, personalised and safe aesthetics treatments...'. The service's aims and objectives outlined how this vision would be achieved, and included:

- enhancing patients' confidence and wellbeing
- offering safe and effective treatments
- being a trusted provider in the industry, and
- maintaining high patient feedback ratings.

Key performance indicators had also been identified to evaluate success and how well the service was performing. These included financial, operational and patient-based performance indicators. For example, business revenue, frequency of treatment room use and patient return rate.

A patient information folder was available in the service's reception area. This provided information on the service's aims, objectives and vision, as well as information on the service's policies and procedures.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council (NMC), who was also an experienced aesthetics practitioner.

An independent nurse prescriber was granted practicing privileges to work in the service (staff not directly employed by the provider but given permission to work in the service). A signed prescriber agreement included a description of the expectations on this staff member while they worked in the service.

What needs to improve

While there was regular informal communication between the practitioner and independent nurse prescriber, no formal meetings took place. Regular team meetings should be introduced, with core agenda items and documented minutes. This would help to ensure that key areas such as key performance indicators, audit outcomes and patient feedback were effectively monitored and discussed (recommendation a).

- No requirements.

Recommendation a

- The service should introduce formal team meetings. These should include any actions taken and those responsible for the actions.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was gathered and used to improve the service. A quality improvement plan and audit programme supported the service to continually improve.

A suitably qualified healthcare professional must be onsite at all times.

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

Although the service did not have a website, the service's social media pages provided information about the treatments offered. A price list was displayed in the service's reception area. Patients could contact the service in person at the clinic or through social media.

Patients could provide verbal feedback to the practitioner, use a suggestion box in the reception area or post online reviews. All patients were also invited to provide feedback using an electronic survey link which was sent to them following their appointment. All patient feedback received across all the different methods was then collated and reviewed every month to consider themes and any areas for improvement. We were told that all feedback received was positive, and we saw evidence of this in a report that the service had produced. Feedback, including testimonials or anonymised feedback, was shared with patients on the service's social media pages.

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

- '... always give clear information about the treatments, outcomes and the aftercare. Nothing is ever missed. Prices are also always discussed well before the appointment.'
- '... thoroughly talks you through everything and all options... doesn't push you into any treatments and is always so helpful.'
- '... was so professional from start to finish... made sure I was educated on all aspects of the treatment along with making sure I got the results I desired.'

■ 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 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. Systems were in place to report accidents, incidents and drug errors that may occur in the service. We noted the service had no such events to date.

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

- medication management
- information management, and
- safeguarding (public protection).

The infection prevention and control policy included relevant standard infection control precautions to help prevent the risk of infection. This included hand hygiene, use of personal protective equipment (such as aprons and gloves) and management of blood spills. Relevant fire safety and electrical testing was up to date.

The complaints policy was displayed in the reception area and included information about contacting Healthcare Improvement Scotland and our contact details. The service had not received any complaints since its registration with Healthcare Improvement Scotland in December 2022, and we had not received any complaints about the service.

The service had an up-to-date duty of candour policy. This is where organisations have a duty to be open and honest with patients when something goes wrong. A yearly duty of candour report was on display in the reception area. No duty of candour incidents had occurred since the service had registered with Healthcare Improvement Scotland.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. A medication fridge was used to store medicines, with the temperature of the fridge regularly recorded to make sure medicines were stored at the correct temperature. Only emergency medications were held in stock. They were in date and stored securely. A record was kept of all prescription-only medications used in the clinic, such as botulinum toxin, including supplier, batch number, date of receipt and date used.

We were told patients received a free face-to-face consultation with the practitioner, and had the opportunity to discuss their wishes and expectations for treatment. If the agreed treatment plan required prescription-only medication, a face-to-face consultation was also arranged with the independent nurse prescriber. Patients received an aftercare leaflet when they booked a treatment appointment to help them consider any activities that may be impacted following their treatment. A cooling-off period after their consultation appointment meant patients had time to consider the options available to them before going ahead with treatment.

All patient care records were electronic and stored securely on a password protected system. The service was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights, to make sure confidential patient information was safely stored.

The practitioner was currently undertaking a nurse prescriber qualification. They completed aesthetics complications training every year, as well as regular update training opportunities to maintain their skills and ensure they were keeping their practices up to date and in line with best practice. We saw several recent training certificates displayed in the service.

What needs to improve

While the service had access to a suitably qualified healthcare professional able to prescribe and administer prescription-only medications as part of a response to complications and/or an emergency, they were not always onsite when treatment was being delivered (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that a responsible healthcare professional able to prescribe and administer prescription-only medicines is onsite when dermal filler treatments are being undertaken as part of a response to complications and/or an emergency.

- No recommendations.

Planning for quality

The service's quality improvement plan described the tasks and measures to be undertaken to maintain a culture of continuous improvement. This included regular review of treatment procedures, audit and patient feedback. A quality improvement register listed changes and improvements that had been made to the service. For example, the service had recognised that investing in social media would help to improve the availability of information to patients.

The service proactively assessed and managed risks to patients and staff, helping to make sure that care and treatment was delivered in a safe way and in a safe environment. This included carrying out risk assessments detailing actions taken to control or reduce risks. Risk assessments that had been undertaken included leaks/water damage and environmental trip hazards. The service had also developed a detailed standard operating procedure for the safe management of botulinum toxin to support consistent, transparent care.

A comprehensive audit programme had been implemented to monitor quality standards in the service. This included regular audits reviewing:

- fridge temperature
- patient care records
- sharps, and
- infection prevention and control.

Appropriate insurances were in-date, with certificates displayed in the clinic.

What needs to improve

The service could describe what steps would be taken to protect patient care in case of unexpected events that may cause an emergency closure of the service or cancellation of appointments, such as power failure, major incident or sickness. However, no documented business contingency plan was in place (recommendation b).

While the service's risk register included the majority of environmental risk assessments that had been carried out, this could be extended to include all risk assessments relevant to how the service was delivered. This would support risk management oversight for the service. We will follow this up at our next inspection.

- No requirements.

Recommendation b

- 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 clinic environment and equipment were clean, fit for purpose and regularly maintained. Patients told us they felt safe and were very satisfied with their experience in the service. Patient care records were fully completed with relevant consent forms in place. Staff working under practicing privileges had all the relevant pre-employment checks in place.

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 of a high standard, and the service was visibly clean, organised and well maintained. Completed cleaning checklists were in place for all areas. The practitioner cleaned equipment between appointments, and the clinic was fully cleaned at the end of the day. The practitioner carried out a monthly infection prevention and control audit, which included reviewing the environment and identifying any maintenance issues.

All patients who responded to our online survey told us they were satisfied with the clinic environment. Some comments we received from patients included:

- 'The clinic is immaculate, so clean and comfortable and such a professional setting.'
- 'Absolutely immaculate from the front door to the toilet. Lovely fresh decor and amazing smells.'
- 'Everything was spotless and professional.'

Personal protective equipment was readily available and single-use equipment used to prevent the risk of cross-infection. The clinic room was equipped with a wash hand basin in line with national guidance. Antibacterial hand wash and disposable paper hand towels were used to support good hand hygiene. Although

the clinic room flooring was not compliant with national infection prevention and control guidance, a risk assessment was in place which described how the service would reduce and control risks. Sharps bins were dated, signed and had their location recorded in line with national guidance. A clinical waste management contract was in place for the disposal of sharps and other clinical waste.

We reviewed five patient care records and found that all demonstrated safe, person-centred care and were fully completed, including information relating to:

- consent to treatment, photographs and sharing information
- emergency contact and GP details
- medical history
- medicine batch numbers and expiry dates
- the aftercare information provided, and
- treatment plans and discussions.

We also saw evidence in the patient care records we reviewed that the independent nurse prescriber also inputted into the patient care record following their consultation with the patient. Each patient had a comprehensive treatment plan which included consultation overview, aims, agreed treatment, frequency, aftercare and cost. Patients were able to receive a copy of their treatment plan.

All patients who responded to our online survey said they were confident in the practitioner's skills and found the clinic to be professional and well organised. Some comments we received included:

- '... made me feel at ease and respected throughout the process. I felt so comfortable and relaxed and confident with the practice.'
- '... is the most professional practitioner I have come across... explains everything carefully and removes medical jargon so I understand fully.'
- '... qualifications clearly displayed which fills me with confidence... knowledge in the field is well demonstrated through professional conversations.'

We saw all appropriate pre-employment checks had been completed for the staff member working under practicing privileges, including proof of ID, Disclosure Scotland Protecting Vulnerable Groups (PVG) background check, professional registration and references.

- No requirements.
- No recommendations.

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](http://www.healthcareimprovementscotland.org)

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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot