



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Ash Aesthetics, St.Cyrus

Service Provider: Ashley Ritchie

16 September 2025

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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 Ash Aesthetics on Tuesday 16 November 2025. We spoke with the owner (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. This was our first inspection to this service.

Based in St. Cyrus, Ash 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 Ash 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 practitioner is a registered nurse. The service's vision, purpose, aims and objectives were available for patients to view on its website. The service had identified key performance indicators and a process was in place to assess its progress against these.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development opportunities. Patients were informed about treatment options. Meetings with other services were documented. Regular audits were carried out. Risk assessment were in place. Information on how to complain about the service should be displayed. The service should have chemical risk assessments in place.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment appeared clean and uncluttered. Patient equipment was clean, fit for purpose and regularly maintained. Patient care records were completed to a high standard. Patients were very satisfied with their care and treatment. The service should develop a checklist to demonstrate that regular checks are carried out on single-use equipment.	✓✓ 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 Ashely Ritchie 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 no requirements and four recommendations.

Implementation and delivery	
Requirements	
None	
Recommendations	
a	The service should develop a formal process for reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should ensure that complaints information displayed in the clinic is correct and up to date (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
c	The service should ensure that COSHH assessments are completed and in place (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

Results
Requirements
None
Recommendations
d The service should develop a checklist to capturing the regular checks on expiry dates of single-use equipment (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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 Ash 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 is provided and managed by a registered nurse. The service's vision, purpose, aims and objectives were available for patients to view on its website. The service had identified key performance indicators and a process was in place to assess its progress against these.

Clear vision and purpose

The service displayed its vision, aims and objectives, as well as its key performance indicators (KPIs) in the clinic.

The service's vision was to be committed to providing safe effective and person-centred care. It aimed to provide personalised and innovative cosmetic treatments to help improve its patients' natural beauty and confidence.

KPIs had been identified, setting out how the service would monitor and measure its quality and effectiveness. These included:

- patient experience (reviewing patient feedback and completing a patient satisfaction audit)
- patient retention rates (tracking and reviewing patients attending and returning for follow-up or additional appointments)
- patient safety (reviewing patient complication and infection rates), and
- word of mouth (monitoring how many new patients used the service based on recommendations from existing patients).

We saw a process was in place to measure the service's performance against the KPIs. The most recent review showed that the patient experience was good and patient retention rate (including new patients) was high. The service had not experienced any patient complications.

An aesthetic nurse practitioner, qualified as an independent prescriber was the owner and manager of the service. The service registered with Healthcare Improvement Scotland in April 2022 to provide aesthetic treatments, such as:

- advanced skin care
- anti-wrinkle injections, and
- dermal fillers.

- No recommendations.
- No requirements.

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

Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development opportunities. Patients were informed about treatment options. Meetings with other services were documented. Regular audits were carried out. Risk assessment were in place.

Information on how to complain about the service should be displayed. The service should have chemical risk assessments in place.

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

A participation policy set out how the service engaged its patients, sought their feedback and used this to improve patient experience. Patient information was provided through:

- aftercare advice
- face-to-face consultations
- patient leaflets, and
- the service's website.

The website detailed the variety of ways that patients could communicate with the service. Patients could leave feedback on the service's website or social media pages, as well as over the telephone, through the service's email address or contact form. An automated email was sent out after treatment was completed, asking patients to leave feedback and a review. We saw documented feedback received on the service's patient booking system. All feedback that we saw recorded was positive.

Examples of service improvements that had been made included:

- a wireless speaker for playing music
- becoming a member of British Association of Medical Aesthetic Nurses (BAMAN)
- completing training in polynucleotide to offer this as a treatment, and
- obtaining a nurse prescribing qualification.

Patients who responded to our online survey told us they had been very happy with their experience of using the service. Comments included:

- 'I was given all the information in order to make an informed decision.'
- '[The practitioner] is very easy to talk to and treats you respectfully and kindly.'

The service provided its contact details to patients with treatment aftercare advice, along with a reminder to provide feedback using the different methods available. The practitioner told us that all patients were offered a review appointment to assess their treatment outcomes and this was also used as an opportunity to also ask for feedback.

The service had a high patient retention rate and the practitioner told us that they took pride in building therapeutic relationships with patients. The practitioner told us that they used a person-centred model when planning patients' treatments. This helped make sure patients were at the centre of every decision made and received the best treatment and care outcomes for them.

What needs to improve

While the service gathered patient feedback in a variety of ways, we found no evidence that feedback was formally reviewed and analysed. We discussed with the service the importance of having a structured approach to reviewing patient feedback in line with its participation policy. This should include:

- analysing recorded results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

■ No requirements.

Recommendation a

- The service should develop a formal process for reviewing patient feedback. This should include informing patients how their feedback has been used to improve the service.

Quality improvement

Policies and procedures were in place to support the delivery of person-centred care, including those for:

- complaints
- duty of candour
- emergency arrangements policy
- infection prevention and control
- information management
- medication, and
- safeguarding.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies and medicines available that could be used in an emergency. All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier, and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service kept a record of monthly equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and an electrical safety certificate was in place.

We saw that the service had appropriate infection prevention and control policy and procedures in place, as well as a clinical waste contract for the disposal of clinical waste. Clinical waste was managed appropriately.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in April 2022.

The service had a safeguarding (public protection) policy in place. The practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour report was displayed in the clinic.

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. Patient care records electronic and were stored securely and password-protected. This protected confidential patient information in line with the service's information management policy.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which the patient and practitioner both signed. The service shared a variety of aftercare leaflets with patients after their treatment.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, additional training masterclass sessions and attending conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, as well as yearly appraisals. 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. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

We saw evidence of the practitioner's personal and professional development displayed in the service. We also saw evidence of completed online training modules.

What needs to improve

The service had a complaints policy and it displayed information on how patients could make a complaint about the service through contacting Healthcare Improvement Scotland at any point. However, it did not include information on how patients could complain directly to the service (recommendation b).

- No requirements.

Recommendation b

- The service should ensure that complaints information displayed in the clinic is correct and up to date.

Planning for quality

The service had risk assessments in place to effectively manage risk in the service. These included risk assessments for:

- aesthetic emergencies including vascular occlusion and anaphylaxis
- fire
- lone working
- needlestick injury
- slips, trips and falls, and
- ventilation.

The risk assessments helped make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and staff. The service carried out some regular audits, including those for:

- consent
- equipment
- medication
- patient care records, and
- treatments including LED light therapy.

We saw that action plans were developed to address any issues identified in these audits.

A quality improvement plan described how information gathered from audit results and patient feedback would be used to continuously improve how the service was delivered and deliver better patient outcomes. The plan was regularly reviewed and updated.

The aesthetics practitioner regularly met with other aesthetics services to share learning and discuss updates in current practice. We saw minutes and agendas of these meetings.

What needs to improve

While we saw that the service had a wide range of risk assessments in place, the service did not have any Control of Substances Hazardous to Health (COSHH) risk assessments in place (recommendation c).

The service carried out a wide range of audits. We discussed also carrying out regular infection control audits. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should ensure that COSHH assessments are completed and in place.

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 appeared clean and uncluttered. Patient equipment was clean, fit for purpose and regularly maintained. Patient care records were completed to a high standard. Patients were very satisfied with their care and treatment. The service should develop a checklist to demonstrate that regular checks are carried out on single-use equipment.

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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully completed. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately. Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. One respondent to our survey commented:

- ‘Exceptionally clean and a lovely calm environment.’

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medication checklist was fully completed. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- ‘The practitioner provided clear information on the treatments provided as well as informing me of any potential risks involved. was given various options of different treatments to achieve my desired outcome.’
- ‘The practitioner explained everything clearly and gave opportunity to ask questions.’

We reviewed five patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient to determine patients’ suitability for treatment. The patient and practitioner signed a consent form on the day of treatment. Details of the treatments administered, including the dose of anti-wrinkle injections or dermal filler administered, the medicine batch numbers and expiry dates were recorded, along with aftercare given. The practitioner had signed and dated their entries into the patient care records.

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin (this is when a liquid solution is used to turn a dry substance into a specific concentration of solution). The bacteriostatic saline used is an unlicensed product. The use of this instead of normal saline for reconstitution means that the botulinum toxin is used outside of its Summary of Product Characteristics. This is therefore termed as unlicensed use. We were told this provided better pain relief for patients. We saw that the service had recently introduced a bacteriostatic consent form which detailed the risks and benefits and that informed consent was sought.

What needs to improve

While the service’s single-use consumables were in-date, we saw no documented evidence that these had been regularly checked, such as a checklist (recommendation d).

- No requirements.

Recommendation d

- The service should develop a checklist to capturing the regular checks on expiry dates of single-use equipment.

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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