

Announced Inspection Report: Independent Healthcare

Service: Eaton Health Services, Aberdeen

Service Provider: Eaton Health Services Ltd

19 September 2025

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

© Healthcare Improvement Scotland 2025

First published November 2025

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.scot

Contents

1	Progress since our last inspection	4
2	A summary of our inspection	5
3	What we found during our inspection	12
	Appendix 1 – About our inspections	24

1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 2 June 2022

Recommendation

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

Action taken

While the service had carried out an audit on complications of treatment, no other audits were carried out. This recommendation is reported in Domain 5: Planning for quality (see recommendation d 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 Eaton Health Services on Friday 19 September 2025. We spoke with the service manager 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.

Based in Aberdeen, Eaton Health Services 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 Eaton Health Services, 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 displayed its vision statement. The service was working in line with its practising privileges policy with formal practising privileges agreements in place. Objectives and key performance indicators should be shared with patients. Staff meetings should be documented.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were informed about treatment options and could provide feedback on their care experience. Appropriate policies and procedures were in place to support the safe delivery of care. The service kept up to date with current best practice through training and development. Risk assessments were in place. A duty of candour report must published yearly. Staff must have yearly appraisals. A regular audit programme should be in place. A quality improvement plan should be updated.	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean, well equipped and the clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use. Consent to share information with medical professionals in the event of an emergency or consent to contact the patient next of kin or emergency contact in the event of an emergency should be recorded. PVG certificates once received must be securely destroyed in line with current legislation.	✓✓ 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 Eaton Health Service 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 requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should ensure that information about the service's aims and objectives is available to patients (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 formally record the minutes of team meetings. These should include any actions taken and those responsible for the actions (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery

Requirements

- 1** The provider must publish an annual duty of candour report (see page 17).

Timescale – Immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

- 2** The provider must ensure that staff receive regular individual performance reviews and appraisals (see page 17).

Timescale – by 19 November 2025

Regulation 12(c)(i)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- c** The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- d** 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).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the June 2022 inspection report for Eaton Health Services.

Implementation and delivery	
Recommendations (continued)	
e	The service should further develop its quality improvement plan that demonstrates and directs the way it measures improvement (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

Results	
Requirements	
None	
Recommendations	
f	The service should ensure that patients are asked to consent to share information with the GP and next of kin in the event of an emergency (see page 23). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support.. Statement 2.14
g	The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
h	The service should ensure that checklists to for the regular cleaning of the clinic and checking expiry dates or consumables are completed (see page 23). 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](#)

Eaton Health Services, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Eaton Health Services 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 displayed its vision statement. The service was working in line with its practising privileges policy with formal practising privileges agreements in place.

Objectives and key performance indicators should be shared with patients. Staff meetings should be documented.

Clear vision and purpose

The service's vision was to protect, promote and improve people's health and wellbeing through aesthetics and occupational health services. It supported businesses to meet Health and Safety Executive (HSE) standards and create safe workplaces, while providing people-first, relationship-driven care. Its aims and objectives were to:

- deliver exceptional care
- foster a culture of respect and inclusion
- support staff excellence, and
- work in a way that led to continuous improvement.

We saw the service measured itself against key performance indicators (KPIs) to assess its performance. The KPIs included:

- patient satisfaction rate
- complaints logged and resolved
- complication or adverse event rate, and
- treatment information provision.

Treatments in the service were appointment-only and many patients were returning customers. The service manager, who was also a practitioner told us they aimed for an open conversation about the patient's expectations and

requirements. We were also told that appointments were extended to allow time for a full discussion during the consultation.

What needs to improve

The service's aims and objectives were not available for patients to view online or displayed in the service (recommendation a).

- No requirements.

Recommendation a

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

Leadership and culture

While the service did not employ any staff, several practitioners were granted practising privileges to work in the service (staff not directly employed by the provider but given permission to work in the service). Not all the practitioners were prescribers and the service manager (practitioner) prescribed for their patients.

A practising privileges policy included a description of how these staff members were expected to work in the service. We saw signed practising privileges contracts in place for these practitioners.

We were told that service communicated through a messaging app and that staff meetings were held. The practitioners we spoke with told us the service manager (practitioner) was supportive, approachable and that they had confidence in their clinical skills. The practitioners told us they often asked for the manager's support and guidance, as well as their advice and observation of practice to support the development of their own skills. The practitioners told us that they had confidence that any issues raised would be dealt with promptly and effectively. They spoke positively about the recent introduction of team meetings, staff training and the benefits this could bring to the service.

What needs to improve

The service did not produce agendas or formal minutes of team meetings. A formal agenda would make sure that key areas were effectively monitored and discussed at team meetings. Topics could include:

- audit outcomes
- patient feedback, and
- quality improvement activities.

Minutes should reflect the discussions and decisions reached, as well as identify staff responsible for taking forward any actions. Minutes should then be made available to staff unable to attend the meetings (recommendation b).

- No requirements.

Recommendation b

- The service should formally record the minutes of 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 informed about treatment options and could provide feedback on their care experience. Appropriate policies and procedures were in place to support the safe delivery of care. The service kept up to date with current best practice through training and development. Risk assessments were in place.

A duty of candour report must published yearly. Staff must have yearly appraisals. A regular audit programme should be in place. A quality improvement plan should be updated.

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

The service's website and social media profile shared information with patients about the treatments available, costs and service. Patients could use a messaging app or social media to contact the service with enquiries.

Patients could give feedback about their experience in the service verbally directly to the practitioner, use a messaging app or leave messages on the service's social media account. The service also sent out an automated email after treatment asking patients to leave feedback and a review. We saw documented feedback received on the service's patient booking system. The feedback that we saw recorded was all positive.

Examples we saw of service improvements that had been made included:

- collaborating with another occupational health provider
- introduction of an online booking system
- providing additional appointments, and
- wireless speakers to play music.

We were told that some new patients had used the service after recommendations from friends. All consultations were appointment-only.

- 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 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, which included an accident and incident log.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. 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 up-to-date electrical safety certificate was in place.

We saw that the service had an 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.

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

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

Details of how to contact the practitioner out-of-hours was also provided to patients along with aftercare leaflets.

Patient care records were stored securely on an electronic system. This system could be accessed using a password on a tablet computer, which staff could access with their individual login details.

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.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatments were carried out. The service had recently introduced bespoke aftercare leaflets for anti-wrinkle injections and dermal fillers. This informed patients of who to contact if they had any questions or queries about their treatment.

The service had a complaints policy in place that detailed how patients could make a complaint about the service, including that patients could contact Healthcare Improvement Scotland at any time. Information on how patients could complaint to the service was detailed in the aftercare leaflets.

The practitioner engaged in regular continuing professional development and had recently completed their revalidation. This is managed 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. They also kept up to date with appropriate training, such as training for:

- adult support and protection
- equality and diversity, and
- infection prevention and control.

What needs to improve

The service did not produce a yearly duty of candour report. Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure (requirement 1).

We saw no appraisal process in place to make sure practitioners were maintaining and developing their knowledge and skills (requirement 2).

Requirement 1 – Timescale: immediate

- The provider must publish an annual duty of candour report.

Requirement 2 – Timescale: by 19 November

- The provider must ensure that staff receive regular individual performance reviews and appraisals.

- No recommendations.

Planning for quality

The service had risk assessments in place to effectively manage risk in the service, including those for:

- control of substances hazardous to health (COSHH)
- electrical safety
- fire
- lone working
- medication, and
- slips, trips and falls.

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.

What needs to improve

While the service had carried out risk assessments, it did not have a risk register in place. A risk register would help the service to mitigate risk and maintain the safe health and welfare of patients attending the service (recommendation c).

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 d).

The service had a quality improvement plan in place. However, we saw that the plan was not regularly updated to reflect all the improvements that the service had made (recommendation e).

- No requirements.

Recommendation c

- The service should develop a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

Recommendation d

- 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 e

- The service should further develop its quality improvement plan that demonstrates and directs the way it 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 environment was clean, well equipped and the clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.

Consent to share information with medical professionals in the event of an emergency or consent to contact the patient next of kin or emergency contact in the event of an emergency should be recorded. PVG certificates once received must be securely destroyed in line with current legislation.

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 service was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, fully completed and up to date. 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. A clinical waste contract was in place. Clinical waste and used sharps equipment was disposed of appropriately. We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment was available. The correct cleaning products were used in line with national guidance, such as chlorine based cleaning products for sanitary fixtures and fittings.

The medical fridge was clean and in good working order. A temperature-recording logbook was used to record daily fridge temperatures. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We saw a safe system in place for the procurement and prescribing of medicines.

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. Some comments we received from patients included:

- 'Spotless and comfortable.'
- 'Fresh, modern and clean environment.'
- 'Environment is immaculately clean and beautifully decorated. It's clear there is pride in maintaining standards.'

We reviewed five patient care records. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Patients' consent to treatment was noted on all patient care records we reviewed and we saw that the practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. Patient information included a full medical history, with details of any:

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

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 being used outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. We saw that the service had introduced a bacteriostatic consent form, which detailed the risks and benefits. Informed consent was sought and recorded in patient care records.

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

- ‘The practitioner and her team provided feedback on testing, results and treatments where required.’
- ‘The practitioner always discusses the treatment.’
- ‘Completely. I was actively encouraged to be involved with my treatments with any concerns or issues I had. Great communication between both of us.’

The practising privileges staff file we reviewed contained a signed contract that the member of staff and the service manager had signed. We saw evidence of information about:

- expectations of staff working in the service
- mandatory training
- professional registration checks
- Protecting Vulnerable Groups (PVG) checks, and
- references.

What needs to improve

Patient care records did not include consent for sharing relevant information with the patient’s GP and other healthcare professionals in an emergency. Patient care records also did not include consent to contact the patient next of kin or emergency contact in the event of an emergency (recommendation f).

The service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation, in the staff granted practising privileges files we reviewed. A system should be introduced to record PVG scheme identification numbers for staff (recommendation g).

We saw that the service had checklists in place for cleaning the clinic and checking consumables. However, the checklists were not consistently completed (recommendation h).

The service was able to prescribe medication. One box of emergency medication had an individual’s name recorded on it. It was not clear how this medication would be prescribed to another patient. We discussed this with the service manager (practitioner) and the service registered with another pharmacy during our inspection. This allowed emergency medication to be

ordered as stock and we saw evidence that this would be delivered the next day. We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should ensure that patients are asked to consent to share information with the GP and next of kin in the event of an emergency.

Recommendation g

- The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Recommendation h

- The service should ensure that checklists to for the regular cleaning of the clinic and checking expiry dates or consumables are completed.

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

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