Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Lanarkshire Aesthetics, Bellshill

Service Provider: Lanarkshire Aesthetics Limited

9 September 2025

NHS SCOTLAND

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 9 November 2021

Recommendation

The service should review its policies and procedures to make sure they accurately reflect what the service does and how it does it. They should also reflect Scottish guidance and legislation where relevant.

Action taken

A process was in place to review policies every year. The review was also included in the service's yearly audit planner. All policies reflected Scottish legislation and guidance.

Recommendation

The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all practitioners at the point of engagement and again at regular intervals. This will ensure that staff are appointed safely and remain safe to work in the service

Action taken

The service had completed a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all practitioners with practising privileges contracts, including clinicians. This information was stored electronically in the individual staff files, which only the service manager had access to.

Recommendation

The service should develop and implement a quality improvement plan to structure its processes and outcomes, measure the impact of change and demonstrate a culture of continuous improvement.

Action taken

A quality improvement plan was in place, demonstrating areas identified for improvement with staff responsible for actions.

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 Lanarkshire Aesthetics on Tuesday 9 September 2025. We spoke with the service manager during the inspection. We received feedback from 10 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Bellshill, Lanarkshire Aesthetics is an independent clinic providing non-surgical and surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Lanarkshire 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 practitioner is a registered nurse and an independent nurse prescriber. Aims and objectives were clear and available for patients to view. Key performance indicators were regularly monitored to measure the service's performance. Staff meetings should include staff feedback.	✓✓ 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 decisions about their care. Clear processes and procedures were in place for managing complaints. A quality improvement plan was in place. Patient feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly, including for staff lone working. The quality improvement plan helped the service to implement improvements.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean, tidy and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Good medicine governance was in place. All appropriate background checks must be carried out on staff working under practising privileges contracts. Patient care records should document evidence that patients had been asked to consent to share their information with another healthcare professional if necessary.	✓✓ 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 Lanarkshire Aesthetics Limited to take after our inspection

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

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

This inspection resulted in one requirement and three recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should introduce a formal process to obtain and review staff feedback (see page 12). 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	
	None
Recommendation	
b	The service should have an induction programme for all new staff, including those working under practising privileges (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
1	The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practising privileges, are safely recruited (see page 20). Timescale – by 9 December 2025 *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
c	The service should record patients' consent to share information with GP's and other relevant health care professionals in patient care records. If the patient refuses to consent, this should be documented (see page 20). Health and Social Care Standards: My support, my life. I am fully informed about what information is shared with others about me. Statement 2.14

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

Lanarkshire Aesthetics Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Lanarkshire 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 practitioner is a registered nurse and an independent nurse prescriber. Aims and objectives were clear and available for patients to view. Key performance indicators were regularly monitored to measure the service's performance. Staff meetings should include staff feedback.

Clear vision and purpose

The service's aims, objectives and purpose were displayed on the noticeboard in the clinic reception area for patients to read. This also included the service's vision of meeting the needs of the patients, with continuous evaluation leading to improvements and high-quality person-centred care.

The service's principles of offering high quality care were based on:

- clinical integrity and expertise
- continuous improvement
- person-centred care
- professional honesty, and
- transparency and trust.

This information was regularly reviewed, with patient feedback and audit information used to assess the service's progress.

A regular patient and staff newsletter included information on the service's aims, objectives and how it was performing against the key performance indicators.

A quality improvement plan was also used to measure how the service was performing against key performance indicators. Non-clinical indicators included patient retention rate and a growing patient base. Clinical indicators, such as patient satisfaction and patient outcomes were also recorded. This information was acted on to improve the service.

The service also identified three immediate priority areas, which were:

- increasing patient feedback
- staff training and development, and
- staff wellness.

The practitioner told us the service's goal was to benchmark its yearly performance review against the aims, objectives and key performance indicators. It also planned to benchmark its performance against other clinics to keep the clinic's services in line with changing patients' expectations and clinical standards.

- No requirements.
- No recommendations.

Leadership and culture

The owner (service manager) was an experienced registered nurse, and independent nurse prescriber, registered with the Nursing and Midwifery Council (NMC). The service had adequate staff numbers who were suitably qualified to carry out the aesthetic treatments offered. The service had 15 members of staff working under a practising privileges contract (where staff are not employed directly by the provider but given permission to work in the service). Six of the staff with practising privileges were independent nurse prescribers. All staff working in the service were registered with the NMC.

All staff reported directly to the service manager. The service manager held staff meetings every 3 months. Staff could attend the meetings either in-person or online. The service manager shared updates on:

- clinic developments
- patient feedback
- service changes, and
- training opportunities.

Minutes of staff meetings were distributed to all members of staff. Staff were also informally encouraged to give feedback, participate and contribute to the daily running of the service. All staff must be a member of the Complications in Medical Aesthetics Collaborative (CMAC) to be able to work in the service.

The service provided an aesthetics training academy for foundation and advance aesthetic training courses for clinicians. It also provides support and

mentorship for nurses completing the V300 course for independent nurse prescribers.

The service's governance approach included:

- a complaints handling process
- a risk register and risk assessments
- audit reviews
- gathering and evaluating patient feedback, and
- reporting of adverse events.

What needs to improve

While the service had formal meetings every 3 months for staff, we saw no formal process for staff to give feedback to the manager, make suggestions or participate to the daily running of the service (recommendation a).

- No requirements.

Recommendation a

- The service should introduce a formal process to obtain and review staff feedback.

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 decisions about their care. Clear processes and procedures were in place for managing complaints. A quality improvement plan was in place. Patient feedback was actively sought and used to continually improve the service. Appropriate safety assurance processes included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly, including for staff lone working. The quality improvement plan helped the service to implement improvements.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patients could contact the service in a variety of ways, including:

- email
- online enquiries through the service's website or social media pages
- over the telephone, and
- text messages.

A number of patients were returning patients who had used the service for some time. Most new patients had been recommended to the service from existing patients or word-of-mouth, including social media reviews. All consultations were appointment-only.

The service actively sought feedback from patients about their overall experience using a variety of methods, in line with its patient participation policy. For example, through:

- patient questionnaires emailed to patients after treatments
- online apps, and
- verbal feedback.

This helped to encourage patients to participate in service development.

We saw that the service reviewed feedback regularly and information gathered was used to inform service improvement activities. A new system had been introduced after patient feedback, to advise patients that a slight delay of their appointment was possible if the previous patient's appointment took longer than expected. Treatment appointment times had also been lengthened to make sure patients were not waiting unnecessarily. This also helped the service to meet patients' expectations.

Any changes in the service that led to improvements were monitored and evaluated through the audit programme and quality improvement plan. The provider used any feedback received to inform and assure service quality. Improvements to the service were shared with patients and staff through monthly newsletters, e-mails and social media applications.

- 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 our inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland. A clear system was in place to record and manage accident and incidents.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every year or as required, to make sure they reflected practice in the service and in line with national guidance. Key policies in place included those for:

- emergency arrangements
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of adults.

Arrangements were in place to deal with medical and aesthetic emergencies, including mandatory staff training. Emergency medicines were available for patients who may experience aesthetic complications following treatment. We

saw regular, documented checks carried out for all emergency equipment in the service.

Maintenance contracts for fire safety equipment, the boiler and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Information about how to make a complaint included details on how to contact Healthcare Improvement Scotland and was clearly displayed in the waiting area, as well as on the service's website. The service had not received any complaints since it registered with Healthcare Improvement Scotland in July 2018.

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 on its website. We noted that the service had no incidents for the 12 months before our inspection.

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

Patients received information electronically before their treatment. On the day of treatment, patients received a face-to-face consultation where they completed a consent form electronically, which the patient and practitioner signed. An appropriate cooling-off period was included to allow patients time to consider the treatment options. A comprehensive assessment included a full medical history, as well as current medications. The service provided aftercare information, which included the service's contact details where appropriate. We saw examples of aftercare instructions, such as for aesthetic procedures and treatments. If patients experienced an adverse event following treatment, they could contact clinical staff over the telephone or the social media app outside of clinic times. Emergency appointments were offered, if required.

Staff completed an informal induction period and were allocated mandatory training to complete, this included safeguarding of adults and children and duty of candour. The service manager was responsible for making sure that staff completed mandatory training.

Patient care records were stored electronically and password-protected. Staff with practising privileges contracts used independent electronic systems which were also password-protected. The service manager had access to all patient care records of patients attending the service. This protected 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 it worked in line with data protection regulations. All staff with practising privileges contracts were also independently registered with the Information Commissioner's Office.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. The service manager was a member of the Aesthetics Complications Expert Group (ACE) and part of a local peer group, which shared ideas and advice.

All staff 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 all staff's personal and professional development in staff files kept in the service. Staff were able to access their own personal files and update training and development as appropriate.

What needs to improve

Staff working under practising privileges had contracts detailing training, requirements and performance management. However, we saw no evidence that these staff members had completed a formal induction programme (recommendation b).

- No requirements.

Recommendation b

- The service should have an induction programme for all new staff, including those working under practising privileges.

Planning for quality

The service's clinical governance process included a risk register, which was reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- data protection
- environmental assessments, including slips, trips and falls
- fire
- infection prevention and control, and
- medicine management.

Risk assessments were easy to follow. We saw that all risks had been reviewed and that action plans were in place for risks reviewed.

We saw evidence that the service carried out audits regularly and had a yearly audit programme in place. Audits carried out included those for:

- infection prevention and control
- medicines
- patient care records
- patient feedback, and
- safe management of equipment.

The service had a contingency plan in place to make sure patients could access aesthetic treatments from peers and aesthetic colleagues should the service cease to operate.

We saw that all results from audits were documented, as well as actions taken if appropriate. Audit results were also reflected in the quality improvement plan. The quality improvement plan was regularly reviewed and updated. For example, the service was updating patient information leaflets and online resources to improve patient understanding of the service and treatments offered.

- 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 was clean, tidy and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Good medicine governance was in place. All appropriate background checks must be carried out on staff working under practising privileges contracts. Patient care records should document evidence that patients had been asked to consent to share their information with another healthcare professional if necessary.

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 comprehensive 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 fridge temperatures every day. 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. The service kept a generic stock of Botulinum toxin which was all in-date and unopened.

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:

- 'The clinic was very modern and beautifully decorated. It was a pleasure to be treated in such a lovely environment.'
- 'Luxurious yet clinical and spotless.'
- 'The clinic is pristine and they offer the best quality treatments.'

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.

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:

- 'All the staff are highly qualified.'
- 'I did lots of research to be sure I was using fully qualified staff.'
- 'My aesthetics nurse was very knowledgeable and had excellent skills.'

The practising privileges staff files we reviewed contained signed contracts that each member of staff and the service manager had signed. We saw some evidence of information about:

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

We saw evidence of good standards of medicines management in line with the service's medicine management policy. This included completed records of medicines prescribed and used for treatments in the service.

What needs to improve

The service had completed some checks, including appropriate PVG checks on staff working in the service. However, we noted that no checks had been carried out to make sure staff granted practising privileges had aesthetic qualifications, or two references (requirement 1).

Patient care records did not include evidence that patients had been asked to consent to share their information with another healthcare professional, should it be necessary or in the event of an emergency situation. If the patient refused this request, this should also be documented in the patient care record (recommendation c).

Requirement 1 – Timescale: by 9 December 2025

- The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service and on an ongoing basis.

Recommendation c

- The service should record patients' consent to share information with GP's and other relevant health care professionals in patient care records. If the patient refuses to consent, this should be documented.

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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