Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: SKM Aesthetics, Philipstoun

Service Provider: SKM Aesthetics Ltd

19 September 2025

NHS SCOTLAND

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

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No requirements or recommendations were made at our last inspection on 18 June 2021

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 SKM Aesthetics on Friday 19 September 2025. We spoke with the registered manager (practitioner) during inspection. We received feedback from 15 patients through an online survey we had asked the service to issue to its patients for us before the inspection

Based in Philipstoun, SKM 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 SKM Aesthetics, the following grades have been applied

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's aims and objectives were displayed for patients to view. A range of key performance indicators were measured to assess the performance of the service against its objectives. A formal process and the outcome of the measurement of key performance indicators should be documented.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out how the service would deliver safe, person-centred care. An audit programme provided continuing quality assurance in the service. A quality improvement plan was in place. Risk assessments were completed and reviewed regularly.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed, with detailed consultations and all appropriate consents gained.	✓✓ 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 SKM Aesthetics Ltd to take after our inspection

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

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

This inspection resulted in no requirements and three recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should develop and implement a formal process for measuring, recording and reviewing key performance indicators (see page 9). Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
	None

Implementation and delivery (continued)	
Recommendations	
b	The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients (see page 12). Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.8
c	The service should ensure its complaints procedure on its website contains the correct information and details for patients to be able to contact Healthcare Improvement Scotland at any point of the complaint process (see page 15). Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.20

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 SKM Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service's aims and objectives were displayed for patients to view. A range of key performance indicators were measured to assess the performance of the service against its objectives. A formal process and the outcome of the measurement of key performance indicators should be documented.

Clear vision and purpose

A medical practitioner, registered with the General Medical Council (GMC), owned and managed the service. The service offered aesthetics services to its patients.

We were told that the service's vision was to provide safe care to patients from practitioners with expert knowledge in aesthetics.

The service had documented aims and objectives and were displayed in the treatment room. We were told that the key performance indicators (KPIs) were continuously monitored. The service's KPIs included:

- continuous improvement
- customer satisfaction, and
- internal process quality.

What needs to improve

The service did not formally document its process of continuously monitoring KPIs to measure progress against the stated aims and objectives (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a formal process for measuring, recording and reviewing key performance indicators.

Leadership and culture

The service manager had a well-defined role, responsibilities and support arrangements in place for staff. This helped to provide assurance of safe and consistent patient care and treatment.

Staff in the service included a healthcare practitioner appointed under practising privileges (staff not employed directly by the provider but given permission to work in the service). All staff were encouraged to participate and contribute to the day-to-day running of the service. Regular team meetings had a set agenda in place. Minutes of these meetings that we reviewed showed that staff could make suggestions and voice ideas for improvements to the service.

We saw a recent example of staff feedback used to improve the service. After receiving feedback from staff, the service's website was amended to make the differences between two types of treatment clear. Staff found that patients were booking the incorrect treatment, products were ordered before their appointment and this resulted in cancelled patient appointments. The website was updated to clearly explain the treatment to be booked depending on the area of the face being treated.

The service manager supported the healthcare practitioners and was always present in the service during operating hours. They offered advice and support to the healthcare practitioners, who were encouraged to discuss more complex patient cases with them. The healthcare practitioners regularly met together for clinical peer reflection. Feedback we received from staff included:

- 'We have regular meetings where we chat through difficult cases.'
- 'I really enjoy being part of a team where the focus is very much on what the client wants.'

The service's whistleblowing policy described how staff could raise a concern about patient safety or practice.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out how the service would deliver safe, person-centred care. An audit programme provided continuing quality assurance in the service. A quality improvement plan was in place. Risk assessments were completed and reviewed regularly.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patients could contact the service in a variety of ways, including over the telephone, through email or text message.

Key information about the treatments offered, including risks and benefits was available in the service's treatment room and waiting room. Treatment information was also available on the service's website.

We were told that many patients were returning customers. Consultations were appointment-only and carried out face-to-face in the clinic. Patients told us:

- 'Dr [...] is amazing, I always highly recommend her to my family and friends.'
- 'Highly rate and recommend this service.'

The service's participation policy described how it would gather and use patient feedback to continuously improve. Patients were actively encouraged to provide feedback verbally or electronically. We saw that the service used this to inform its quality improvement plan. The service was updating its IT system and the way it collected and analysed feedback. It was anticipated that this would allow for the service to collect more specific feedback from patients and could generate reports on the feedback received.

The service received verbal and electronic feedback from patients. All feedback was recorded and used to inform improvements made to the service. While the service made improvements, the impact of improvements were not measured and shared with patients (recommendation b).

- No requirements.

Recommendation b

- The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients.

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.

A range of policies and procedures were in place to help make sure that patients and staff had a safe experience in the service. Key policies included those for:

- adult safeguarding (public protection)
- consent to treatment
- dealing with emergencies
- infection prevention and control, and
- medication management.

At the time of our inspection, all service policies had been recently re-written with the assistance of a medical policy writing company. This was to help make sure policies were in line with updated legislation and best practice guidance.

Effective measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the treatment room was cleaned at the end of each day. An external cleaning company also cleaned the clinic three times a week. We saw that all cleaning tasks were logged as completed on the treatment room cleaning log. All equipment used, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection. Alcohol-based hand rub and disposable paper hand towels were used to help maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

A fire risk assessment was carried out every year. Fire safety signage was displayed and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring. Portable appliance testing on electrical equipment had been completed.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency drugs supply. All medicines were obtained from

appropriately registered suppliers. Emergency medicines were stored correctly and in-date, with checks carried out on expiry dates. The practitioners were trained in basic life support.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was displayed on the service's website. At the time of our inspection, the service had not received any complaints in the previous 12 months.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy in place and its most recent duty of candour report was displayed in the treatment room. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments through an online booking system. We were told patient consultations for treatment were always carried out face-to-face with the practitioner. A health questionnaire was completed in the service by the patientwhich included any past medical history. We were told that the practitioner discussed risks, benefits and possible side effects of treatment. On the day of treatment, patients reviewed a consent to treatment form which the patient and practitioner then signed. The patient signed that they had received written aftercare advice from the service.

We saw evidence of post-treatment aftercare instructions shared with patients following treatment. Aftercare instructions included the practitioner's out-of-hours contact numbers in case of any complications. Patients who responded to our online survey told us:

- 'I have always received great and concise information about my treatment, all details about what to expect, risks and also how to manage aftercare.'
- 'I was provided with all relevant information in a really helpful way.'

All patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

The manager carried out pre-employment checks for staff before they started work in the service. This included checks on:

- Disclosure Scotland status
- identification
- insurance
- professional registration
- references, and
- training and continued professional development.

All staff working in the service completed an induction.

Practising privileges policies were in place these included a description of how these staff members were expected to work in the service, and employee responsibilities, aims, expectations and behaviors. Practising privileges contracts were also in place for staff members.

The service had a process in place for ongoing checks on staff to make sure they remained safe to work in the service, this included:

- annual staff appraisal
- appraisal from substantive post
- further training and continued professional development
- insurance
- mandatory training, and
- professional registration checks.

The service manager and staff also participated in formal appraisal under the NHS as part of their GMC revalidation. This process is how doctors demonstrate to the GMC that they are up to date and fit to practice.

We saw that the service kept up to date with research and best practice through continued professional development and from the mutual support of professional colleagues. This meant that the most up-to-date best practice guidance was implemented in the service. The service manager had a particular interest in aesthetic complication management with the use of ultrasound and had participated in shadowing an expert in this field. Staff that worked in the service were members of CMAC (Complications in Medical Aesthetic Collaborative).

The service set out a list of mandatory training that all staff were required to complete every year, this included:

- basic life support
- duty of candour
- infection prevention and control, and
- manual handling.

The service encouraged staff to participate in continued professional development. Training and development was often discussed at team meetings and the service manager and staff often booked training courses together to make sure patients were given continuity of care.

What needs to improve

The complaints procedure on the service's website did not include the correct contact details of healthcare improvement Scotland (recommendation c).

- No requirements.

Recommendation c

- The service should ensure its complaints procedure on its website contains the correct information and details for patients to be able to contact Healthcare Improvement Scotland at any point of the complaint process.

Planning for quality

Appropriate risk assessments were in place to effectively manage risk in the service and make sure that care and treatment was delivered in a safe environment. These included:

- data protection
- electrical safety
- fire safety
- needles and sharps injuries, and
- slips, trip and falls.

The risk assessments were collated into a risk register, which was reviewed regularly. In identifying and taking action to reduce any risks to patients and staff, the service helped make sure that care and treatment was delivered in a safe environment.

The service completed monthly audits, such as those for:

- cleaning
- fridge temperature
- medicine, and
- patient care records.

The service manager and staff carried out audits and results were regularly shared at monthly meetings. Any actions arising from audits would be logged on the quality improvement plan. We saw examples of improvements made to the service arising from audit results. For example:

- A medicine audit had found that some stocked emergency medicines were expiring without being used. The service manager carried out research and spoke with aesthetics complications experts about this issue. It was decided that these medicines should not be held in the emergency stock for aesthetic complications and the service found no evidence-based research for continuing to stock them.
- A patient care record audit showed that the service's IT system was not always recording when patients had received written aftercare. Patients were asked to sign when aftercare had been received in the clinic as a temporary measure until launch of the service's new IT system. The new IT system would make sure all aftercare is logged as received in the patient care record and the service planned to launch this in November 2025.
- An audit of the fridge temperature log showed a loss of stock due to fridge temperatures shown to be outside of recommended temperatures. The service had invested in a new lockable medicine fridge with electronic temperature control to alert staff of temperature changes.

The service's quality improvement plan was detailed improvement tasks that had been carried out, as well as planned improvements for the future. For example:

- a change of software to allow for electronic prescribing from November 2025 onwards
- an improved patient feedback system, and
- seeking advice from HIS on the stocking of prescription-only medicines.

- 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 clinic environment and equipment appeared clean and well maintained. Effective infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were fully completed, with detailed consultations and all appropriate patient consents gained.

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.

Effective measures were in place to reduce the risk of infection. The clinic environment appeared clean and well maintained. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw that all cleaning tasks were logged as completed on a cleaning log.

All equipment used, including personal protective equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

Patients told us they felt the service was kept very clean and tidy:

- ‘Facilities are immaculate.’
- ‘Facilities are spectacular and very clean and a genuinely nice and calm space to be in.’
- ‘Extremely clean and hygienic.’

Safe management processes were in place for ordering, storing and prescribing medicines. The service's medicine fridge was clean and in good working order. We noted a daily temperature recording log was fully completed and up to date. This was used to make sure medicines were stored at the correct temperature. Emergency medicines stored in the fridges were in-date.

We saw the service completed pre-employment checks in staff files we reviewed, including:

- Disclosure Scotland status
- insurance documentation
- mandatory training
- photographic identification
- professional registration
- references, and
- training certificates and continued professional development.

We reviewed five patient care records and saw that assessments and consultations were carried out before treatment started. To help plan care and treatment according to individual need, these included details of:

- completed past medical history questionnaires, which included questions about allergies and whether the patient regularly used any medicines
- consent obtained before treatments were carried out
- consent for sharing information with other healthcare professionals, if required
- consent for taking photographs
- fully documented consultation
- patient contact details, and
- patients' GP and next of kin contact details.

Medicine dosage, batch numbers and expiry dates of medicines used were logged. This would allow tracking if any issues arose with the medications used. Patient care records also recorded that patients were given verbal and written aftercare advice at the time of treatment and that the cost of treatment was discussed.

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:

- ‘Always treated with high level of professionalism.’
- ‘Highest level of care is always taken.’

- 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]

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	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot