

# **Announced Inspection Report: Independent Healthcare**

**Service:** SkinZ Aesthetics, Clarkston

**Service Provider:** SkinZ Aesthetics Limited

9 October 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 SkinZ Aesthetics on Thursday 9 October 2025. We spoke with the service manager during the inspection. We also telephoned a number of staff after the inspection. We received feedback from 16 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 of this service.

Based in Clarkston, SkinZ Aesthetics is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For SkinZ 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
<p>The service's vision was available on its website for patients to view. Clear governance arrangements were in place between the provider and the staff granted practicing privileges in the service, including legal agreements and defined responsibilities. Leadership was described as attentive, approachable and committed to maintaining high standards of care, with staff feeling empowered to raise concerns.</p> <p>Objectives and key performance indicators should be formalised to measure how the service is performing, and formal staff meetings should be introduced to strengthen communication and decision-making processes.</p>	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>The service demonstrated a strong commitment to patient care, safety and clinical governance. Patients received thorough consultations, and comprehensive aftercare advice and support. Regular audits ensured high standards. Patient feedback systems were effective and consistently positive.</p> <p>However, improvements were needed in sharing feedback from all patient groups with the service manager. Although staff engaged in ongoing professional development, all staff should complete mandatory training, particularly on public protection in Scotland. The infection control and complaints policies should be strengthened. Developing a quality improvement plan, a more comprehensive business continuity plan, and expanding the range of risk assessments would help to improve how the service is delivered.</p>	✓ Satisfactory

Results	How well has the service demonstrated that it provides safe, person-centred care?
Summary findings	Grade awarded
The service demonstrated high standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. All necessary pre-employment checks had been completed for staff granted practicing privileges. While infection prevention and control measures were generally appropriate, hand towel dispensers should be wall mounted.	✓✓ 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 SkinZ 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 12 recommendations.

Direction	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>b</b>	<p>The service should implement formal meetings with a Wimpole representative and formally document discussions, actions taken and those responsible for taking forward any actions (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirement	
<b>1</b>	<p>The provider must ensure that the Wimpole Clinic updates its website to refer to Healthcare Improvement Scotland as the regulatory body for services that are delivered in Scotland (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 15(6)(a)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
<b>c</b>	<p>The service should ensure that specific feedback from patients who receive Wimpole services in the clinic is shared with the service manager (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

## Implementation and delivery (continued)

### Recommendations

- d** The service should review its infection prevention and control policy to make sure sufficient information and guidance is included on standard infection control precautions, and that the policy references current national infection prevention and control guidance and standards (see page 17).

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

- e** The service should review all policies and procedures to ensure they clearly outline the purpose of the policy, reference relevant national guidance and give clear instructions on individuals' roles, responsibilities and tasks (see page 17).

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

- f** The service should update its complaints policy to provide clear guidance on how all patient complaints will be dealt with. The policy should be made available on the service's website for easy access by patients (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

- g** The service should ensure all staff have received training relevant to their role, including duty of candour, basic life support and safeguarding (public protection) (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

- h** The service should ensure fridge temperature checks are recorded along with any actions required or taken to comply with national guidance for temperature-sensitive medicines (see page 18).

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

- i** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and 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



Implementation and delivery (continued)	
Recommendations	
j	<p>The service should review its business continuity plan to ensure it sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
k	<p>The service should expand its current programme of risk assessments to ensure that all relevant aspects of environmental and clinical risk are included. Each risk assessment should also include a risk management plan and review date (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Results	
Requirements	
None	
Recommendation	
l	<p>The service should ensure all hand towel dispensers are wall mounted in line with national infection prevention and control guidance (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

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](#)

SkinZ 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 SkinZ 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's vision was available on its website for patients to view. Clear governance arrangements were in place between the provider and the staff granted practicing privileges in the service, including legal agreements and defined responsibilities. Leadership was described as attentive, approachable and committed to maintaining high standards of care, with staff feeling empowered to raise concerns.

Objectives and key performance indicators should be formalised to measure how the service is performing, and formal staff meetings should be introduced to strengthen communication and decision-making processes.

The service's vision, displayed on the clinic website, stated that it aimed to enable patients to 'experience transformative non-surgical treatments tailored to your unique beauty...'. The service had granted practicing privileges (staff not directly employed by the provider but given permission to work in the service) to several medical and nursing staff employed by the UK-wide Wimpole Clinic to deliver minor surgical procedures, namely hair transplant services, from the clinic. Wimpole had its own vision statement available on its website to 'make hair transplant surgery more affordable, convenient and accessible...'.

#### What needs to improve

We were told the service measured its performance based on patient return rates, word of mouth referral numbers and patient feedback. However, these measures were not documented or defined as objectives or key performance indicators. Developing objectives and/or key performance indicators would help to monitor and measure the quality and effectiveness of the service. This would help the service to demonstrate what was working well and what could be improved (recommendation a).

- No requirements.

## **Recommendation a**

- The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered.

### ***Leadership and culture***

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council (NMC), who was also an experienced aesthetics practitioner. Staff granted practicing privileges operated from the service 3-4 days each month. These staff members used Wimpole standard operating procedures for patient care, medication management and staffing. Appropriate infection prevention and control and waste management processes were followed, and the service manager had access to Wimpole patient care records.

To ensure lines of responsibility and accountability were clear in relation to staff delivering services from the clinic, the service developed a legal contract between the service's provider and the Wimpole Clinic provider. This outlined the legal responsibilities of Wimpole staff delivering services from the clinic. This ensured a comprehensive approach to managing the practicing privileges arrangements to protect the service and ensure high standards of patient care.

We saw that individual staff members also had signed practicing privileges contracts in place which described their individual responsibilities in the clinic.

As the Wimpole Clinic was a UK-wide organisation, and operated from several sites across the UK, established processes were in place for co-ordinating patient care. A senior patient advisor from Wimpole was the main administrative and communication contact for the service. We were told there was regular email, telephone and in person communication between the patient advisor and the service.

We were told the service manager carried out site visits when Wimpole staff members were onsite treating patients. The purpose was to have contact with the staff, observe staffing levels and patient processes, the environment and the care being delivered. Staff we spoke with said the service manager was approachable, attentive and thorough in their approach to patient care and service delivery. Staff also told us they could raise any issues if needed, and they were confident they would be taken seriously and addressed.

### **What needs to improve**

While there was evidence of good communication between the senior patient advisor from Wimpole and the service, there was no regular, formalised meetings between them where ongoing communication and decisions were minuted. Introducing routine meetings would be beneficial to evidence the ongoing sharing of information such as patient feedback, quality improvement activity, risk, and health and safety matters, and decision making (recommendation b).

- No requirements.

### **Recommendation b**

- The service should implement formal meetings with a Wimpole representative and formally document discussions, actions taken and those responsible for taking forward any 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

The service demonstrated a strong commitment to patient care, safety and clinical governance. Patients received thorough consultations, and comprehensive aftercare advice and support. Regular audits ensured high standards. Patient feedback systems were effective and consistently positive.

However, improvements were needed in sharing feedback from all patient groups with the service manager. Although staff engaged in ongoing professional development, all staff should complete mandatory training, particularly on public protection in Scotland. The infection control and complaints policies should be strengthened. Developing a quality improvement plan, a more comprehensive business continuity plan, and expanding the range of risk assessments would help to improve how the service is delivered.

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

The service's website provided information about the services available, including treatment outcome pictures and pricing. The service's social media accounts also included patient testimonials, information on new treatments available and patient journey stories. The Wimpole Clinic's website and social media accounts included comprehensive service and patient care information, including about services being offered in this Scottish clinic.

We were told that patients receiving aesthetic treatments were automatically sent a feedback questionnaire after their appointment. We saw there had been over 300 reviews since 2022, with high ratings and many positive comments on a specific aesthetics app. We were told the service manager was notified when patient feedback was submitted and this was reviewed promptly. We were told no feedback had yet been received that had resulted in the need for improvements to the service. However, the service manager told us they were open to suggestions and actively encouraged patients to share their ideas. Patients were also encouraged to give feedback verbally to the practitioner if they did not want to post an online review.

Wimpole patients also received an online patient feedback questionnaire following treatment. We saw that these patient reviews were also consistently positive. This information was available for patients to view on an online review platform linked to their website. We were told the service manager reviewed a sample of the Wimpole online reviews every month to ensure standards remained high.

### **What needs to improve**

The Wimpole Clinic website included information about its services being available in this Scottish clinic. However, the website referred to the regulator as the Care Quality Commission. This only applies to its services in England (requirement 1).

We noted that no process was in place to proactively collate and share feedback from Wimpole patients directly with the service manager. This meant that they were not receiving information about all of the clinic's patients' experiences in the service. This would help to ensure the service can identify and address areas for improvement (recommendation c).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that the Wimpole Clinic updates its website to refer to Healthcare Improvement Scotland as the regulatory body for services that are delivered in Scotland.

### **Recommendation c**

- The service should ensure that specific feedback from patients who receive Wimpole services in the clinic is shared with the service manager.

### **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.

Healthcare Improvement Scotland's notifications guidance details specific events and circumstances which services are required to report to us. The service manager had submitted notifications, as required, demonstrating they understood their responsibilities.

A process was in place for recording any accidents and incidents that may occur in the service. We noted there had not been any accidents or incidents in the last year.

A variety of policies and processes were in place and had been shared with the Wimpole staff members to help support safe care. This included:

- standard operating procedures
- information management, and
- safeguarding (public protection).

The service's complaints policy was displayed in the reception area and included information about contacting Healthcare Improvement Scotland and our contact details. The service had not received any complaints since its registration with Healthcare Improvement Scotland in December 2019, and we had not received any complaints about the service.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. A duty of candour policy was in place, and an annual report was available on the service's website. We noted the service had not had any duty of candour incidents.

All medications used in the service were ordered from appropriately registered suppliers and ordered for individual patients. A medication fridge was used to store medicines, and the temperature of the fridge was within the appropriate limits on the day of inspection. We saw that all medication in the fridge was prescribed for individual patients. Only emergency medications were held in stock. These were in date and stored securely. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to ensure they received relevant medication safety alerts. The Wimpole staff brought medication they required for their services with them and did not store any on site. They told us they did not use controlled drugs (medications that require to be controlled more strictly, such as some types of painkillers) and only used local anesthetic for their hair transplant procedures.

We saw there was an adequate supply of single-use equipment and personal protective equipment (such as aprons and gloves). We were told sterile packs of gloves and equipment were used for all patient care, including non-surgical aesthetic procedures. We were told all equipment used for minor surgery was disposed of after each patient, even if it was not single use.

We were told aesthetics patients received a free face-to-face consultation with the service manager, and had the opportunity to discuss their wishes and expectations for treatment as well as being informed of the risks and benefits of treatments. We were told patients were given a cooling-off period if this was their first time receiving an invasive procedure such as anti-wrinkle medication or dermal filler. This meant patients had time to consider the options available

to them before going ahead with treatment. We were told consideration was given to patients' psychological wellbeing when carrying out an initial assessment. If there were concerns about body dysmorphic disorder (a mental health condition where a person worries excessively about perceived flaws in their appearance), patient care would be declined or they would be redirected to alternative treatments. Patients received both verbal and emailed aftercare advice after their appointment.

We were told Wimpole patients received a free initial consultation with a senior patient advisor. They were then offered a face-to-face or online consultation with a doctor for a full consultation to plan their treatment. A full consultation, including past medical history, expectations of treatment, treatment plan and consent, were all repeated on the day of surgery. Patients received intensive follow up from a dedicated aftercare team. This included written aftercare information, as well as regular telephone and video calls over a period of up to 18 months.

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

We saw that the service manager regularly undertook training to maintain and update their skills in the core treatments they delivered, for example skin boosters and advanced anti-wrinkle treatment training. We were also told they attended relevant conferences to keep themselves and the service up to date with best practice.

The service manager had met with all Wimpole staff members before they started working in the clinic. They also met with the Wimpole medical staff members every 6 months to discuss their appraisal. This meant they were assured that staff working in the clinic were maintaining their skills and had received an appraisal relevant to their role.

### **What needs to improve**

While infection control practice was good, the infection prevention and control policy lacked sufficient detail on standard infection control precautions to help prevent the risk of infection, specifically hand hygiene, use of personal protective equipment and management of blood spills. The policy should contain all relevant national infection prevention and control information and guidance to effectively support staff to ensure patient safety (recommendation d).



Some of the service's policies and procedures required further review, for example the medication management policy. The purpose of each policy, individuals' roles, responsibilities and tasks should also be clearly defined to enable the policy to be understood and appropriately applied in practice by staff (recommendation e).

The service's complaints policy was not available on the service's website and did not include sufficient detail on how complaints from Wimpole patients would be managed. We were told complaints from these patients would be received by the service but may be referred to the Wimpole Clinic for investigation (recommendation f).

The service did not keep evidence of relevant mandatory training from the Wimpole staff members, for example basic life support, duty of candour, safeguarding (public protection) and general data protections regulations training. The service had not ensured that the Wimpole staff members had undertaken relevant safeguarding (public protection) training. This is particularly important to ensure healthcare professionals delivering services in Scotland understand their public protection legislative responsibilities (recommendation g).

Although we were told the temperature of the medication fridge was checked every day, this was not recorded (recommendation h).

- No requirements.

#### **Recommendation d**

- The service should review its infection prevention and control policy to make sure sufficient information and guidance is included on standard infection control precautions, and that the policy references current national infection prevention and control guidance and standards.

#### **Recommendation e**

- The service should review all policies and procedures to ensure they clearly outline the purpose of the policy, reference relevant national guidance and give clear instructions on individuals' roles, responsibilities and tasks.

### **Recommendation f**

- The service should update its complaints policy to provide clear guidance on how all patient complaints will be dealt with. The policy should be made available on the service's website for easy access by patients.

### **Recommendation g**

- The service should ensure all staff have received training relevant to their role, including duty of candour, basic life support and safeguarding (public protection).

### **Recommendation h**

- The service should ensure fridge temperature checks are recorded along with any actions required or taken to comply with national guidance for temperature-sensitive medicines.

### ***Planning for quality***

The service had proactively assessed and managed risks to patients and staff. This helped to make sure that care and treatment was delivered in a safe way and in a safe environment. This included carrying out risk assessments detailing actions taken to control or reduce risks, such as ventilation and fire safety. Appropriate insurances were in-date, with certificates displayed in the clinic. Electrical safety certificates and portable appliance testing of electrical equipment were in date.

A comprehensive audit programme was in place to monitor quality standards in the service. This included regular audits reviewing:

- patient care records
- medications, and
- infection prevention and control.

Any issues identified through audits were acted on immediately with solutions identified and put in place. The monthly audit of patient care records included a sample of Wimpole patient care records. We were told every Wimpole patient care record was audited by its own quality assurance team after every treatment. This process helped to identify any issues with record keeping and ensure they were addressed promptly. As a result, no issues had been identified by the service manager with Wimpole patient care records. However, an agreed process was in place to raise issues if they did occur.

### **What needs to improve**

While the service had a culture of quality improvement, including carrying out a 6-monthly review of the service to identify any actions to be taken forward, this was not documented in a quality improvement plan. This would help to structure and record service improvement processes and outcomes, and would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation i).

While the service's business continuity plan covered the potential impact of inspection activity on service delivery, the plan did not cover events that may cause an emergency closure of the service or cancellation of appointments, such as power failure, major incident or sickness. The plan also did not outline the actions that would be taken to manage patients' ongoing treatment (recommendation j).

The service had not revised the range of environmental or clinical risk assessments carried out since the introduction of minor surgical procedures. For those risk assessments in place, the review updates did not always outline the ongoing risk management plan in place to control the risks identified or include a review date (recommendations k).

- No requirements.

### **Recommendation i**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

### **Recommendation j**

- The service should review its business continuity plan to ensure it sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

### **Recommendation k**

- The service should expand its current programme of risk assessments to ensure that all relevant aspects of environmental and clinical risk are included. Each risk assessment should also include a risk management plan and review date.

## 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 service demonstrated high standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. All necessary pre-employment checks had been completed for staff granted practicing privileges. While infection prevention and control measures were generally appropriate, hand towel dispensers should be wall mounted.**

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment and equipment was of a high standard, and the service was visibly clean, organised and well maintained. All clinic rooms had appropriate wash hand basins or scrub-up troughs in line with national infection prevention and control guidance. Although the clinic room flooring was not compliant with national infection prevention and control guidance, the flooring and skirting were in good condition and had a silicone seal to reduce and control risks. Antibacterial hand wash and disposable paper hand towels were available to support good hand hygiene. Individual clinical waste contracts were in place for both the service and Wimpole staff. This meant that responsibilities around waste management were clear, and issues could be dealt with if they arose.

The service had a comprehensive and thorough approach to infection prevention and control. We saw the service's daily cleaning schedule included cleaning of all areas by a cleaning service. The process of cleaning between patient appointments was clear and was carried out by staff. We were told there was regular communication between the Wimpole staff and the service manager in relation to cleanliness and waste management standards and processes. This meant the service was able to maintain high standards and expectations were clear.

Staff told us the environment was welcoming and relaxing for patients. They said it was always cleaned to a high standard, and all necessary equipment and cleaning materials were available. All patients who responded to our online survey told us they were satisfied with the clinic environment. Some comments we received from patients included:

- 'Extremely professional, very clean, tidy.'
- 'Beautiful clinic, very clean.'

We reviewed six patient care records, including three Wimpole patients. We found that all demonstrated safe, person-centred care and were fully completed, including information relating to:

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

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

- 'I did my research... is extremely educated in [their] field as well as experienced.'
- 'Very knowledgeable... will always discuss the knowledge and science behind any treatment query which gives confidence.'
- 'All questions were answered clearly and concisely. It is very clear they... have a deep understanding of what they do.'

We reviewed three staff records for staff granted practicing privileges. We saw evidence that all appropriate pre-employment checks had been completed, including proof of ID, Disclosure Scotland Protecting Vulnerable Groups (PVG) background check, professional registration and references.

### **What needs to improve**

Although paper hand towels were available, the hand towel dispenser in one clinic room was not wall mounted. This is not in line with national infection prevention and control guidance (recommendation I).

- No requirements.

### **Recommendation I**

- The service should ensure all hand towel dispensers are wall mounted in line with national infection prevention and control guidance.

## 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](http://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](mailto:his.ihtregulation@nhs.scot)



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