

Announced Inspection Report: Independent Healthcare

Service: Sage Aesthetic, Dunecht

Service Provider: Sage Aesthetic Ltd

18 November 2025

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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 16 August 2022

Recommendation

The service should encourage patients to share their GP details and to give consent to share information with their GP, if required.

Action taken

In the patient care records, we found that patients could consent to share their GP details were recorded to give consent to share information with their GP, if required.

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 Sage Aesthetic on Tuesday 18 November 2025. We spoke with a number of staff during the inspection. We received feedback from 12 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Dunecht, Sage Aesthetic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Sage Aesthetic, 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
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
	The service's vision and purpose and aims were available to patients. The practitioners worked well together and regularly met to discuss the service. A local governance structure was in place.	✓✓ Good
	Patient feedback was actively sought. Information about treatments offered was available on the service's website. Information on how to complain was readily displayed in the clinic and on the service's website. Appropriate risk assessments were in place. A range of policies were in place. The service met regularly with another service. A comprehensive quality improvement plan was in place.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
	The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications and consumables were in date and checked regularly. Adequate personal protective equipment was available for use. Patient care records were comprehensive including the outcome of each consultation and we saw clear records of prescribing. Aftercare was recorded.	✓✓ 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](https://www.hiscarequality.scot/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 Sage Aesthetic 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 one requirement and one recommendation.

Implementation and delivery	
Requirement	
1	The provider must ensure that staff granted practising privileges receive regular individual performance reviews and appraisal (see page 16). Timescale – by 18 February 2026 <i>Regulation 12(c)(i) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendation	
a 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 13). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Sage Aesthetic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Sage 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
<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 and purpose and aims were available to patients. The practitioners worked well together and regularly met to discuss the service. A local governance structure was in place.

Clear vision and purpose

The service's website set out a vision statement and mission statement, as well as aims and objectives. Its vision was to provide aesthetic and surgical services of the highest quality. It also stated that it planned to introduce new services from clinicians with a shared enthusiasm for excellence and patient-centred care.

The service's mission statement to deliver medical aesthetic and surgical services to the highest standards addressed the following areas:

- Community and service improvement. Patients would help guide the service provided through active engagement.
- Patient-centred care. The service aimed to treat each patient with respect and dignity as an individual and in a holistic way. It would empower the patient through shared and informed decision-making in their care management.
- Safety. With a culture of professionalism and evidence-based care, the service would carry out comprehensive audits and quality control measures.
- Standards. The service's clinicians would operate to the highest professional standards and be accountable to their patients.
- Team enablement. The service aimed to provide the conditions and resources for its staff to work well.

The service's aims and objectives were:

- clinic culture: to maintain an environment that valued and respected all patients and staff through the values of diversity, equity and inclusion
- culture and development: provision of care from a group of clinicians in a supportive environment which encouraged ongoing professional development
- deliver the highest quality care: to offer aesthetic and surgical services that were patient-centred, safe, effective and evidence-based
- environment: to provide a relaxed, friendly, unhurried setting where patients could come to treatment decisions in a stress-free consultation
- improvement: a process informed through continued re-evaluation and audit, and
- service development and improvement: to consider new services and build strong relationships with the local community to help inform these.

We saw that the service reviewed its mission and vision statements along with its aims and objectives regularly.

- No requirements.
- No recommendations.

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 another medical doctor 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 the meetings we reviewed showed that staff could make suggestions and share ideas for service improvements.

We saw a recent example of staff feedback used to improve the service, where a staff member had proposed the introduction of a dermoscopy service. The service had then submitted a notification to include this service to Healthcare Improvement Scotland.

The service manager supported the other medical doctors and was present in the service during operating hours. They offered advice and support to the

doctors when needed. The doctors were encouraged to discuss any complex patient cases with the service manager. Staff also regularly met for clinical peer reflection.

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

A governance system was in place that helped to maintain safe practice and promote continuous improvement in the service, which included:

- a programme of audits
- management and staff meetings
- patient satisfaction, and
- policy and procedure reviews.

We were told that the service had regular discussions as a team and saw that staff meetings were held regularly. Staff meetings had an agenda and the meetings were documented, including actions arising.

- 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient feedback was actively sought. Information about treatments offered was available on the service's website. Information on how to complain was readily displayed in the clinic and on the service's website. Appropriate risk assessments were in place. A range of policies were in place. A comprehensive quality improvement plan was in place.

Staff granted practising privileges must receive regular individual performance reviews and appraisals.

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

The service's patient participation policy described how feedback would be gathered from patients about their experiences. It also set out how this information would be used to change practice and meet patients' expectations, individual needs and address any concerns. This demonstrated a collaborative approach with patients to help continuously improve the way the service was delivered.

Patient feedback was gathered in a variety of ways, including through online surveys, a patient questionnaire and social media reviews. Patients were also encouraged to provide verbal feedback about their experience at any stage of their treatment. Surveys showed that patients were very content with the consultation process and the standard of cleanliness in the clinic.

All feedback was recorded and used to inform improvements made to the service. We saw examples of changes made after the service had received feedback, such as:

- improved car parking
- introduction of stress balls to distract patients during aesthetic treatments, and
- updating its website.

The service's website and social media pages contained information about the service, the treatments it offered and costs.

What needs to improve

While the service made improvements, the impact of improvements were not measured and shared with patients (recommendation a).

- No requirements.

Recommendation a

- 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.

Comprehensive policies and procedures helped support the delivery of safe, person-centred care. Policies were reviewed twice a year as identified in an audit calendar or in response to changes in legislation, national guidance and best practice. Examples of key policies in place included those for:

- duty of candour
- infection prevention and control
- information management
- medicines management, and
- safeguarding (public protection).

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day.

An emergency policy was in place. We saw that an emergency drug supply and first aid kit were securely stored for aesthetic emergencies, such as a vascular occlusion (blockage of a blood vessel). We saw evidence of the practitioner's current training certificates displayed in the clinic. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive medical alerts and report any adverse incidents.

Maintenance contracts for fire safety equipment and portable electrical appliances were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been carried out.

An up-to-date complaints policy was available in the service and on the service's website. The policy included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland at any time. We noted the service had received no complaints since it was registered with Healthcare Improvement Scotland in January 2017.

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 and an annual duty of candour report was available in the service and on its website.

Paper patient care records were stored securely in a locked filing cabinet, which the practitioners had access to. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to help make sure confidential patient information was safely stored.

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

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

We saw evidence that the practitioners kept up to date with training, including training in:

- anaphylaxis (life-threatening allergic reaction)
- basic and advanced life support
- dermal filler complication management, and
- duty of candour.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment took place. A free, face-to-face initial consultation was offered to patients, with a cooling-off period before

their treatment appointment. Patients confirmed that they received enough information from the service about treatments in order to make an informed decision. We saw that a generic aftercare leaflet for anti-wrinkle injections and dermal fillers was available and we were told that patients were given these after treatment. This informed patients of who to contact if they had any questions or queries about their treatment.

The provider 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 staff were expected to work in the service, as well as employee:

- aims
- behaviours
- expectations, and
- responsibilities.

A practising privileges contract was in place for a newly recruited doctor. 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:

- 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 General Medical Council (GMC) revalidation. This process is

how doctors demonstrate to the GMC that they are up to date and fit to practice.

The service kept up to date with research and best practice through continued professional development. Clinicians attended webinars and additional masterclass sessions and received mutual support from professional colleagues to help maintain the most up-to-date best practice guidance in the service.

What needs to improve

The service did not have an appraisal process in place to make sure that practitioners granted practising privileges were maintaining and developing their knowledge and skills (requirement 1).

Requirement 1 – Timescale: by 18 February 2026

- The provider must ensure that staff granted practising privileges receive regular individual performance reviews and appraisal.

- No recommendations

Planning for quality

We saw that the service had a business continuity plan in place. This detailed a contingency arrangement that would give patients an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness, flood or power failure). Appropriate insurances were in-date, such as public and employer liability insurance. The service had a system in place to record any incidents or accidents. We were told that no incidents or accidents had been experienced and saw that the accident book did not contain any entries. The service was aware of the notification process. The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of.

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

- chemicals (control of substances hazardous to health)
- fire
- moving and handling, and
- slips, trips and falls.

The risk assessments helped make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and staff.

The service carried out some regular audits, including those for:

- hand hygiene
- infection prevention and control
- medication, and
- waste.

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

A detailed quality improvement plan set out how the service used information from audit results and patient feedback to continuously improve service delivery and patient outcomes. The plan was regularly reviewed and updated.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications and consumables were in-date and checked regularly. Adequate personal protective equipment was available for use. Patient care records were comprehensive including the outcome of each consultation and we saw clear records of prescribing. Aftercare was recorded.

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 clinic was clean, tidy and well maintained. We saw good compliance with infection prevention and control procedures. Appropriate cleaning wipes were used and the clinical handwash sink was cleaned in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings. A cleaning checklist was fully and accurately completed. All equipment for procedures was single-use to prevent the risk of cross-infection. We saw a good supply of antibacterial soap and disposable paper hand towels to maintain good hand hygiene. Personal protective equipment was readily available and in plentiful supply. Clinical waste was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘Clean, bright salon with plenty room to undergo treatments safely.’
- ‘Very clean and professional premises, well suited to medical aesthetic procedures.’
- ‘Standard of hygiene is excellent, excellent quality equipment in a calm and pleasant décor.’

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. All medication was in-date. A consumables and medication checklist was fully completed.

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

- ‘Every treatment I’ve had has been fully explained and discussed with me ensuring that any decision is made with my full understanding and consent.’
- ‘I originally intended to go in for a certain treatment however after discussing with her in great lengths what I wanted she supported a different treatment, explaining all its benefits suited to my needs.’
- ‘Always time allowed for discussion regarding treatment - the same amount of time is given regardless of whether it’s first or tenth visit!’

We reviewed five patient care records, three from patients receiving aesthetic treatments and two who received minor surgery treatments. We saw that all were comprehensively completed, with appropriate consents in place.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Details of the treatments administered, including the dose of anti-wrinkle injections or dermal filler administered along with the medicine batch numbers and expiry dates were recorded. The minor surgery treatments included ‘surgical pause’ documents, where staff check that they have the correct patient and equipment and clarify the procedure before starting surgery. Each patient care record showed a clear pathway from assessment to treatments provided. Specific aftercare advice was given with each treatment. We saw that arrangements were in place to make sure the service could support patients in the event of a medical emergency or

any complications from treatment. The practitioner had signed and dated their entries in the patient care records.

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

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

- 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](http://www.healthcareimprovementscotland.org)

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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