



Healthcare
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Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Aesthetic Attraction Ltd, Lossiemouth

Service Provider: Aesthetic Attraction Ltd

19 December 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 make sure 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 Aesthetic Attraction Ltd on Friday 19 December 2025. We spoke with the service manager during the inspection. We received feedback from 18 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 to this service.

Based in Lossiemouth, Aesthetic Attraction Ltd 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 Aesthetic Attraction Ltd, 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, 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. Staff were clear about their roles and responsibilities and how they could discuss any concerns or raise areas for improvement in the service.</p>	✓✓ Good	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>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. A range of policies were in place. A comprehensive quality improvement plan was in place.</p> <p>Staff must receive regular performance reviews and appraisals. Further risk assessments must be in place.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>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.</p> <p>The service should document in its cleaning checklist that sanitary fittings, including clinical handwash sinks are cleaned with a chlorine solution.</p>	✓✓ 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 Aesthetic Attraction Ltd to take after our inspection

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

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

This inspection resulted in two requirements and three recommendations.

Implementation and delivery

Requirements

- 1 The provider must make sure that all staff receive regular individual performance reviews and appraisals (see page 16).

Timescale – by 19 March 2026

Regulation 12(c)(i)

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

- 2 The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include appropriate risk assessments to protect patients and staff (see page 17).

Timescale – by 19 March 2026

Regulation 13(2)(a)

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

Implementation and delivery (continued)	
Recommendations	
a	<p>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).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
b	<p>The service should further develop its audit programme to include infection control and laser treatments (see page 17).</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>

Results	
Requirements	
None	
Recommendation	
c	<p>The service should update its cleaning checklist to reflect that sanitary fittings including clinical handwash sinks are being cleaned with a chlorine solution (see page 20).</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](#)

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

We would like to thank all staff at Aesthetic Attraction Ltd 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, 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. Staff were clear about their roles and responsibilities and how they could discuss any concerns or raise areas for improvement in the service.

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 safe, ethical medical aesthetic care in a welcoming clinical environment, where every patient feels informed, respected, and confident in their treatment decision.

The service's mission statement was to deliver high-quality medical aesthetic services through:

- creating a warm and supportive environment
- maintaining continuous improvement
- prioritising patient safety and clinical governance
- promoting informed consent and ethical practice, and
- providing face-to-face, patient-centred consultations.

The service had the following aims and objectives:

- build trust in the local community: to develop long-term, trust-based relationships with patients through transparency, consistency and ethical practice
- culture and development: provision of care from a group of clinicians in a supportive environment, which encouraged ongoing professional development
- deliver safe, high-quality care: to provide medical aesthetic treatments that are clinically appropriate, safe and centred on patient wellbeing.
- make sure of informed and voluntary consent: to support patients to make fully informed decisions, free from pressure or hard-selling, with consent obtained in line with professional and legal standards.
- maintain face-to-face clinical assessment: to make sure every patient receives an in-person consultation before treatment, allowing proper assessment and safeguarding.
- support ongoing professional development: to maintain a skilled and knowledgeable team through continuous training and professional development

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

A nurse, who was also the registered manager, led the staffing team. The staffing team was also made up of two registered nurses, one of whom was the prescriber for the service.

Clear governance structures were in place and staff met every month to discuss operational issues. A staff group on an online messaging service was also used for exchanging information quickly. Minutes of staff meetings were recorded.

The manager invested in staff training and development to make sure the service had enough skills and competence to meet the needs of its patients. For example, all staff recently completed a training course on laser skin treatments. The manager told us they planned to introduce a more formal peer-mentoring programme to help encourage collaboration and knowledge-sharing among staff.

Staff were clear about their roles and responsibilities and how they could discuss any concerns or raise areas for improvement in the service. A whistleblowing policy was in place. Staff told us that they felt valued and respected in their role and spoke positively about the leadership and support provided. Staff told us they had been regularly kept up to date with any changes, such as updated policies and procedures. They also described the manager (practitioner) leadership as visible, approachable and supportive. Staff members were encouraged to attend conferences and training sessions to develop their skills.

- 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. A range of policies were in place. A comprehensive quality improvement plan was in place.

Staff must receive regular performance reviews and appraisals. Further risk assessments must be in place.

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 a patient survey 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 received feedback, such as:

- a sign in place at reception telling patients to take a seat and that someone would be with them, if the reception was not staffed at the time
- frosted glass on the treatment room door to help maintain privacy and dignity
- new treatments were introduced, including laser hair removal treatments and platelet rich plasma (PRP) treatments, and
- the introduction of stress balls to distract patients during aesthetic treatments.

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, it did not measure and share the impact of improvements 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). As a member of the British Association of Medical Aesthetic Nurses, the service could access additional support with aesthetic complications if needed. 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 August 2023.

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.

Electronic patient care records were password-protected and accessed securely on a computer, for which the practitioners had individual log-in details. 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 service manager and staff engaged in regular continuing professional development and revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency,

training and feedback from patients and peers for their professional body, such as the NMC every 3 years.

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

While we saw that one-to-one meetings with all staff took place, the service did not have a regular staff appraisal process in place at the time of our inspection (requirement 1).

Requirement 1 – Timescale: by 19 March 2026

- The provider must make sure that all staff receive regular individual performance reviews and appraisals.

- 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 carried out some regular audits, including those for:

- medication, and
- patient care records.

We saw that action plans were developed to address any issues identified in these audits and that the audit results were discussed at the staff meetings.

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.

What needs to improve

While risk assessments were in place for fire safety and laser treatments, no other risk assessments had been carried out to help protect patients. Risk assessments must be completed, addressing all possible risks in the service. For example, the risk of:

- control of substances hazardous to health
- electrical hazards, and
- trips and falls (requirement 2).

While the service regularly audited patient care records and medicines management, the service did not carry out audits on infection control or laser treatments (recommendation b).

Requirement 2 – Timescale: by 19 March 2026

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include appropriate risk assessments to protect patients and staff.

Recommendation b

- The service should further develop its audit programme to include infection control and laser treatments.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment was clean 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.

The service should document in its cleaning checklist that sanitary fittings, including clinical handwash sinks are cleaned with a chlorine solution.

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

We saw the 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 in place. 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. Single-use mops were used to clean the flooring.

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:

- ‘The clinic is very clean and gives a feeling of a medical treatment room.’
- ‘Room was lovely clean professional looking yet relaxing.’
- ‘Totally professional and spotless.’

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 their care and treatment received from the service and felt involved in the decisions about their care. Some comments we received included:

- ‘All procedures were explained in detail beforehand and I was given opportunity to change my mind.’
- ‘Advised as a professional what she thought would be the best outcome but always offered options and the choice was ultimately mine.’
- ‘There was no pressure to go ahead with treatment and I was able to ask as many questions as I wanted.’

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. 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.

What needs to improve

The service had a cleaning checklist in place. However, it did not record that sanitary fittings, including clinical handwash sinks were cleaned with a chlorine solution in line with best practice (recommendation c).

- No requirements.

Recommendation c

- The service should update its cleaning checklist to reflect that sanitary fittings including clinical handwash sinks are being cleaned with a chlorine solution.

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.



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

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