Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Allyson Ross Health & Aesthetics, Bridge of Weir

Service Provider: Allyson Ross

20 January 2026

NHS SCOTLAND

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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 Allyson Ross Health & Aesthetics on Tuesday 20 January 2026. We spoke with the service manager (owner) during the 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. This was our first inspection to this service.

Based in Bridge of Weir, Allyson Ross Health & 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 Allyson Weir Health & Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The practitioner is a registered nurse and independent nurse prescriber. Clear aims and objectives were available for patients to view. An informal short-, medium- and longer-term plan had been developed. A system should be in place to help measure the service's progress in meetings its aims and objectives. Regular, formal staff meetings should take place and include staff feedback.	✓ 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 decisions about their care. Clear processes and procedures were in place for managing complaints. Patient feedback was actively sought and used to continually improve the service. An appropriate safety assurance process must be in place to identify and minimise risks. Improvements made after feedback should be shared with patients. A formal audit programme and a quality improvement plan should be developed and implemented.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean, tidy and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Appropriate infection control measures were in place. Information in patient care records was clear and concise. Sharing information with other healthcare professionals should be documented in patient care records.	✓ Satisfactory

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 Allyson Ross 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 seven recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should ensure a system is in place to make sure the aims and objectives identified are being met (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should develop a programme of formal staff meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff to ensure issues discussed and decisions made are communicated (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
1	The provider must ensure staff are fully aware of the procedure for the management and reporting of all incidents and accidents (see page 16). Timescale – immediate *Regulation 13(1)* *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 (see page 17). Timescale – immediate *Regulation 13(2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
c	The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should develop and implement a system with documented evidence when policies and procedures are reviewed and what changes or updates were subsequently made (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
e	The service should develop a programme of regular audits to make clear when audits will be carried out covering key aspects of care and treatment. Audits must be documented and improvement action plans implemented (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

Implementation and delivery (continued)	
Recommendations	
f	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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

Results	
Requirements	
	None
Recommendation	
g	The service should ensure patient care records contain consent to share information with other healthcare professionals (see page 21). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: Find an independent healthcare provider or service – Healthcare Improvement Scotland

Allyson Ross, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Allyson Ross Health & 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The practitioner is a registered nurse and independent nurse prescriber. Clear aims and objectives were available for patients to view. A short-, medium- and longer-term plan had been developed. A system should be in place to help measure the service's progress in meetings its aims and objectives. Regular, formal staff meetings should take place and include staff feedback.

Clear vision and purpose

The service's aims, objectives and mission statement were available for patients to read on its website. This included the service's vision of delivering high quality person-centred care with a focus on patient safety and wellbeing. The service also aimed to provide the highest standard of treatment while supporting patients' agreed outcomes.

The service's purpose of offering high quality care also included its values, which were readily available for patients to view. These included:

- continuous improvement
- inclusion
- person-centred care
- transparency, and
- trust.

The service had informal short-, medium- and long-term goals with three main priorities:

- develop a quality improvement plan
- ongoing staff training, and
- review the current business plan.

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

- engaging further with the local community
- growing and expanding the service, and
- service development.

What needs to improve

The service had a vision of delivering a high-quality person-centred service with identified aims, objectives and timeframes. However, it did not have a process in place to help make sure the service was meeting the aims and objectives identified in its business plan (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a system is in place to make sure the aims and objectives identified are being met.

Leadership and culture

The owner (practitioner) was also the service manager and an experienced registered nurse and independent nurse prescriber, registered with the Nursing and Midwifery Council (NMC). The service had adequate staff numbers who were suitably qualified to carry out the aesthetic treatments offered to patients. The dental care professional working under a practicing privileges contract was also registered with the General Dental Council (GDC). Staff working under a practicing privileges contract are not employed directly by the provider but given permission to work in the service.

The dental care professional reported directly to the service manager. The manager held informal meetings with the dental care professional to share updates on:

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

The dental care professional was also encouraged to participate and contribute informally to the daily running of the service.

The service's governance approach included:

- a complaints-handling process
- gathering and evaluating feedback informally, and
- reporting of adverse events.

What needs to improve

The service had only recently recruited the dental care professional working under a practicing privileges agreement. We were told the service manager and the dental care professional met informally to discuss and address:

- areas of concern
- issues
- training, and
- treatment complications.

We were also told that the service manager had identified the need for formal staff meetings, where information about patient feedback and staff suggestions would be included in standing agendas. This process should be formalised with documented, dated meetings arranged (recommendation b).

- No requirements.

Recommendation b

- The service should develop a programme of formal staff meetings. These should be documented and include any actions taken and those responsible for the actions. Minutes of meetings should be shared with all members of staff to ensure issues discussed and decisions made are communicated.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in decisions about their care. Clear processes and procedures were in place for managing complaints. Patient feedback was actively sought and used to continually improve the service. An appropriate safety assurance process must be in place to identify and minimise risks. Improvements made after feedback should be shared with patients. A formal audit programme and a quality improvement plan should be developed and implemented.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The majority of patients were returning clients who had used the service for some time. Most new patients had been recommended to the service from existing patients or word-of-mouth, including social media reviews. All consultations were appointment-only. The initial consultation included a discussion about the patient's desired outcomes and the benefits and risks of treatment, as well as treatment costs.

Patients could contact the service in a variety of ways, including:

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

The service's website included information on treatments available, a booking system and treatment costs. It also included detailed information about staff and the treatments each staff member could deliver.

Feedback from patients about their overall experience of the service was gathered in several ways. A bespoke questionnaire and feedback form was sent to the patient automatically 24 hours after treatments. Patients could also provide verbal feedback direct to the practitioner, or could post online reviews, including on the service's social media pages. Patient testimonials were displayed on the service's website.

We were told the service reviewed feedback regularly and information gathered was used to inform service improvement activities. For example, the service had re-decorated the treatment room and introduced new treatments as a result of patient feedback.

We were told the service was developing a patient newsletter, which would include information on the service, treatments and new developments.

Aftercare information was sent electronically to patients. Some aftercare information leaflets were also available in the service, which could be given to patients after their treatment.

What needs to improve

The service used a variety of methods to gather feedback. However, it was difficult for the service to draw conclusions to inform improvement, as we found no evidence that feedback was recorded and analysed. We discussed with the service the importance of having a structured approach to patient feedback, including:

- analysing recorded results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation c).

- No requirements.

Recommendation c

- The service should adhere to its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware of the notification process to Healthcare Improvement Scotland. During our inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed

every 2 years or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

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

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

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

Information about how to make a complaint was clearly displayed on the service's website and included details on how to contact Healthcare Improvement Scotland. The service had not received any complaints since it registered with Healthcare Improvement Scotland in March 2023.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour report was displayed on its website. We noted that the service had not experienced any incidents in the 12 months before our inspection.

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

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

could contact clinical staff over the telephone or the social media app outside of clinic times. Emergency appointments were offered, if required.

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

Patient care records were stored on an electronic and password-protected system. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support. The service manager and the dental care professional were part of a local peer group, sharing ideas and advice.

The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process, as well as yearly appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years. They also kept up to date with appropriate training, such as training for:

- adult support and protection
- equality and diversity, and
- infection control.

We saw evidence of the practitioner's personal and professional development kept in an electronic folder.

What needs to improve

While the practitioner was aware of how to record and report incidents, accidents and adverse events, we saw no evidence of where this information would be recorded (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure staff are fully aware of the procedure for the management and reporting of all incidents and accidents.

Planning for quality

The service recorded the patients' past medical history, including allergies and reactions to medicines as part of the patient risk assessment.

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

What needs to improve

While the service carried out a risk assessment on patients before treatments, we did not find any other risk assessments being carried out in the service. These would help the service mitigate risk and maintain the safe health and welfare of patients attending the service (requirement 2).

We saw evidence the service had reviewed and updated its policies every 2 years and in response to changes in national guidance and best practice. However, we saw no clear process in place to advise the outcome of the review and whether changes had been made to the current policies (recommendation d).

We were told the service carried out an audit on stock control as part of its medicine management process. However, this audit was not documented, and we saw no evidence of any other completed audits (recommendation e).

A formal quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents
- audits
- complaints
- education and training events, and
- patient feedback (recommendation f).

Requirement 2 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Recommendation d

- The service should develop and implement a system with documented evidence when policies and procedures are reviewed and what changes or updates were subsequently made.

Recommendation e

- The service should develop a programme of regular audits to make clear when audits will be carried out covering key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Recommendation f

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

Key Focus Area: Results

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

Our findings

The environment was clean, tidy and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service. Appropriate infection control measures were in place. Information in patient care records was clear and concise. Sharing information with other healthcare professionals should be documented in patient care records.

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 limited self-evaluation.

Cleaning schedules were in place, fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. A clinical waste contract was in place. Clinical waste and used sharps equipment was disposed of appropriately. We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment was available. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

The medical fridge was clean and in good working order. A temperature recording logbook was used to record daily fridge temperatures and help make sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We saw a safe system in place for the procurement and prescribing of medicines.

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:

- ‘Facility is immaculately clean, very bright and airy. Any equipment used was new and taken out of sealed packaging.’
- ‘Professional, calm, clean, comfortable environment.’
- ‘Everything is always immaculate.’

We reviewed five electronic patient care records. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment to treatments provided. Patient consent to treatment was noted on all patient care records we reviewed and the practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted. The cost of treatments was detailed. Advice on specific aftercare was given with each treatment and evidenced in all patient care records we reviewed. Patient information included a full medical history, with details of any:

- existing health conditions
- medications, and
- previous treatments.

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

- ‘I had complete faith and complete confidence in the staff and their knowledge to carry out the treatment to the optimal standard.’
- ‘I find the knowledge and experience of the staff very reassuring.’
- ‘From first interaction to completed treatment was extremely efficient and professional.’
- ‘At every point I had confidence in the service and how the appointment was organised.’

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

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

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

We saw the service used bacteriostatic saline to reconstitute vials of botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection). Bacteriostatic saline is an unlicensed product and the use of this rather than normal saline for reconstitution means that botulinum toxin was used outside of its Summary of Product Characteristics. This means it is deemed as unlicensed use. The service discussed this process with patients during their consultations and included information about it in their consent forms, advising that the drug was used as an off-license medicine.

What needs to improve

We saw no evidence of patients consenting or being asked to share relevant information with their GP or other healthcare professionals in an emergency in the five patient care records we reviewed. If the patient refuses to agree, this information should also be documented (recommendation g).

- No requirements.

Recommendation g

- The service should ensure patient care records contain consent to share information with other healthcare professionals.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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