



Healthcare  
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Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Clinic Twenty Two, Kilmarnock

**Service Provider:** Clinic Twenty Two Ltd

24 February 2026

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First published April 2026

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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 Clinic Twenty Two on Tuesday 24 February 2026. We spoke with the service manager/practitioner and two staff members during and after the inspection. We received feedback from 31 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 Kilmarnock, Clinic Twenty Two is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Clinic Twenty Two, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
<p>The service's mission statement was available on its website for patients to view. Performance against identified key performance indicators was monitored to help continually improve the service. Structured governance arrangements helped to ensure a high standard of care was provided. Clear objectives were defined in a strategic plan. Leadership was visible, and staff felt supported through a positive team culture and the recognition of workforce wellbeing. The service manager was actively involved in various community engagement and external education programmes ranging from supporting youth development at schools to presenting at national aesthetic conferences.</p>	✓✓ Good
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident. The service had a structured method of gathering and acting on patient feedback. Patients were kept informed of improvements made to the service as a result of their feedback.</p>	✓✓ Good
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The service demonstrated good standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. All the necessary employment checks helped to make sure that all staff were safe to work in the service. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients were very satisfied with their care and treatment. The correct cleaning products for cleaning sanitary fittings (including clinical wash hand basins) should be used.</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 Clinic Twenty Two 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 recommendations.

Results	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
a	The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance (see page 20).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

## Results (continued)

### Recommendations

- b** The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

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

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

We would like to thank all staff at Clinic Twenty Two 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 mission statement was available on its website for patients to view. Performance against identified key performance indicators was monitored to help continually improve the service. Structured governance arrangements helped to ensure a high standard of care was provided. Clear objectives were defined in a strategic plan. Leadership was visible, and staff felt supported through a positive team culture and the recognition of workforce wellbeing. The service manager was actively involved in various community engagement and external education programmes ranging from supporting youth development at schools to presenting at national aesthetic conferences.

#### *Clear vision and purpose*

The service's mission statement, available on its website, described how the service aimed to 'create a safe and welcoming space where every patient and team member feels seen, heard and valued.' It also stated that it aimed to build 'confidence through... personalised treatments'.

A strategic plan had been developed for 2024-2026. This identified a number of objectives for the service to take forward. These included enhancing the patient experience, building a strong referral process and community partnerships, and investing in staff development and wellbeing. We could see evidence that the plan was reviewed by the entire team, and information was used to inform the related action plan for the following year.

The service evaluated whether it was achieving its mission statement through identified key performance indicators, including:

- patient retention rate
- patient satisfaction rate
- patients reporting they felt listened to
- patients reporting improved confidence, and
- complaint resolution compliance.

We saw that the key performance indicators were closely monitored and used to measure how the service was performing. For example, the patient retention rate was reported at 87%. Staff training supported the service's approach to providing person-centred care, with high patient satisfaction levels reported. Staff were encouraged to take part in two-way dialogue with the service manager about how their role would contribute to continuing to improve performance against the service's key performance indicators.

- No requirements.
- No recommendations.

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

The service was owned and managed by a nurse registered with the Nursing and Midwifery Council who was also an aesthetic practitioner. Staff were either directly employed or worked under practicing privileges. This is where staff are not employed directly by the service but are given permission to work there.

A range of healthcare and non-healthcare professionals worked in the service, including:

- prescribing practitioners, including nurses and a paramedic
- clinical assistant and laser therapist
- beauty therapist, and
- administrative staff/front of house.

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. The service manager was always available in the service during business hours.

All staff were encouraged to participate and contribute to the day-to-day running of the service. Informal communication took place using an online group messaging system.

We saw good communication between the team through an all-staff weekly 'overview and communication' meeting. This documented who was the clinical lead and first aider each day, any stock issues, and highlighted any patients due to attend appointments with high-risk medical conditions and patients' history of fainting.

Staff meetings with a set agenda were held every 6 months. We saw minutes of these meetings, which recorded discussions of agenda items, including:

- audits
- new practices and procedures for shared learning
- patient feedback
- quality improvement, and
- staff training.

We saw that the minutes included action points for identified staff nominated to take forward with timescales attached.

We could see that staff were encouraged to provide feedback and this was used to guide how the service continued to develop. For example, feedback from staff had resulted in different treatments being introduced and changes to the service's opening hours.

Staff we spoke with told us:

- 'I enjoy working for the service, the team is great.'
- 'My manager is very approachable, has an open door policy and involves me in decisions being made about the service.'

The service encouraged staff to talk with their colleagues about their wellbeing, and used a number of initiatives to help promote a positive team culture and workforce wellbeing, including:

- introducing flexible working hours to adapt around family life
- making reasonable neurodiversity adjustments, such as introducing regular breaks for staff with attention deficit hyperactivity disorder (ADHD)
- being an accredited national living wage employer, and
- having an annual training and education investment of up to £3,000 for each practitioner.

We saw evidence that the service manager was involved in community engagement and external education programmes, including:

- providing free one-to-one coaching support for women starting small businesses through East Ayrshire Council.
- speaking and supporting pupils in local schools to help motivate disadvantaged young children in their future development.
- being a key opinion leader for new microneedling and dermal filler products by actively contributing to patient case studies for companies.
- presenting information about the latest aesthetic treatments at an annual national aesthetics conference.

### **What needs to improve**

The service manager recognised the benefit of these meetings and we were told the frequency of these meetings was going to be increased to every 3 months. We will review progress with this at our next inspection.

- 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

**Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident. The service had a structured method of gathering and acting on patient feedback. Patients were kept informed of improvements made to the service as a result of their feedback.**

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

The majority of patients were returning patients who had used the service for some time. Most new patients had been recommended to the service from existing patients or by word of mouth. All consultations were appointment only.

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

- online enquiries through the service’s website or social media account
- by telephone, and
- text message.

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.

A participation policy set out how the service engaged its patients, actively sought their feedback and used this to improve the patient experience. Patient feedback was sought using:

- a dedicated complaints and feedback section on the service’s website
- a 6-monthly patient participation survey
- online reviews
- a post-appointment link to an electronic survey
- verbal feedback after appointments, and
- an online group messaging system.

All feedback was collated, reviewed and acted on promptly, if required. We saw that feedback received was positive and improvement suggestions had been acted upon, such as requests for:

- adding laser therapy information to the website
- introducing an artificial intelligence (AI) skin mapping and skin check service, and
- the planned introduction of a ground floor consultation room.

A 'you said, we did' section was added to the service's social media account and was emailed to patients every 6 months to provide feedback on improvements made as a result of patients' suggestions.

Patients who responded to our online survey told us they had been very happy with their experience of using the service. Comments included:

- 'The clinic is spotless and professional, and I have complete trust... .'
  - 'Appointments ran smoothly and on time, and every step of the process was clearly communicated. The team worked efficiently while still maintaining a warm and attentive approach. It was evident that great care had been taken to ensure everything was structured, seamless, and delivered to a very high standard.'
  - 'The service is well organised and professional. Staff are friendly, knowledgeable, and communicate clearly. Appointments run efficiently, and I always feel informed and supported throughout my care.'
- No requirements.
  - No recommendations.

### ***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 noted that the service had not had any events that should have been notified to Healthcare Improvement Scotland.

The service used a log book to record any incidents or accidents that occurred. We were told that no incidents or accidents had taken place.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. The complaints procedure was included on the service's website and was prominently displayed in the service. At the time of our inspection, no complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in February 2023.

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 year, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included:

- complaints management
- medicines management
- health and safety
- safeguarding (public protection), and
- infection prevention and control.

A medicines management policy helped to make sure medicines were managed safely and effectively. Medicines were stored in a pin locked storage room with medication requiring refrigeration kept in a locked fridge. The fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped to make sure all items had not passed their expiry and best-before dates. If prescriptions were required, patients would collect these from their local pharmacy.

The infection prevention and control policy referred to the relevant national infection prevention and control guidance and standards. The policy detailed the precautions that would be taken to reduce the risks of infection such as hand hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks).

The service recognised the importance of people's dignity and respect. Extra insulation had been installed to all doors and walls to ensure conversations could not be overheard. All consultations were by appointment, and front of

house staff could see on the electronic system what treatment had been provided to avoid discussing this when taking payment. Controlled access to the treatment rooms meant patients' privacy and dignity was not compromised.

Arrangements were in place to deal with medical emergencies. This included a daily dedicated first aider, first aid supplies and medicines available that could be used in an emergency. All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier, and the service was registered to receive product safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

The service maintained supportive professional relationships with other independent healthcare professionals who offered similar services. This allowed for shared learning, informal support and a peer appraisal process.

Patients booked their appointments using the service's online booking system or over the telephone. Patients were then sent a health questionnaire and treatment-specific information, including aftercare. We saw that patient consultations for treatment were always carried out face to face with their prescribing practitioner. A comprehensive assessment took place which included past medical history, a wellbeing assessment, and discussions on the risks, benefits and possible side effects of treatment. Patients were also offered follow-up appointments for treatment. Before and after photographs were always taken. On the day of treatment, the patient's assessment information and a consent to treatment form was reviewed which the patient and practitioner then signed. Post-treatment aftercare instructions were provided for patients before their consultation and following treatment.

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

Systems were in place to ensure staff were recruited safely, including obtaining references and checking the identity and qualifications of all staff. Disclosure Scotland Protecting Vulnerable Group (PVG) checks were also completed for all staff. We were told that an induction process was available for new staff and saw this had been introduced.

A small number of staff worked in the service under practicing privileges. We saw a thorough process in place ensuring they were appropriately qualified and

safe to work in the service. All staff had a job description, and a practicing privileges policy and signed contracts were in place.

A programme of mandatory and internal training that all staff completed included training for:

- duty of candour
- managing complaints
- fire safety, and
- moving and handling.

A yearly appraisal process was completed which included identifying personal development objectives for each individual.

Practitioners had the opportunity to develop their skills further, such as receiving training in advanced aesthetics and the study of dermatology (skin conditions).

- No requirements.
- 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 or unplanned leave). Appropriate insurances were in-date, such as public and employer liability insurance.

Systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. This included a risk register, which was regularly reviewed, to ensure identified risks were continually monitored. A range of risk assessments had been carried out, including:

- ventilation
- alcohol gel
- sharps
- slips, trips and falls
- laser
- fire, and
- blood spillage.

An audit programme was in place and we saw of evidence of several clinical and non-clinical audits carried out by staff, including those for:

- hand hygiene
- infection prevention and control
- medicine management
- patient care records, and
- pharmacy fridge checks.

We saw that action plans were developed to address any issues identified in these audits. Results from audits were discussed and shared with staff at the team meetings.

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

Maintenance contracts for fire safety equipment, gas boiler and portable appliance testing for electrical equipment were up to date.

- No requirements.
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

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

### Our findings

**The service demonstrated good standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. All the necessary employment checks helped to make sure that all staff were safe to work in the service. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients were very satisfied with their care and treatment.**

**The correct cleaning products for cleaning sanitary fittings (including clinical wash hand basins) should be used.**

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 had moved premises and undertaken a significant refurbishment. This had included re-wiring and a new gas boiler. We saw that the clinic was clean, tidy and uncluttered. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. A cleaning checklist was fully and accurately completed to show that cleaning had taken place. Equipment, including personal protective equipment (such as disposable gloves), was single use to prevent the risk of cross-infection, where appropriate. We saw a good supply of antibacterial hand wash and disposable paper hand towels to maintain good hand hygiene. Clinical waste was safely disposed of from each treatment room between appointments and stored in a secure area until collection. A clinical waste contract was in place.

The service had introduced a new software system that allowed all patient records and results to be tracked in one place. This allowed staff to visually see the full patient journey.

The service offered laser skin treatments to patients. All safety measures were in place when this treatment was being carried out, including safety warning signs on the locked treatment room door. We saw that laser safety documentation was up to date, including local rules to ensure patient and staff safety. A laser protection advisor regularly visited and reviewed the service's documentation. We saw that staff providing laser treatments had up-to-date training in place.

We reviewed five patient care records and saw that all patient details were documented, such as their:

- name and address
- date of birth
- GP details
- next of kin, and
- past medical history.

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient to determine patients' suitability for treatment. The patient and practitioner reviewed the assessment information and signed a consent form on the day of treatment. Details of the treatments administered (including the dose of anti-wrinkle injections or dermal filler administered), and the medicine batch numbers and expiry dates were recorded, along with aftercare given. A visual record of where the doses had been administered was documented, and before and after photographs were taken for each patient. The electronic date and time was recorded on each record and the practitioner had signed all relevant documentation.

We saw that the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its 'Summary of Product Characteristics' and is unlicensed. We were told this provided better pain relief for patients. We saw evidence in the patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients and that informed consent had been sought, agreed by the patient and we saw this documented in the patient care record.

We reviewed five staff files and saw that they contained all the relevant recruitment and induction information, including all the required background and identity checks. A yearly appraisal was completed in each staff file reviewed, with evidence of ongoing training. Staff working under practicing privileges had up-to-date insurance in place, enabling them to practice in the service.

Patients who responded to our online survey told us they were satisfied with the facilities and environment they were treated in. Some comments we received from patients included:

- ‘The clinic was clean, organised, and well equipped. I felt comfortable and confident in the treatment environment.’
- ‘... the new surroundings have made the experience more friendly and welcoming with a beautiful reception area with refreshments available. It’s always nice to be able to chat away to other patients that have come to visit the Clinic, everyone is friendly.’
- ‘Very professional and welcoming environment.’

### **What needs to improve**

The service was not using the correct cleaning products for cleaning sanitary fittings, including its clinical wash hand basin (recommendation a).

We found that the service had retained original Disclosure Scotland certificates following completed PVG scheme checks in staff files. This is not in line with current legislation. To ensure the security of staff’s personal information, this document should not be kept in the staff files (recommendation b).

- No requirements.

### **Recommendation a**

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance.

### **Recommendation b**

- The service should securely destroy original Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

## 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

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**Email:** [his.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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