Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Face Factor Aesthetics, Aberdeen

**Service Provider:** Skintech Aesthetics and Medispa Limited

13 February 2026

NHS SCOTLAND

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# Contents

# 1 Progress since our last inspection

## What the provider had done to meet the requirements we made at our last inspection on 29 February 2024

### Requirement

*The provider must develop effective systems that demonstrate the proactive management of risk.*

### Action taken

The service had no effective systems in place that demonstrated a proactive management of risk. **This requirement is not met** and is reported in Domain 5: Planning for quality (see requirement 4 on page 29).

### Requirement

*The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition.*

### Action taken

The service had not carried any checks on portable electrical appliances. **This requirement is not met** and is reported in Domain 5: Planning for quality (see requirement 5 on page 29).

### Requirement

*The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.*

### Action taken

The provider submitted an annual return in 2025 and 2026 to Healthcare Improvement Scotland. **This requirement is met**.

### Requirement

*The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional*

### Action taken

The provider had not improved the standard of record-keeping in the patient care records. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 6 on page 34).

**Requirement**

*The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must the date and time at which any medication is administered or otherwise disposed of, including the batch number.*

**Action taken**

We found that the patient care records did not record how patients' health and safety and welfare needs were met. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 7 on page 34).

**Requirement**

*The provider must ensure that, when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.*

**Action taken**

Governance arrangements were not in place for unlicensed medicines. **This requirement is not met** and is reported in Domain 7: Quality control (see requirement 8 on page 34).

**Requirement**

*The provider must ensure that as an independent clinic, any stock of medication that it holds must be able to be prescribed to individual patients.*

**Action taken**

**This requirement is not met** and is reported in Domain 7: Quality control (see requirement 9 on page 34).

**Requirement**

*The provider must follow national guidance for the safe management and disposal of clinical waste including cytostatic sharp.*

**Action taken**

The service had a cytostatic sharps bin in place. **This requirement is met**.

## What the service had done to meet the recommendations we made at our last inspection on 29 February 2024

### Recommendation

*The service should develop and implement a process for measuring recording and reviewing its vision purpose aims and objectives.*

### Action taken

We saw no evidence that the service had reviewed its vision, purpose, aims and objectives. This recommendation is reported in Domain 1: Clear vision and purpose (see recommendation a on page 23).

### Recommendation

*The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.*

### Action taken

We saw no evidence the service had formalised its approach to gathering feedback from patients. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation b on page 25).

### Recommendation

*The service should review and update its policies and procedure manual to ensure it includes the correct regulations governing independent health care services in Scotland to customise align each policy to Scottish legislation and national guidance.*

### Action taken

The service had not updated its policies. This recommendation is reported in Domain 4**:** Quality improvement) (see recommendation d on page 28).

### Recommendation

*The service should publish an annual duty of candour report.*

### Action taken

The service had not published an annual duty of candour report. This is reported as a requirement in Domain 5: Planning for quality (see requirement 2 on page 27).

**Recommendation**

*The service should develop a programme of regular audits to cover key aspects of care and treatments including medicines management and infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented and improvement action plans implemented.*

**Action taken**

The service did not carry out audits. This recommendation is reported in Domain 5: Planning for quality (see recommendation h on page 29).

**Recommendation**

*The service should develop a quality improvement plan.*

**Action taken**

The service did not have a quality improvement plan in place. This recommendation is reported in Domain 5: Planning for quality (see recommendation i on page 29).

**Recommendation**

*The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.*

**Action taken**

No formal business contingency plan was in place. This recommendation is reported in Domain 5: Planning for quality (see recommendation j on page 30).

**Recommendation**

*The service should complete and submit a self-evaluation as requested by healthcare improvement Scotland.*

**Action taken**

The service had not completed and submitted a self-evaluation. This recommendation is reported in Domain 7: Quality control (see recommendation k on page 35).

**Recommendation**

*Service should ensure that consent to share information with GPs and other relevant healthcare professionals is documented in the patient care records if the patient refuses to consent to it, this should be documented.*

**Action taken**

We saw no evidence of consent obtained in patient care records to share information with GPs and other healthcare professionals. This recommendation is reported in Domain 7: Quality control (see recommendation l on page 35).

**Recommendation**

*The service should review its documentation to ensure consent is clearly recorded for treatment.*

**Action taken**

The service had not reviewed its documentation around consent. This recommendation is reported in Domain 7: Quality control (see recommendation m on page 35).

**Recommendation**

*The service should develop and implement an emergency arrangements policy to reflect how it will care for patients in the event of medical complication or emergency.*

**Action taken**

An emergency arrangements policy was in place. However, this did not detail all emergencies. This recommendation is reported in Domain 4**:** Quality improvement (see recommendation g on page 28).

**Recommendation**

*The service should implement a process for ensuring that the correct dilution of cleaning solution is used for cleaning of sentry fittings including clinical wash hand basins) in line with national guidance.*

**Action taken**

The service did not have a process in place to make sure the correct dilution of cleaning solution was used. This recommendation is reported in Domain 7: Quality control (see recommendation n on page 35).

### Recommendation

*The service should develop a checklist to capture the regular checking of medication.*

### Action taken

No checklist was in place to capture the regular checking of medication. This recommendation is reported in Domain 7: Quality control (see recommendation o on page 35).

# 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 Face Factor Aesthetics on Friday 13 February 2026. We spoke with the aesthetics practitioner who was also the manager of the service We received feedback from one patient through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Aberdeen, Face Factor Aesthetics is an independent clinic providing non-surgical treatments, namely cosmetic treatments including anti-wrinkle injections, dermal fillers and weight loss injections.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Face Factor 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** |
| A service mission, service vision and goal was available on the service's website. Formalised objectives with measurable key performance indicators should be developed. | ✓ Satisfactory |
| **Implementation and delivery** | *How well does the service engage with its stakeholders and manage/improve its performance?* |
| Information about treatments offered was available on the service's website and patients were informed about treatment options. Feedback could be left in social medial or through the service's website. A range of policies were in place.<br><br>The service must display its registration certificate. An annual duty of candour report must be published. Staff training should be recorded. A proactive approach must be taken for the assessment and management of risk. Patient feedback should be formally gathered and used to improve the service. Policies should be regularly reviewed. Audits should be carried out. A quality improvement plan should be developed. | Unsatisfactory |
| **Results** | *How well has the service demonstrated that it provides safe, person-centred care?* |
| The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Sufficient and appropriate personal protective equipment was available. Botulinum toxin was disposed of appropriately.<br><br>Patients' emergency contact details and the outcome of every consultation must be recorded. Medication stock must be able to be prescribed to individual patients. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Consent for treatment and to share information with medical professionals in the event of an emergency should be recorded. A medication checklist should be implemented. | Unsatisfactory |

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 Skintech Aesthetics and Medispa Limited to take after our inspection

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

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

This inspection resulted in 11 requirements and 15 recommendations.

| Direction | |
|---|---|
| **Requirements** | |
| | None |
| **Recommendation** | |
| **a** | The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 23).<br><br>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.7 |

| Implementation and delivery | |
|---|---|
| **Requirements** | |
| **1** | The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration (see page 27).<br><br>Timescale – immediate<br><br>*Section 10Q(5)*<br>*NHS (Scotland) Act 1978* |

| Implementation and delivery (continued) | |
|---|---|
| **Requirements** | |
| **2** | The provider must produce and publish a duty of candour report every year even when no duty of candour incidents occurs in the service and update its policy to include this (see page 27).<br><br>Timescale – by Immediate<br><br>*Regulation 5(2)*<br>*The Healthcare Improvement Scotland (Inspections) Regulations 2011*<br><br>This was previously identified as a requirement in the February 2022 and March 2024 inspection report for Face Factor Aesthetics |
| **3** | The provider must update the complaints policy to make it clear the timescales for dealing with a complaint and that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process (See page 27).<br><br>*Regulation 15*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* |
| **4** | The provider must develop effective systems that demonstrate the proactive management of risk (see page 29).<br><br>Timescale – 20 March 2026<br><br>*Regulation 13(2)(a)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*<br><br>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |

| Implementation and delivery (continued) | |
|---|---|
| **Requirements** | |
| **5** | The provider must ensure that a system is in place to ensure that portable appliances are safe to use (see page 29).<br><br>Timescale – by 20 March 2026<br><br>*Regulation 3(a)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*<br><br>This was previously identified as a requirement in the March 2024 inspection reports for Face Factor Aesthetics. |
| **Recommendations** | |
| **b** | The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service (see page 25).<br><br>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.8<br><br>This was previously identified as a recommendation in the March 2024 inspection report for Face Factor Aesthetics. |
| **c** | The service should ensure that information on how to make a complaint is displayed in the service and on its website (see page 27).<br><br>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 |
| **d** | The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to take account of and reflect current legislation and best practice guidance and reflect the service provided (see page 28).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11<br><br>This was previously identified as a recommendation in the February and March 2024 inspection report for Face Factor Aesthetics |

| Implementation and delivery (continued) | |
|---|---|
| **Recommendations** | |
| **e** | The service should develop an accidents, incidents and adverse events policy which details how the service will deal with accidents, incidents and adverse events (see page 28).<br><br>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.14 |
| **f** | The service should develop a system of mandatory training to complete and retain evidence of training undertaken. This should include training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection) (see page 28).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 |
| **g** | The service should further develop its emergency arrangements policy to reflect how it will care for patients in the event of all common medical emergencies, including unresponsive patients (see page 28).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19<br><br>This was previously identified as a recommendation in the February 2022 and February 2024 inspection reports for Face Factor Aesthetics. |
| **h** | The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented and improvement action plans implemented (see page 29).<br><br>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19<br><br>This was previously identified as a recommendation in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |

## Implementation and delivery (continued)

### Recommendations

**i** The service should develop a quality improvement plan (see page 29).

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

This was previously identified as a recommendation in the March 2024 inspection report for Face Factor Aesthetics.

**j** The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 30).

Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

This was previously identified as a recommendation in the March 2024 inspection report for Face Factor Aesthetics.

## Results

### Requirements

**6** The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional (see page 34).

Timescale – by 20 March 2026

*Regulation 4(1)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics.

| Results (continued) | |
|---|---|
| **Requirements** | |
| **7** | The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must the date and time at which any medication is administered or otherwise disposed of, including the batch number (see page 34).<br><br>Timescale – by 20 March<br><br>*Regulation 4(2)(d)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*<br><br>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |
| **8** | The provider must ensure that, when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 34).<br><br>Timescale – by 20 March 2026<br><br>*Regulation 3(d)(iv)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*<br><br>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |
| **9** | The provider must ensure that any stock emergency medication that it holds can be prescribed to individual patients (see page 34).<br><br>Timescale – by 20 March 2026<br><br>*Regulation 3(d)(iv)*<br>*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*<br><br>This was previously identified as a requirement in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |

## Results (continued)

### Requirements

**10** The provider must ensure there is an effective system in place to monitor and audit medicines that are held in stock to ensure that expiry dates for these medicines remain in-date (see page 35).

Timescale – 20 March 2026

*Regulation 3(d)(iv)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

**11** The provider must have a Standard Operating Procedure for patients prescribed weight loss injections, that is aligned with the national guidance (see page 35).

Timescale – 20 March 2026

*Regulation 3(a)*
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

**k** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 35).

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

This was previously identified as a recommendation in the March 2024 inspection report for Face Factor Aesthetics.

| Results (continued) | |
|---|---|
| **Recommendations** | |
| **l** | The service should ensure that consent to share information with GPs and other relevant healthcare professionals or emergency contacts is documented in the patient care records. If the patient refuses to consent to it, this should be documented (see page 35).<br><br>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14<br><br>This was previously identified as a recommendation in the February 2022 and February 2024 inspection reports for Face Factor Aesthetics. |
| **m** | The service should review its documentation to ensure consent to treatment is clearly recorded (see page 35).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11<br><br>This was previously identified as a recommendation in the February 2022 and February 2024 inspection reports for Face Factor Aesthetics. |
| **n** | The service should have appropriate equipment to make up and store the correct dilution of cleaning solution (see page 35).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11<br><br>This was previously identified as a recommendation in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |
| **o** | The service should develop a checklist to capture the regular cleaning of the clinic (see page 35).<br><br>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11<br><br>This was previously identified as a recommendation in the February 2022 and March 2024 inspection reports for Face Factor Aesthetics. |

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

Skintech Aesthetics and Medispa Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Face Factor Aesthetics for their assistance during the inspection.

# 3 What we found during our inspection

## Key Focus Area: Direction

**Domain 1: Clear vision and purpose**

*How clear is the service's vision and purpose and how supportive is its leadership and culture?*

### Our findings

**A service mission, service vision and goal was available on the service's website. Formalised objectives with measurable key performance indicators should be developed.**

#### *Clear vision and purpose*

The service manager was a sole practitioner and doctor registered with the General Medical Council (GMC). The service offered non-surgical aesthetic treatments.

The service's mission was to help its patients feel confident and beautiful in their own skin. It stated that it was committed to providing high-quality, personalised care to each patient.

The service's vision was to be the leading provider of aesthetic treatments in its community. It stated that it wanted to stay at the forefront of the industry, offering the latest techniques and technologies. It would stay educated on the latest best practices.

The service's goal was to help its patients look and feel their best. It stated that it was dedicated to helping patients 'enhance their natural beauty and boost their self-confidence.'

The service's mission, vision and goal were displayed on its website.

Treatments were appointment-only and we were told that all patients were returning customers.

#### What needs to improve

No measurable objectives or key performance indicators were in place. These would help the service identify and measure the effectiveness of the quality of the service provided (recommendation a).

- No requirements.

### Recommendation a

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

## 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

**Information about treatments offered was available on the service's website and patients were informed about treatment options. Feedback could be left in social medial or through the service's website. A range of policies were in place.**

**The service must display its registration certificate. An annual duty of candour report must be published. Staff training should be recorded. A proactive approach must be taken for the assessment and management of risk. Patient feedback should be formally gathered and used to improve the service. Policies should be regularly reviewed. Audits should be carried out. A quality improvement plan should be developed.**

***Co-design, co-production*** *(patients, staff and stakeholder engagement)*
The service provided information on treatments, costs and information on the service through social media and its website. Patients could use a messaging app, social media or through the service's website to contact the service with enquiries.

Patients could give feedback about their experience in the service verbally directly to the practitioner. They could also use a messaging app or leave messages on the service's social media account. The service also sent out an automated email after treatment asking patients to leave a review.

We were told that new patients had used the service after recommendations from friends. All consultations were appointment-only.

### What needs to improve

We saw no clear approach to how the service obtained and gathered structured feedback. We found no evidence that feedback was recorded and analysed. A structured approach to patient feedback should include:

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

- No requirements.

### Recommendation b

- The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

### *Quality improvement*

The service had policies and procedures in place to support the delivery of person-centred care, including those for:

- complaints
- duty of candour
- emergency arrangements
- information management, and
- medication.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. The service had an accident book in place. We saw that the service had not experienced any accidents or incidents since its registration with Healthcare Improvement Scotland in November 2018.

The service had a current electrical safety certificate in place.

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

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

We saw that aftercare for anti-wrinkle injections and dermal fillers was sent electronically to patients after treatment. This included information about who patients could contact if they had any questions or queries about the treatment they had received.

The practitioner attended conferences and additional masterclasses to keep up to date with changes in the aesthetics industry, legislation and best practice guidance. The practitioner engaged in regular continuing professional development and revalidation. This is managed through the GMC 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 GMC every 3 years.

### What needs to improve

We saw that the service did not display its Healthcare Improvement Scotland registration certificate, which would show that it was providing care in line with its agreed conditions of registration (requirement 1).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been triggered. While we were told that no duty-of-candour incidents had occurred, the service had not produced or published a yearly duty of candour report in line with legislation (requirement 2).

The service's complaints policy did not have timescales for acknowledging complaints, investigation or next steps. It also did not state that patients could complain to Healthcare Improvement Scotland at any point during the complaint process (requirement 3).

Complaints information was not displayed for patients to access freely in the service or on its website (recommendation c).

The service had a variety of policies and procedures in place. However, some policies lacked specific details. For example:

- The safeguarding policy did not reference adult support and protection legislation or contain details of who the service would contact (such as the local authority adult support and protection unit).
- The information management policy did not detail destruction arrangements for patient care records or that they would be kept for 6 years after the patient's last treatment.
- The infection control policy did not detail all the standard infection control procedures (SICPs) as detailed in the *National Infection Control Manual* (recommendation d).

The service had an accident book for recording any incidents or accidents. However, it did not have an accidents, incidents and adverse events policy in

place which detailed how the service would investigate these (recommendation e).

While we were told that the practitioner kept up to date with appropriate training, such as training for:

- complaints
- duty of candour
- equality and diversity
- infection control, and
- safeguarding (adult support and protection).

However, we saw no documentation to evidence this (recommendation f).

While the service had an emergency arrangements policy, it did not detail how the service would care for an unresponsive patient. (recommendation g).

### Requirement 1 – Timescale: Immediate

- The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration.

### Requirement 2 – Timescale: Immediate

- The provider must produce and publish a duty of candour report every year even when no duty of candour incidents occurs in the service and update its policy to include this.

### Requirement 3 – Timescale: Immediate

- The provider must update the complaints policy to make it clear the timescales for dealing with a complaint and that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

### Recommendation c

- The service should ensure that information on how to make a complaint is displayed in the service and on its website.

### Recommendation d

- The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to take account of and reflect current legislation and best practice guidance and reflect the service provided.

### Recommendation e

- The service should develop an accidents, incidents and adverse events policy which details how the service will deal with accidents, incidents and adverse events.

### Recommendation f

- The service should develop a system of mandatory training to complete and retain evidence of training undertaken. This should include training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection).

### Recommendation g

- The service should further develop its emergency arrangements policy to reflect how it will care for patients in the event of all common medical emergencies, including unresponsive patients.

## *Planning for quality*

### What needs to improve

The service did not have a system in place to manage risk in the clinic. The fire risk assessment was overdue for review and had not been updated since our last inspection in February 2024. No other risk assessments were in place to protect patients, such as those for:

- electrical safety
- medication management or control of substances hazardous to Health (COSHH), and
- slips trips and falls.

A risk management process would demonstrate that all risks had been considered and help make sure the service was safe. Risk assessments must be completed, addressing all possible risks in the service (requirement 4).

We found no system is in place to make sure that portable appliances were safe to use (requirement 5).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement. For example, audits should be carried out for:

- infection prevention and control
- medicines management, and
- the safety and maintenance of the care environment (recommendation h).

The service did not have a quality improvement plan in place. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation i).

We were told that, in case of emergencies (such as sickness, flood or power failure) a contingency arrangement was in place. However, the contingency plan arrangements were not documented. A written contingency plan would provide patients with an option to continue their treatment plans with an alternative practitioner. (recommendation j).

### Requirement 4 – Timescale: by 20 March 2026

- The provider must develop effective systems that demonstrate the proactive management of risk.

### Requirement 5 – Timescale: by 20 March 2026

- The provider must ensure that a system is in place to ensure that portable appliances are safe to use.

### Recommendation h

- The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented and improvement action plans implemented.

### Recommendation i

- The service should develop a quality improvement plan.

### Recommendation j

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

## 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. Patients reported good levels of satisfaction, told us they felt safe in the service and that the service was clean and tidy. Sufficient and appropriate personal protective equipment was available. Botulinum toxin was disposed of appropriately.**

**Patients' emergency contact details and the outcome of every consultation must be recorded. Medication stock must be able to be prescribed to individual patients. When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Consent for treatment and to share information with medical professionals in the event of an emergency should be recorded. A medication checklist should be implemented.**

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.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that a single-use mop was used to clean the clinic floor. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to the practitioner and in plentiful supply. Clinical waste was disposed of appropriately.

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic.

The one patient 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. They stated they were extremely satisfied with the care and treatment received from the service and felt involved in the decisions about their care. Comments we received included:

- ‘The practitioner is the best in the industry, she is so knowledgeable, caring, and down to earth. I’ve been coming to her for years and wouldn’t go elsewhere.’
- ‘Personalised and hyper tailored approach.’

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

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

Patient care records also documented that patients had been given aftercare information.

The service had a clinical waste contract in place for the provision and removal and disposal of clinical and special (hazardous) wastes. We saw that sharps contaminated with botulinum toxin were disposed of using the correct European waste catalogue (EWC) code.

### What needs to improve

Face-to-face consultations between the practitioner (prescriber) and the patient in patient care records we reviewed, for patients who had received prescription-only treatments were not always recorded. The patient care records we reviewed also only provided limited information about the patient’s journey. For example, they did not include:

- a summary of the outcomes from the initial consultation
- agreed treatment plan, or
- date and signature of the healthcare professional (requirement 6).

Details of the treatments administered to patients were not documented in the patient care record. They did not include:

- details of the name of medication and dose administered
- the batch numbers and expiry dates, or
- the date and times of administration of medication (requirement 7).

We were told 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. The use of this instead of normal saline for reconstitution meant that the botulinum toxin was used outside of its Summary of Product Characteristics and therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, we saw no evidence in the patient care record that:

- the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, or
- informed consent had been sought before treatment administered (requirement 8).

The service was able to prescribe medication. During our last inspection in February 2024, we found that one box of emergency medication had an individual's name recorded on it. It was not clear how this medication would be prescribed to another patient. During our inspection on 13 February 2026, we were told that the emergency medication had an individual's name on it and that as it had expired, it had been disposed of. The service was awaiting new stock being delivered (requirement 9).

The service had emergency medication to treat anaphylaxis. However, this had expired 6 months previously. This was discussed with the service manager, who ordered this medication from a local pharmacy which was to be collected the next morning. The service re-scheduled the patient to be seen that day for a later date at the inspector's request (requirement 10).

The service prescribed and provided weight loss injections for patients. However, it did not have a standard operating procedure in line with national guidance and best practice. A standard operating procedure for this would detail how the service would safely provide this service, including:

- a record of the written information provided to the patient, including dietary, physical and lifestyle advice
- accurate weighing of patients using calibrated scales at each appointment.
- the rationale for prescribing a centrally-acting appetite-suppressant for those patients in which it is contraindicated
- the rationale for prescribing outwith national guidelines in relation to the patient's BMI, and
- treatment plans, including follow-up and monitoring of the patient (requirement 11).

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. While requested, the service did not submit a self-evaluation before the inspection (recommendation k).

Patient care records we reviewed did not include consent to share consent to share information with GPs and other relevant healthcare professionals or emergency contacts in the event of a medical emergency (recommendation l).

Patient care records did not document patients' consent for treatment on the day of treatment (recommendation m).

The correct cleaning tablets were available for cleaning sanitary fittings (including clinical wash hand basins). However, it did not have appropriate equipment to make up and store the correct dilution of cleaning solution (recommendation n).

While the service was clean, it did not have a cleaning checklist in place to evidence that the clinic was being cleaned regularly (recommendation o).

### Requirement 6 – Timescale: by 20 March 2026

- The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional.

### Requirement 7 – Timescale: by 20 March 2026

- The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must the date and time at which any medication is administered or otherwise disposed of, including the batch number.

### Requirement 8 – Timescale: by 20 March 2026

- The provider must ensure that, when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

### Requirement 9 – Timescale: 20 March 2026

- The provider must ensure that any stock emergency medication that it holds can be prescribed to individual patients.

### Requirement 10 – Timescale: 20 March 2026

- The provider must ensure there is an effective system in place to monitor and audit medicines that are held in stock to ensure that expiry dates for these medicines remain in-date.

### Requirement 11 - Timescale: by 20 March 2026

- The provider must have a Standard Operating Procedure for patients prescribed weight loss injections, that is aligned with the national guidance.

### Recommendation k

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

### Recommendation l

- The service should ensure that consent to share information with GPs and other relevant healthcare professionals or emergency contacts is documented in the patient care records. If the patient refuses to consent to it, this should be documented.

### Recommendation m

- The service should review its documentation to ensure consent to treatment is clearly recorded.

### Recommendation n

- The service should have appropriate equipment to make up and store the correct dilution of cleaning solution.

### Recommendation o

- The service should develop a checklist to capture the regular cleaning of the clinic.

## 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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