



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Aesthetic Rooms Greenock

Service Provider: The Aesthetic Rooms Greenock
Ltd

18 February 2026

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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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 The Aesthetic Rooms Greenock on Thursday 4 December 2025. This service was previously known as The Aesthetics Club and The Aesthetics Club Gourock. We received feedback from 35 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 Greenock, The Aesthetic Rooms Greenock 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 The Aesthetic Rooms Greenock, the following grades have been applied.

| Direction | <i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Summary findings | Grade awarded |
| Key performance indicators included monitoring the safe care and treatment of patients. A proactive approach to maintaining and improving the quality of patient care was evident. Staff were encouraged to contribute to developing and improving the service. The vision statement and aims and objectives should be shared with patients. | ✓✓ Good |
| Implementation and delivery | <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, including a range of policies related to the protection of patients' wellbeing. The service kept up to date with developments in the aesthetics and medical industries. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident.</p> <p>Having all patient care records readily available to all healthcare staff would help to meet patients' health and welfare needs at any time.</p> | ✓✓ Good |
| Results | <i>How well has the service demonstrated that it provides safe, person-centred care?</i> |
| The clinic environment and equipment was clean and well maintained, with appropriate infection control measures in place. Patient care records were well completed. Patients were complimentary about the clinic environment. | ✓✓ 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 The Aesthetic Rooms Greenock Ltd to take after our inspection

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

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

This inspection resulted in one requirement and three recommendations.

| Direction | |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Requirements | |
| None | |
| Recommendation | |
| a | <p>The service should ensure that information about the service's vision and aims and objectives are available to its patients (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6</p> |

| Implementation and delivery | |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Requirements | |
| 1 | <p>The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and welfare needs (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(3)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |

Implementation and delivery (continued)

Recommendations

b The service should:

(a) further develop the mandatory training list to include other governance training, and

(b) monitor and document the completion of the modules by staff (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

c The service should implement a process to measure its own performance by benchmarking against similar services and national standards (see page 19).

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

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

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

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

We would like to thank all staff at The Aesthetic Rooms Greenock 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

Key performance indicators included monitoring the safe care and treatment of patients. A proactive approach to maintaining and improving the quality of patient care was evident. Staff were encouraged to contribute to developing and improving the service. The vision statement and aims and objectives should be shared with patients.

Clear vision and purpose

The service's vision statement was 'to be a trusted centre of excellence for aesthetic and skin health services.' Its aims and objectives detailed how the service would achieve its vision, including:

- compliance with regulations, national standards and guidance
- delivering safe high-quality treatments, and
- ethical, patient-centred practice.

Monitoring of the aims and objectives included:

- infection prevention and control compliance
- quality improvement, and
- safe and competent staff.

Key performance indicators had been identified to monitor and measure the quality and effectiveness of the service. These included collecting data for:

- clinical governance (such as training compliance and audit results)
- financial
- operational (efficiency), and
- patient safety (such as adverse event monitoring and complaints management).

This data was discussed at team meetings.

What needs to improve

Staff had access to policies detailing the service's vision statement and aims and objectives. However, this was not shared with patients (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that information about the service's vision and aims and objectives are available to its patients.

Leadership and culture

The service was owned by a registered nurse prescriber. The owner, appointed deputy and a registered manager provided visible leadership in the service at all times. Aesthetic practitioners were registered nurses working under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service).

A clinical governance policy provided an overview of the clinical governance methods used in the service, including audit activities and patient and staff feedback.

A leadership mission statement detailed a culture of positive and supportive leadership through prioritising areas, such as:

- learning and development
- respect and dignity
- team empowerment, and
- transparency and accountability.

Informal communication about the day-to-day running of the service was in-person or through the use of an online group messaging system. We saw good communication between the team about clinical governance matters during monthly team meetings. Meeting minutes were available for those staff who were unable to attend and documented discussions about regular agenda items, such as:

- actions
- clinic operations (stock, training, patient flow)
- financial overview
- goals and initiatives
- marketing
- new treatments
- patient satisfaction, and
- staff feedback.

A whistleblowing policy described how staff could raise a concern about patient safety or practice.

- 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, including a range of policies related to the protection of patients' wellbeing. The service kept up to date with developments in the aesthetics and medical industries. An audit programme and quality improvement plan supported the continuous improvement of the service. A proactive approach to managing risks was evident.

Having all patient care records readily available to all healthcare staff would help to meet patients' health and welfare needs at any time.

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

Information about the treatments and procedures provided in the service was available on the service's website.

The service's participation policy stated how it would proactively seek feedback from patients and staff and learn from all feedback to continuously improve. Methods that the service used to obtain feedback included:

- social media
- suggestion box
- surveys, and
- verbally.

The patient survey included questions related their experience before during and after a treatment. Patients were given the option for the service to contact them to discuss any suggestions for improvements further. The service shared improvements and changes made, such as new treatments, procedures or products were shared with patients on social media.

The staff survey included questions around:

- communication and support
- patient safety and quality of care
- policies, procedures and governance
- the working environment, and
- training and competency.

The survey also had a section for the staff to suggest areas for improvement. Suggestions have included improved lighting in the clinic rooms and changes to staff facilities, which were implemented.

All feedback was reviewed every 3 months and discussed at team meetings.

Staff had the opportunity to attend aesthetic conferences, monthly training sessions and mentorship days. They could also have treatments in the service at discounted cost.

- 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 that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration with Healthcare Improvement Scotland in April 2023, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care. All documents had recently been reviewed and updated and were easily accessible to staff.

A range of policies for the protection of patients' wellbeing was in place. A safeguarding policy described the actions staff should take in case of an adult protection concern, as well as a policy detailing the actions to be taken. An equality and diversity policy stated how the service would avoid any discrimination, maintaining a safe and inclusive service for patients.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. A nurse prescriber was always in the clinic in case of an emergency where a medicine would need to be prescribed. Medicines were stored appropriately and securely. Only designated staff had access to medicines that were held in locked cupboards and a pharmacy fridge. The temperature of the pharmacy fridge was monitored to make sure medicines were stored at the appropriate temperature and documented. A stock control system for medicines helped make sure no items had passed expiry and best-before dates. The service was registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. We saw that the service kept a log of these updates on medicines and medical devices for recalls, safety issues and safety information notifications.

An emergency response policy was in place, emergency medicines and equipment were easily accessible and medical emergencies protocols were available for staff to refer to. A first aid kit was also available and staff had completed basic life-support training.

An infection prevention and control policy described the precautions in place to prevent patient and staff harm from avoidable infections. The policy included including information about:

- decontamination of equipment and the environment
- hand hygiene practice, and
- use of personal protective equipment (gloves, aprons and masks).

Appropriate products were used to clean equipment and the environment. A cleaning schedule detailed the required cleaning tasks.

A comprehensive range of business, operation and clinical standard operating procedures detailed how procedures and processes should be carried out to ensure patient safety and the effective running of the service.

Safety checks of facilities were carried out, such as those for:

- electrical wiring
- gas
- portable electrical appliances, and
- water and fire safety.

A fire safety policy was in place and fire risk assessment was carried out yearly. Fire drills and monthly fire safety checks were documented. Fire safety signage

was displayed and fire safety equipment was regularly safety-checked. A safety certificate was in place for the fixed electrical wiring and portable electrical equipment had been tested. A health and safety policy described the service's responsibilities to staff and patients. Health and safety risk assessments had been carried out.

An accident reporting policy and significant event and incident policy were in place. We were told no accidents or incidents had taken place.

We were told that the service had received no complaints. Healthcare Improvement Scotland had not received any complaints about the service since registration in April 2023. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. The complaints process was displayed in the clinic and on the service's social media.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). An annual duty of candour report was published on the service's social media.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. Policies were in place to help make sure patient information was appropriately managed in the service.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment was carried out. Information about treatments, including the risks, benefits and cost were included on the service's website. Information leaflets were also available in the clinic. Staff had received training on how to manage patients' expectations and make them aware of the possible limitations of treatments. After booking an appointment, patients were emailed with a treatment specific consent form (that included the risks of the treatment) and aftercare information. Patients were also asked to complete a general medical questionnaire and treatment specific questionnaire that was discussed during the face-to-face consultation with the practitioner.

Other appropriate consents were also obtained, such as consent for digital images to be taken and sharing information with other healthcare professionals if required.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘The whole procedure was discussed before the treatment. The expected outcome and after care was explained fully.’
- ‘I received detailed and helpful information prior to my treatment.’

Policies were in place that detailed safe recruitment and staffing. Staff had received an appropriate level of Disclosure Scotland background check to make sure they were safe to work in the service.

A training and competency plan included an induction process, including competencies that had to be achieved. The plan also detailed the minimum expectations for continued professional development and what would be reviewed during an annual appraisal.

We saw a spreadsheet that documented that staff had completed mandatory aesthetic treatment training. We were told of examples where staff had requested mentorship days to gain confidence in some treatments. Nurses working in the service who were not yet qualified prescribers were being supported and mentored while completing the prescribing course.

It was mandatory that staff worked a minimum number of hours to help maintain their competency in the treatments they administered to patients.

The practitioners attended conferences and training to keep updated with developments in the aesthetics and medical industries. They were also members of organisations including the Aesthetic Complications Expert Group and the Complications in Medical Aesthetic Collaborative. Both of these organisations provide support to members to manage complications in medical aesthetics. They also keep members informed through education and journals.

All staff were subjected to 3-monthly supervision meetings with senior staff, as well as an annual appraisal.

Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- ‘Very informative and professional.’
- ‘Felt in safe hands.’

What needs to improve

The practicing privileges staff held their own patient care records. The manager could request these records when required, such as for auditing purposes or to review a treatment episode. However, all patient care records must always be readily available to the manager (requirement 1).

We were told no duty of candour incidents had taken place. However, the service could not evidence that staff had received duty of candour training.

We saw no evidence that staff had completed the mandatory training listed in the service's training and competency plan. While the plan did have topics (such as safeguarding and infection control), it did not include other clinical governance training, such as duty of candour or complaints management (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and welfare needs.

Recommendation b

- The service should:

(a) further develop the mandatory training list to include other governance training, and

(b) monitor and document the completion of the modules by staff.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the service or cancellation of appointments, such as flooding or sickness. This would help to make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as medical malpractice, as well as public and products liability.

A programme of audits helped to review the safe delivery and quality of the service. Audits included those for:

- fire safety
- infection prevention and control
- medicines management, and
- patient care records.

Findings from audits were documented and an action plan completed, if required. All staff had access to the completed audit documents and audit results were discussed during team meetings.

Regularly reviewed risk assessments help services to prioritise and take actions to reduce any risks identified to staff and patients. Risk assessments had been carried out for:

- accessibility to clinic and facilities
- clinical risks such as those from treatments and procedures, and
- health and safety, including control of substances hazardous to health.

A quality improvement plan was in place and reviewed regularly. It included improvement actions for areas, including:

- clinical documentation
- infection prevention and control
- patient engagement, and
- staff training and development.

The service had a sustainability mission plan that outlined its commitment to minimising its environmental impact and the promotion of sustainable healthcare practices.

What needs to improve

The service stated in its business plan that external benchmarking was done through measuring its performance against:

- aesthetic industry governance benchmarks
- national standards and guidance, and
- professional body standards.

However, we saw no evidence of measuring the service against these benchmarks (recommendation c).

- No requirements

Recommendation c

- The service should implement a process to measure its own performance by benchmarking against similar services and national standards.

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 clinic environment and equipment was clean and well maintained, with appropriate infection control measures in place. Patient care records were well completed. Patients were complimentary about the clinic environment.

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 was modern, clean and organised. It was well equipped and well maintained. Equipment was in good condition. We saw that daily and weekly cleaning checklists were completed, with appropriate cleaning products and colour-coded cleaning equipment used in line with national guidance. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘...a good environment that felt private.’
- ‘Clean, safe environment.’

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel. Clinical waste and sharps (needles and syringes) were well managed and an appropriate clinical waste management contract was in place.

The three patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents
- medical history
- medicine dosage, batch numbers and expiry dates
- the procedure, and
- the provision of aftercare information.

The three staff files we reviewed included evidence of initial background and identity checks to help make sure the staff member was safe to work in the service. We saw evidence of completed mandatory aesthetic training and basic life support training. All staff had received an annual appraisal.

What needs to improve

The clinical staff were either still currently employed in the NHS or had been earlier in their careers and so had completed occupational health checks in their NHS role. However, the service did not have evidence of the occupational health records in these staff files. We were told this would be requested. We will follow this up at future inspections.

- No requirements
- No recommendation

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:

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Gyle Square

1 South Gyle Crescent

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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.
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