



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Spa at the Steading, Milnathort

Service Provider: Spa at the Steading Ltd

2 April 2026

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First published May 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 Spa at the Steading on Thursday 2 April 2026. We spoke with the registered service manager and received feedback from 18 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection of this service.

Based in Milnathort, Spa at the Steading 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 Spa at the Steading, 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
The provider's vision and mission were published on the service's website for patients to view. Aims and objectives and key performance indicators had been identified to help the service measure its performance and demonstrate how its mission and vision was being achieved. The practitioner was motivated to provide patients with a personal level of service. Patients felt treated with dignity and respect, and had confidence that the practitioner had the right knowledge and skills to administer their treatments.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient feedback was actively encouraged. A quality improvement plan linked to the service's key performance indicators helped make sure patient care and treatment was regularly reviewed. Patients were fully informed about treatment options and involved in all decisions about their care. Key policies and procedures were in place to make sure treatment was delivered safely and risks were proactively managed.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was provided from a clean and comfortable environment, and patient equipment was clean, fit for purpose and regularly maintained. Patient care records demonstrated safe, person-centred care and patients spoke positively about their experience of using the service.	✓✓ 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 Spa at the Steading 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 no requirements and no recommendations.

We would like to thank all staff at Spa at the Steading 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 provider's vision and mission were published on the service's website for patients to view. Aims and objectives and key performance indicators had been identified to help the service measure its performance and demonstrate how its mission and vision was being achieved. The practitioner was motivated to provide patients with a personal level of service. Patients felt treated with dignity and respect, and had confidence that the practitioner had the right knowledge and skills to administer their treatments.

Clear vision and purpose

The service was a small non-surgical clinic providing facial and body aesthetic treatments, wellness injections and IV therapy treatments. It was provided by one practitioner who was a dentist registered with the General Dental Council.

The service's website publicised its mission statement, which was to 'provide an exceptional healthcare service that is patient-centred, evidence-based and dedicated to providing the highest standard of care.' The provider's vision, also published on its website, was to 'provide a service that enhances and promotes overall well-being and self-confidence.'

To achieve its mission and vision, the provider had identified several aims and objectives. These included:

- building rapport with patients by allowing clear and open communication
- striving for the highest standards of clinical practice
- prioritising the well-being of patients with respect, compassion and empathy
- upholding the highest ethical standards, and
- prioritising patient safety and adhering to strict guidelines to mitigate risks.

Key performance indicators had been identified to help the service demonstrate its performance against these aims and objectives. Examples included client retention rate, average treatment value, new client acquisition rate. Progress

against key performance indicators was monitored through a quality improvement plan.

All patients that responded to our online survey told us they were treated with dignity and respect and had confidence that the practitioner had the right knowledge and skills to administer their treatments. Comments included:

- ‘Utmost respect, privacy, dignity & friendliness throughout.’
 - ‘[...] is respectful of your privacy and treatment needs. She ensures you fully understand each procedure and takes time through the appointment to explain each step she is taking.’
 - ‘[...] gives you confidence the minute you arrive. Her product knowledge and expertise give you total confidence.’
 - ‘[...] is very knowledgeable about all the treatments and with her career as a dentist I felt in safe hands.’
-
- No requirements.
 - No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patient feedback was actively encouraged. A quality improvement plan linked to the service's key performance indicators helped make sure patient care and treatment was regularly reviewed. Patients were fully informed about treatment options and involved in all decisions about their care. Key policies and procedures were in place to make sure treatment was delivered safely and risks were proactively managed.

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

Information about the treatments and care delivered by the service was available on the service's website, along with costs.

A patient participation policy detailed how feedback from patients was gathered and used to make improvements to the way the service was delivered. Patients were asked to provide feedback through individual discussions and a follow-up email after their appointment. Feedback received was used to make improvements in the service where possible and emails shared with patients to let them know about the changes made. Examples of improvements made included additional lighting in the car park for the winter months, sending a payment link to patients in advance of their treatment, and the provision of additional evening clinics.

A quality improvement plan helped to ensure patient care and treatment was regularly reviewed. This was linked to the services key performance indicators.

What needs to improve

The practitioner told us of their intention to introduce a suggestion box to the premises and send randomised surveys to patients going forward, to get more measurable feedback that will help demonstrate feedback being used to drive improvement. We will follow this up at the next inspection.

- 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 practitioner was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance. During our inspection, we saw that the service had not experienced any events that should have been notified to Healthcare Improvement Scotland. The service had a system in place to manage, record and review incidents.

The service recognised the importance of people's dignity and respect. All consultations were appointment-only and only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the treatment room meant patients' privacy and dignity was not compromised.

The service was proactive in developing and implementing key relevant policies to help make sure that patients had a safe experience in the clinic. Policies were reviewed regularly to make sure they remained relevant to the service and in line with national guidance. Key policies in place included those for:

- complaints
- duty of candour
- infection prevention and control
- medicine management, and
- safeguarding.

The service's complaints policy was available on its website. This advised patients that they could contact Healthcare Improvement Scotland at any point and included our contact details. No complaints had been received by the service or Healthcare Improvement Scotland since its registration in April 2024.

A duty of candour policy described how the service would meet its professional responsibility to be honest with people when something goes wrong. Its 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.

An infection prevention and control policy set out how the risk of cross infection would be minimised. This was in line with national best practice. Equipment was cleaned between appointments and the clinic was cleaned at the end of the

day. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene.

Arrangements were in place to manage medicines and deal with medical emergencies. This included up-to-date training and a medical emergency kit. All medications were obtained from an appropriately registered supplier, in-date and stored in a locked cabinet.

Maintenance contracts helped to make sure that fire safety equipment and portable appliances were regularly tested. A current fire risk assessment and electrical installation condition report demonstrated that the risks from fire and electrics was appropriately managed.

Patient care records were kept in electronic format on the service's practice management software system. A suitable back-up system was in place in case of system failure. Access to the practice management software system and patient care records was password-protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

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

- No requirements.
- No recommendations.

Planning for quality

Systems were in place to proactively assess and manage risks to patients to make sure that care and treatment was delivered safely. This included appropriate policies and standard operating procedures. Regular audits were carried out, such as those for:

- consent
- equipment maintenance
- hand hygiene
- incident reporting
- infection prevention
- medicine stock checks, and
- patient care records.

Actions from audits were fed into the service's quality improvement plan.

A business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

- 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 was provided from a clean and comfortable environment, and patient equipment was clean, fit for purpose and regularly maintained. Patient care records demonstrated safe, person-centred care and patients spoke positively about their experience of using the service.

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.

The service was delivered from premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was very good. We saw good compliance with infection prevention and control procedures, including an up-to-date clinical waste management contract. We also saw clear procedures in place for the safe disposal of medical sharps (such as syringes and needles), clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment, such as disposable gloves, aprons and face masks was available.

We reviewed five electronic patient care records stored on the practice management software system. All were of a good standard with details of patient assessment, consent and treatment.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'The setting is clean, comfortable and I observed good hand hygiene.'
- 'The professionalism, hygiene and quality of products used are the reason why I continue to visit.'
- 'Comforting and professional environment, incredibly clean.'

Patients told us that the service was professional and well-organised:

- ‘The email reminders, online booking facility and prompt response to any enquiries you have, show you how well organised and professional a service you receive.’
- ‘Very professional and organised and brilliant customer focused service.’

They also told us they felt involved about decisions in their care and treatment:

- ‘My concerns were discussed (reason for the appointment), options discussed, pros and cons explained. I had total autonomy to decide what I wanted.’
 - ‘[...] listened carefully to the areas I felt I would like to focus on and outlined possible treatments, explained the benefits and most appropriate treatment for my skin and age.’
 - ‘Treatment selection was discussed at length and time to mull over the options given.’
-
- No requirements.
 - No recommendations.

Appendix 1 – About our inspections

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

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

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



More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot