



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Unity Aesthetics, Newtonhill

Service Provider: Unity Aesthetics Ltd

5 March 2026

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – About our inspections	16
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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 Unity Aesthetics on Thursday 5 March 2026. We spoke with the service manager (aesthetics practitioner) during the inspection. We received feedback from 13 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 Newtonhill, Stonehaven, Unity Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Unity Aesthetics, 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 service's mission and vision was easily accessible to patients on its website. Key performance indicators had been identified to measure how well the service was performing.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were informed about treatment options and aftercare, and were given the opportunity to provide feedback on their experience to help the service to continually develop and improve. Key policies were in place setting out the way the service would deliver safe care. Proactive risk management, a quality improvement plan and a range of audits helped to ensure the safe delivery and quality of the service provided.		✓✓ 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 well equipped environment. Appropriate infection prevention and control practices were in place, and patients were satisfied with the facilities. Patient care records were comprehensive with all relevant information recorded.		✓✓ 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 Unity Aesthetics 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 Unity Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's mission and vision was easily accessible to patients on its website. Key performance indicators had been identified to measure how well the service was performing.

Clear vision and purpose

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council. They were an experienced aesthetics practitioner and were the sole practitioner in the service.

The service's mission was to 'enhance the psychological wellbeing and confidence of our patients by providing clinically safe and proven medical aesthetic treatments... committed to prioritising patient wellbeing... empowering our patients through a holistic approach... using shared decision making... '.

The service also had a number of vision statements on its website outlining the long term and future goals of the service. These included:

- clinical safety
- compassion, respect, honesty and transparency
- whole-person, holistic care and personalised results
- longevity and prevention
- continuous learning and ethical practice, and
- community trust.

Key performance indicators had been identified to evaluate how well the service was performing. These included:

- repeat booking rate
- patient satisfaction rate
- adverse events

- social media engagement
- testimonials or case studies, and
- post-treatment feedback forms.

These were reviewed every 3 months and were in line with the service's operational strategy which had set clear measurable targets.

- 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

Patients were informed about treatment options and aftercare, and were given the opportunity to provide feedback on their experience to help the service to continually develop and improve. Key policies were in place setting out the way the service would deliver safe care. Proactive risk management, a quality improvement plan and a range of audits helped to ensure the safe delivery and quality of the service provided.

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

The service's website had comprehensive information about the treatments available and pricing, as well as some of the service's relevant policies and procedures such as duty of candour. Information was also available on the service's social media account, and patient leaflets were available in both paper and email format.

The service's participation policy outlined how it would engage with patients. Feedback was actively encouraged and patients could give feedback verbally or online. A post-treatment email was sent to prompt patients to leave feedback and a review. Online reviews were available to read on the service's social media account.

Feedback was reviewed when received and fully evaluated every 3 months, with an action plan developed, if needed. We saw a 'you said, we did' poster displayed in the service giving information to patients on actions carried out as a result of feedback given. Examples included creating a digital pre-treatment leaflet and updated printed aftercare cards. A new treatment had also been suggested, and the practitioner told us they had researched this option and was actively sourcing training in this new treatment.

A patient participation group had been set up and regularly met to discuss how the service could be improved and to offer suggestions for new or different treatments.

Patients who responded to our online survey told us they felt involved in decisions about their care and treatment. Comments included:

- ‘... spoke everything through in detail and we discussed options together, providing me with all the information I needed to make the decision on treatment.’
 - ‘... explained all the options clearly, discussed the risks and expected outcomes, and made sure I was comfortable with each decision before moving forward.’
-
- 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.

Healthcare Improvement Scotland’s notifications guidance details specific events and circumstances which providers are required to report to us. The service manager was aware of how to submit notifications should this occur. Systems were in place to report any accidents, incidents and drug errors that may occur in the service. We noted that the service had no such events to date.

A variety of policies and procedures were in place to help support safe care. This included:

- health and safety
- information management
- safeguarding (public protection), and
- medicines management.

The service also had a comprehensive infection prevention and control policy which was in line with national guidance. This included information on managing sharps (such as needles and syringes) and hand hygiene.

The service’s complaints policy was displayed in the clinic and on the service’s website. The policy included information about contacting Healthcare Improvement Scotland and our contact details. The service had not received any complaints since its registration with Healthcare Improvement Scotland in September 2023, and we had not received any complaints about the service.

The service had an up-to-date duty of candour policy. This is where organisations have a duty to be open and honest with patients when something goes wrong. A yearly duty of candour report was available in the clinic room. No duty of candour incidents had occurred since the service had registered with Healthcare Improvement Scotland.

We were told patients received a face-to-face consultation with the practitioner, and had the opportunity to discuss their wishes and expectations for treatment. Patients received a health questionnaire, information on consent (including treatment risks), and a pre-treatment leaflet when they booked an appointment. This helped to ensure they were fully informed of all aspects of their care and treatment before attending their appointment. A cooling-off period after their consultation appointment meant patients had time to consider the options available to them before going ahead with treatment. The practitioner's out of hours emergency contact details were also given.

All patients who responded to our online survey said they were fully informed of treatment options before they consented to treatment. Comments included:

- '... was extremely professional throughout my experience... clearly explained the potential risks, expected outcomes, and treatment costs, and guided me through every step with... extensive knowledge and expertise.'
- '... was excellent at explaining all elements of the treatment, what to expect, different options to achieve the outcome I wanted, risks and aftercare.'

All medications used in the service were ordered from appropriately registered suppliers. The service kept a small stock of medications for treatments, as well as emergency medications. These were in date and stored securely with a daily temperature log carried out to make sure medicines were being stored at the correct temperature.

All patient care records were electronic and stored securely on a password-protected system. The service was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights, to make sure confidential patient information was safely stored.

The practitioner was a member of various aesthetics complications networks to ensure they kept up to date with managing risk, and diagnosing and managing complications in aesthetics. They were also a member of online aesthetics forums. This provided peer support, opportunities to learn about new treatments and training. The practitioner also offered independent prescribing mentorship support to nurses training to prescribe medicines. They had

developed a professional development plan which was in line with how they planned to develop the service. The practitioner had also recently completed a nutrition course in order to understand the impact of physiological health (the study of how living organisms function) on skin health.

- No requirements.
- No recommendations.

Planning for quality

A number of risk assessments had been completed to effectively manage risk in the service. This included risk assessments for:

- aesthetic emergencies, including vascular occlusion (a blood vessel blockage) and anaphylaxis (allergic reactions)
- fire
- lone working
- needlestick injury
- slips, trips and falls, and
- ventilation.

The risk assessments helped to make sure that care and treatment was delivered in a safe environment, identifying and taking action to reduce any risks to patients and the practitioner. The risk assessments were collated into a risk register which was regularly reviewed.

A business continuity plan detailed what steps would be taken to protect patient care in the event of the service closing for any reason, such as due to power failure or sickness.

A range of clinical and non-clinical audits were carried out, including:

- consent
- patient care records
- product batch tracking, and
- infection prevention and control.

A quality improvement plan identified key priorities for the service, and described how information gathered from audits and patient feedback would be used to continuously improve how the service was delivered.

The practitioner also carried out a yearly audit of the clinical environment to identify any maintenance issues requiring attention.

- 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 well equipped environment. Appropriate infection prevention and control practices were in place, and patients were satisfied with the facilities. Patient care records were comprehensive with all relevant information recorded.

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 comprehensive self-evaluation.

We saw that the clinic environment was clean, tidy and well maintained. Appropriate cleaning wipes were used and the clinical hand wash sink was cleaned in line with national infection prevention and control guidance. All equipment for procedures was single use to prevent the risk of cross-infection. Personal protective equipment (such as disposable aprons and gloves) was readily available. A clinical waste contract was in place, and clinical waste was handled and stored appropriately.

We reviewed six patient care records and found that they all demonstrated safe and person-centred care. They included comprehensive consultation notes and information relating to:

- consent to treatment, photographs and sharing information
- medical history
- GP practice and next of kin
- medicine batch number and expiry dates
- aftercare information given, and
- treatment plans.

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

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

- 'The clinic was clean, modern and well presented. The environment felt professional and comfortable, and I was confident in the facilities and equipment used.'
 - 'The environment was clean, professional, and well maintained, and the equipment appeared modern and of a high standard, which helped me feel comfortable and confident in the treatment.'
-
- 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
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