



Healthcare  
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Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Sakura Aesthetics Clinic, Stepps

**Service Provider:** HH Salons Ltd

20 April 2026

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# **1 A summary of our inspection**

## **Background**

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

## **Our focus**

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

## **About our inspection**

We carried out an announced inspection to Sakura Aesthetics Clinic on Monday 20 April 2026. We spoke with the manager and their business partner during the inspection. We received feedback from eight 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 Stepps, Glasgow, Sakura Aesthetics Clinic 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 Sakura Aesthetics Clinic, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>	<b>Grade awarded</b>	
The service's vision statement was shared with patients. Implementing governance and oversight processes would demonstrate a proactive approach to maintaining and improving the quality of patient care. Having all patient care records readily available to all relevant staff would help to provide assurance that patients' health and welfare needs were being met.	Unsatisfactory	
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures set out the way the service delivered safe care, including a range of policies related to the protection of patients' and staff wellbeing. An audit programme, risk assessments, quality improvement plan and a formal system for gathering and reviewing patient feedback would support the service to continually improve, and help to ensure the safe delivery and quality of the service.	✓ Satisfactory	
<b>Results</b>	<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 prevention and control practices in place. Patients were complimentary about the clinic environment. Relevant checks ensured staff were safe to work in the service.  Patient care records must include patients' emergency contact information.	✓ Satisfactory	

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 HH Salons 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 three requirements and seven recommendations.

Direction	
Requirements	
1	<p>The provider must ensure appropriate governance and oversight of activities in the registered premises, including implementing appropriate governance arrangements for individuals working under a practicing privileges agreement (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

## Direction (continued)

### Requirements

- 2** The provider must ensure that the manager has access to all patient care records at all times:
- a) so that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection
  - b) in case of an emergency, and
  - c) for auditing purposes (see page 12).

Timescale – immediate

*Regulation 5(2)(a)*

*The Healthcare Improvement Scotland (Inspections) Regulations 2011*

*Regulation 4(3)(b)*

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

### Recommendations

- a** The service should:
- a) develop key performance indicators, and
  - b) formalise a process for evaluating the service against them (see page 10).

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

- b** The service should introduce formal staff meetings. These should be documented, and include any actions identified and those responsible for taking the actions forward (see page 12).

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

<b>Implementation and delivery</b>	
<b>Requirements</b>	
None	
<b>Recommendations</b>	
<b>c</b>	<p>The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
<b>d</b>	<p>The service should:</p> <ul style="list-style-type: none"> <li>a) further develop the mandatory training list to include relevant clinical governance training to ensure patient safety, and</li> <li>b) monitor and document the completion of all training and education carried out by staff (see page 16).</li> </ul> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
<b>e</b>	<p>The service should complete and document risk assessments to ensure risks to patients and staff have been identified and managed (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
<b>f</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment such as of the clinic environment, medicines management and patient care records. Audits must be documented and improvement action plans implemented (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
<b>g</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirement	
<p><b>3</b> The provider must ensure that:</p> <ul style="list-style-type: none"> <li>a) patients’ next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented, and</li> <li>b) the provision of aftercare information is documented (see page 20).</li> </ul> <p>Timescale – immediate</p> <p><i>Regulation 4(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	
Recommendations	
None	

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](#)

HH Salons Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

### 3 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 vision statement was shared with patients. Implementing governance and oversight processes would demonstrate a proactive approach to maintaining and improving the quality of patient care. Having all patient care records readily available to all relevant staff would help to provide assurance that patients' health and welfare needs were being met.**

#### *Clear vision and purpose*

The service's vision statement was 'to ensure the best quality service to patients and maintaining a safe environment centred around person care.' The vision statement was displayed on the service's social media account.

We were told that the service's aims and objectives detailed how the service would achieve its vision, including:

- compliance with policies and procedures
- patient engagement, and
- continuous monitoring of performance.

#### **What needs to improve**

Before the inspection, the service told us that its performance against objectives and targets was regularly reviewed using data and patient feedback. However, during the inspection, we were told that the only key performance indicator used was patient feedback. There was no documented evidence of reviewing performance against any objectives, targets or key performance indicators (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should:
  - a) develop key performance indicators, and
  - b) formalise a process for evaluating the service against them.

### **Leadership and culture**

The manager provided visible leadership in the service at all times. The aesthetic practitioner was a doctor, registered with the General Medical Council, working under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). A practicing privileges contract detailed the responsibilities of the doctor, such as supplying their appraisal from their substantive NHS post and being involved in carrying out the service's audits.

Informal communication about the day-to-day running of the service was in-person or through online messaging forums.

### **What needs to improve**

A clinical governance policy provided an overview of the clinical governance methods that would be used in the service, including appraisal of practicing privileges staff. However, there was no evidence of this oversight by the manager of the doctor and their patients. For example, no appraisal took place and there was no evidence that the doctor had supplied the manager with a copy of their appraisals from their substantive NHS post (requirement 1).

There was also no auditing of patient care records. The practicing privileges staff held their own patient care records. Whilst a sample of patient care records had been obtained from the doctor for the purposes of the inspection, the manager told us they did not usually have access to these records. This means that, in an emergency situation they would not have access to information they may require (requirement 2).

We were told that the manager spoke with the doctor at the end of each clinic session about patient outcomes, patient satisfaction, and to review patients' before and after photographs. However, these discussions were not documented and no other meetings took place (recommendation b).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure appropriate governance and oversight of activities in the registered premises, including implementing appropriate governance arrangements for individuals working under a practicing privileges agreement.

## **Requirement 2 – Timescale: immediate**

- The provider must ensure that the manager has access to all patient care records at all times:
  - a) so that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection
  - b) in case of an emergency, and
  - c) for auditing purposes.

## **Recommendation b**

- The service should introduce formal staff meetings. These should be documented, and include any actions identified and those responsible for taking the actions forward.

## 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' and staff wellbeing. An audit programme, risk assessments, quality improvement plan and a formal system for gathering and reviewing patient feedback would support the service to continually improve, and help to ensure the safe delivery and quality of the service.**

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

Information about the treatments provided and the prices was available in patient information leaflets available in the service. Informative posts, including patient safety blogs about the aesthetics industry, were shared on the service's social media account.

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
- text
- emails, and
- verbally.

We saw examples of the service acting on patients' suggestions for improving the service. For example, a range of skin care products was now available for patients to purchase to use at home following a suggestion from a patient.

#### **What needs to improve**

While patients provided feedback, this was not collated and reviewed. It was also not clear whether a system was in place to inform patients about changes made as a result of their feedback. There was also no patient survey carried out that would provide structured feedback to help formally evaluate the service (recommendation c).

- No requirements.

### **Recommendation c**

- The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service.

### ***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 March 2023, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies were in place to deliver safe, person-centred care. All documents had recently been reviewed and updated, and were accessible to staff. Clinical standard operating procedures detailed how certain procedures and processes should be carried out to ensure patient safety.

A range of policies for the protection of patients' and staff wellbeing was in place. A safeguarding policy described the actions staff should take in case of an adult protection concern. A whistleblowing policy detailed how staff could raise concerns about patient safety and/or practice in the service. An equality and diversity policy stated how the service would avoid any discrimination, maintaining a safe and inclusive service.

A medicines management policy and protocols detailed how the service made sure medicines were managed safely and effectively. As the doctor was the only practitioner, they were always in the clinic when patients were present. This is important in case an emergency medicine would need to be prescribed. Although no stock medicines were held by the service, appropriate storage was available. Medicines prescribed to patients were delivered to the service on the day of patients' appointments. The temperature of the pharmacy fridge was monitored and documented to make sure medicines were stored at the appropriate temperature. The service was registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. These alert healthcare providers of potential issues with medicines and medical devices that may pose a risk to patient health, safety and welfare.

A management of emergencies policy was in place, and emergency medicines and equipment were easily accessible.

An infection prevention and control policy described the precautions in place to prevent patient and staff from being harmed by avoidable infections. These precautions included hand hygiene practice, the use of personal protective equipment (such as disposable aprons, gloves and face masks), and the management of sharps and clinical waste. Appropriate products were used to clean equipment and the environment, and a cleaning schedule detailed the required cleaning tasks.

A fire risk assessment was carried out every year. 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 we saw evidence that the portable electrical equipment had been tested.

An accident and incident reporting log book was in place. We were told no accidents or incidents had taken place since registration in March 2023.

We were told that the service had received no complaints and Healthcare Improvement Scotland had also not received any complaints about the service since registration in March 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.

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 account.

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. Consents for treatments were signed following a face-to-face assessment and discussion with the doctor. Aftercare leaflets were given to patients following treatment. 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 had received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Everything was explained on my appointment to make sure I understood the full process.’
- ‘The treatment was explained fully and adequate time was given... before the treatment commenced.’

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

The manager was a member of a forum that supports aesthetic services to keep up to date with changes and developments in the aesthetics industry.

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

- ‘Very professional.’
- ‘Great clinician.’

### **What needs to improve**

The service’s staff training and development policy included requirements for staff to complete mandatory training for adult basic life support and the management of anaphylaxis (allergic reactions to treatment). However, there was no evidence that this training had been completed. Although we were told that no duty of candour incidents had taken place, the service could not provide evidence that staff had received duty of candour training. They could also not provide evidence that any other clinical governance training had been completed such as complaints management, obtaining informed consent and adult protection (recommendation d).

- No requirements.

### **Recommendation d**

- The service should:
  - a) further develop the mandatory training list to include relevant clinical governance training to ensure patient safety, and
  - b) monitor and document the completion of all training and education carried out 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.

### **What needs to improve**

Although a risk register was in place, it was blank and therefore did not include any information about clinical, health and safety, or business risks to the service. Only a fire risk assessment had been carried out (recommendation e).

There was no evidence of an audit programme detailing the type and frequency of audits to be carried out. This could cover all aspects of safety of the environment, such as health and safety and the condition of the equipment and environment, as well as patient care records and medicines management. We only saw checklists in place for fire safety and cleaning (recommendation f).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. While there was evidence of improvement activities such as new treatments being introduced and providing an additional treatment room, there was no formal quality improvement plan. This would help the service to structure and record improvement processes and outcomes, and would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation g).

- No requirements.

### **Recommendation e**

- The service should complete and document risk assessments to ensure risks to patients and staff have been identified and managed.

### **Recommendation f**

- The service should develop a programme of regular audits to cover key aspects of care and treatment such as of the clinic environment, medicines management and patient care records. Audits must be documented and improvement action plans implemented.

### **Recommendation g**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

## 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 prevention and control practices in place. Patients were complimentary about the clinic environment. Relevant checks ensured staff were safe to work in the service.**

**Patient care records must include patients' emergency contact information.**

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, and was well equipped and well maintained. Equipment was in good condition and daily cleaning checklists were completed. 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:

- 'Spotless clean and clinical environment.'
- 'Relaxed atmosphere and felt really at ease.'

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 staff file we reviewed included evidence of relevant background and identity checks to help make sure the staff member was safe to work in the service. We also saw evidence of training in aesthetic procedures that they had completed.

The five patient care records we reviewed included documentation of:

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

### **What needs to improve**

We found no evidence of an emergency contact or next of kin being obtained in the patient care records we reviewed. The provision of aftercare information was also not documented (requirement 3).

The doctor working in the service was also employed in the NHS and had completed occupational health checks in their NHS role. However, the service did not have evidence of their occupational health record in the staff file. We were told this would be requested and will follow this up at a future inspection.

### **Requirement 3 – Timescale: immediate**

- The provider must ensure that:
  - a) patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented, and
  - b) the provision of aftercare information is documented.
- 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**

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