Announced Inspection Report: Independent Healthcare

Service: The Secret, Glasgow

Service Provider: Aestheti-kaly Ltd

7 April 2026

NHS
SCOTLAND

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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 Secret on Tuesday 7 April 2026. This service was previously known as Aestheti-kaly. We spoke with the service manager during the inspection. We received feedback from 27 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 Glasgow, The Secret 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 The Secret, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
A dental practitioner who was experienced in providing aesthetics treatments led the service. Defined values were in place. The service's vision and aim should be shared with patients. Formal key performance indicators should be identified. A strategic plan should be developed.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Feedback was actively sought and improvements made as a result of this. Key policies were in place. A risk register and audit programme was in place. Staff must complete duty of candour training. The service must follow its own recruitment policy when employing all staff. The service should continue to develop its processes to show how feedback is used to improve the quality of care provided.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The service demonstrated good standards of cleanliness within a well-maintained clinic environment. Patient care records were of a good standard. An annual return must be submitted when requested. Appropriate recruitment checks must be carried out on all staff before they start work. A self-evaluation should be submitted when requested.	✓ 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 Aestheti-kaly 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 four requirements and six recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should ensure that information about its vision is available to patients (see page 11). 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 identify overall key performance indicators and a process for monitoring and measuring these to help it achieve its vision and aim (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
c	The service should introduce a formal process to obtain and review staff feedback (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

Implementation and delivery	
Requirements	
1	The provider must ensure that all relevant staff undertake duty of candour training (see page 16). Timescale – immediate *Regulation 5(2)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must follow its own recruitment policy and complete appropriate checks on all staff before they start working in the service and on an ongoing basis (see page 17). Timescale – immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
d	The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
e	The service should further develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
3	The provider must complete and submit an annual return when requested by Healthcare Improvement Scotland (see page 21). Timescale – immediate *Regulation 5(1)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
4	The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure background checks before staff commence working in the service. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 21). Timescale – immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
f	The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 21). 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]()

Aestheti-kaly 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 The Secret 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

A dental practitioner who was experienced in providing aesthetics treatments led the service. Defined values were in place.

The service's vision and aim should be shared with patients. Formal key performance indicators should be identified. A strategic plan should be developed.

Clear vision and purpose

The service's vision was to provide a high-quality, patient-centred aesthetic and wellbeing service that prioritised safety, integrity and long-term outcomes. The service aimed to support patients in feeling confident and well through evidence-based, regenerative and holistic approaches to care.

We were told that the service worked in line with clearly defined values:

- a culture of openness, reflection and ongoing improvement
- commitment to continuous professional development
- honesty and transparency
- patient safety, and
- respect for patient autonomy and informed decision-making.

The service measured its performance against the vision and aim through carrying out audits.

What needs to improve

The vision and aim was not visible in the service and we saw no evidence it had been shared with patients (recommendation a).

While we saw evidence that the service monitored its performance through analysing audit results, key performance indicators (KPIs) had not been

formalised. Formal KPIs would help to identify and evaluate how the service was achieving its vision (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about its vision is available to patients.

Recommendation b

- The service should identify overall key performance indicators and a process for monitoring and measuring these to help it achieve its vision and aim.

Leadership and culture

A registered dental practitioner with extensive experience in aesthetics led the service. The rest of the team was made up of:

- an administration team
- dental practitioners
- medical practitioners (doctors and nurse prescribers), and
- skin therapists.

Leadership was accessible and actively involved in the day-to-day running of the service. This allowed for clear communication, early identification of any issues and timely support for staff. A group messaging app was used for consistent and regular communication.

The service's clinical governance policy set out the clinical governance methods it used, which included carrying out audits and analysing patient feedback.

Monthly team meetings were held, where reviews of service performance and shared learning was discussed. These face-to-face meetings also provided an opportunity to discuss patient feedback, audits and incidents. Minutes of these meetings were emailed to the team with action points identified and details of a named person responsible for completing these actions.

Clinical staff had one-to-one meetings with the dentist (service manager) every 6 weeks, where training was reviewed and ideas discussed along with individual opportunities for future growth.

What needs to improve

While feedback could be given verbally and was encouraged, the service did not have a formal process in place to gather staff feedback (recommendation c).

- No requirements.

Recommendation c

- The service should introduce a formal process to obtain and review staff feedback.

Key Focus Area: Implementation and delivery

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

Our findings

Feedback was actively sought and improvements made as a result of this. Key policies were in place. A risk register and audit programme was in place.

Staff must complete duty of candour training. The service must follow its own recruitment policy when employing all staff. The service should continue to develop its processes to show how feedback is used to improve the quality of care provided.

Co-design, co-production *(patients, staff and stakeholder engagement)*
A participation policy set out how the service engaged with its patients, sought their feedback and used this to improve patient experience. Patient feedback was sought through:

- online reviews using a QR code in the reception area
- post-visit emails
- social media polls
- suggestion box, and
- verbal feedback.

We saw examples of service improvements made as a result of patient feedback, including providing coat hangers in the clinic rooms and offering new treatments in the clinic. Any improvements made as a result of patient feedback were discussed at team meetings and made available to patients through a ‘you said, we did’ post on the service’s social media profile.

Patients who responded to our online survey told us they had been treated with dignity and respect. Comments included:

- 'I am always treated with such kindness and respect, it's one of the reasons I keep coming back.'
- 'Everyone is always pleasant and respectful.'
- 'Always treated with dignity and respect. (the clinician) ensures you are covered up and only exposed where necessary to perform treatment.'

Staff were recognised with training opportunities and team lunches. Positive staff feedback was shared during staff meetings. Staff were invited to take part in a monthly wellbeing session held at the service. This had also been offered for patients of the clinic and social media followers to attend.

What needs to improve

We saw evidence to demonstrate that the service listened to feedback and acted on any issues raised as a result, as summarised in the 'you said, we did' posts. However, this information did not include an evaluation of how effective the improvements had been (recommendation d).

■ No requirements.

Recommendation d

■ The service should monitor and evaluate improvements made as a result of patient feedback, to determine whether actions taken have led to the improvement anticipated.

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 registered manager was aware of the notification process and what Healthcare Improvement Scotland should be notified of.

Key policies and procedures set out the way the service was delivered and supported staff to deliver safe, person-centred care. Policies and procedures were updated regularly or in response to changes in national and best practice guidance. Policies were held electronically for effective version control and accessibility. Staff received information and training on new initiatives and policy updates. Key policies in place included those for:

- adult safeguarding (public protection)
- dealing with emergencies
- health and safety
- infection prevention and control, and
- medication management.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies and medicines available that could be used in an emergency. All medications were in-date and stored in a locked storage room. Medicines were obtained from appropriately registered suppliers. The service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service kept a record of regular equipment and fire safety checks. We saw that an electrical contractor had carried out portable appliance testing of all electrical devices in the service and an electrical safety certificate was in place.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was clearly displayed in the service. At the time of our inspection, the service had not received any formal complaints in the last year.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available in the reception area. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments using the service's online booking system or over the telephone. Patients were then sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face-to-face with their prescribing practitioner. A comprehensive assessment was carried out, which included past medical history, as well as discussions on the risks, benefits and possible side effects of treatment. Patients were asked to complete a consent to treatment form online which the patient and practitioner both signed. Patients were

offered follow-up appointments to review their treatment. Before-and-after photographs were always taken. Post-treatment aftercare instructions were provided for patients at the consultation stage and following treatment. Patients were also sent aftercare information by email, which included a phone number for out-of-hours support. Clinicians participated in a rota to ensure someone was always available to respond to emergencies over the phone.

All patient information was stored securely on password-protected computers. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it followed the appropriate data protection regulations.

We were told that the service had recently moved to a new system for recording and storing all policies, training and HR documents. This also highlighted when a document was due for renewal, such as professional registration.

Staff training and development needs were identified during regular one-to-one meetings and opportunities were actively sought to provide these. A recent example included an overseas trip to attend training for a new treatment. The service also had a training academy in the mezzanine area where training courses were held regularly. The training courses were also open to the wider aesthetics community. Regular appraisals were carried out. A new system was in place which offered some online training sessions for non-clinical topics, such as health and safety.

The service kept up to date with changes in best practice through membership of a number of aesthetics groups and forums. They were also actively attending conferences and training workshops.

What needs to improve

Staff had not been trained in duty of candour principles (requirement 1).

We saw that recruitment policies and procedures were in place. However, the service could not demonstrate that all checks had been carried out for all staff in line with its policies. Some staff in the service were family members and had been recruited through an informal process (requirement 2).

Requirement 1 – Timescale: immediate

- The provider must ensure that all relevant staff undertake duty of candour training.

Requirement 2 – Timescale: immediate

- The provider must follow its own recruitment policy and complete appropriate checks on all staff before they start working in the service and on an ongoing basis.

- No recommendations.

Planning for quality

A risk register was in place and risk assessments had been carried out. A system was in place to record and manage accident and incident reporting.

A business continuity plan set out what steps the service would take in the event of a disruptive incident, such as power failure. The plan provided details of another service that patients could be referred to in the case of an emergency or closure of the clinic. This would help make sure patients could continue their treatment plans.

We saw evidence of several clinical and non-clinical audits carried out, including those for:

- clinical photographs
- consent
- hand hygiene
- infection prevention and control
- materials usage
- medicine management, and
- patient care records.

We saw examples of audit results leading to improvement, such as purchasing and implementing a device to record clinical notes from dictation to improve the quality of patient care records. Staff were provided with shadowing opportunities in order to be able to understand all roles within the service and to contribute in quality assurance activities. Results of audits were discussed at team meetings.

We also saw that the service extended the hand hygiene audit to include skin assessment for dermatitis after analysing audit results.

What needs to improve

A quality improvement process was in place which reviewed the results from audits and incidents. However, this did not set out how the service would use information to drive and measure improvements (recommendation e).

- No requirements.

Recommendation e

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

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 demonstrated good standards of cleanliness within a well-maintained clinic environment. Patient care records were of a good standard.

An annual return must be submitted when requested. Appropriate recruitment checks must be carried out on all staff before they start work. A self-evaluation should be submitted when requested.

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 clean, tidy and well maintained. We saw that appropriate cleaning materials were used and sanitary fittings were cleaned in line with national guidance. A cleaning checklist was fully completed, and all equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. A Clinical waste contract was in place for the disposal of sharps and other clinical waste and we saw clinical waste was disposed of appropriately.

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

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

The patient care records we reviewed included the outcome of the face-to-face consultations between the prescriber (practitioner) and the patient to determine patients' suitability for treatment. We saw both the patient and practitioner signed a consent form on the day of treatment. Details recorded in patient care records included:

- administered treatments (including the dose of anti-wrinkle injections or dermal filler administered)
- medicine batch numbers and expiry dates, and
- the aftercare advice provided.

Before-and-after photographs were recorded with patients' consent. All patient care records we reviewed had been signed and dated by the practitioner.

We saw 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 not licensed for this purpose. The use of this instead of normal saline for reconstitution means that the botulinum toxin is used outside of its Summary of Product Characteristics. This is therefore termed as unlicensed use. This was documented in consent forms and in patient care records.

Patients who responded to our online survey told us they felt satisfied with the facilities and equipment. Comments include:

- 'The environment feels very professional and clean.'
- 'The clinic is spotlessly clean which is reassuring.'
- 'The facilities are always clean, professional, and equipped with the latest technology.'

What needs to improve

The service only submitted its annual return on the day of inspection, making it difficult for the inspectors to use for inspection planning as intended (requirement 3).

Not all staff had been recruited in line with policy and national guidance for safe recruitment. For example, some staff did not have an up-to-date PVG certificate and some staff files did not include evidence of completed standard recruitment checks, such as references (requirement 4).

The service only submitted its self-evaluation on the day of inspection, making it difficult for the inspectors to use for inspection planning as intended (recommendation f).

Requirement 3 – Timescale: immediate

- The provider must complete and submit an annual return when requested by Healthcare Improvement Scotland.

Requirement 4 – Timescale: immediate

- The provider must ensure that the safe recruitment of staff is completed in line with policy and national guidance, including Protecting Vulnerable Groups (PVG) and basic disclosure background checks before staff commence working in the service. A process must be in place to obtain a PVG review update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Recommendation f

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

Appendix 1 – About our inspections

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

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

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

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: The quality assurance system and framework – Healthcare Improvement Scotland

Complaints

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

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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