Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Ardcroft Medical Clinic, Bothwell

Service Provider: Gillian Bruce

25 June 2026

NHS SCOTLAND

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 12 December 2023

Requirement

The provider must ensure that when unlicensed medicines are used, good medicines governance arrangement must be in place, including documented rationale and informed patient consent.

Action taken

Information on the use or proposed use of unlicensed medications was included in the information patients receive before consenting to treatments and also contained in the patients' consent forms. **This requirement is met**.

Requirement

The provider must carry out a risk assessment on its ventilation system in the treatment room to mitigate against any risk associated with using a non-compliant system until this can be upgraded to conform with national guidance for specialised ventilation for healthcare premises.

Action taken

Both treatment rooms had mechanical air exchange systems to support ventilation and air exchanges. **This requirement is met**.

Requirement

The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

Action taken

Patient care records included emergency contact details for patients. If the patient refused to divulge this information, this was also recorded in the patient care records. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on

Recommendation

The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness.

Action taken

The service did not have a process in place to review its vision, purpose, aims and objectives, or assessing their effectiveness. This recommendation is reported in Domain 1: Clear vision and purpose (see recommendation b on page 20).

Recommendation

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

Action taken

The service gathered feedback informally. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation d on page 25).

Recommendation

The service should develop a process of keeping patients informed of the impact their feedback has on the service.

Action taken

We saw no evidence that the service shared how patients' feedback informed improvements made with patients. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation d on page 25).

Recommendation

The service should ensure that the complaints information for patients is accessible on its website and that contact details are accurate.

Action taken

The service's complaints policy was available on its website for patients to access.

Recommendation

The service should develop a quality improvement plan that demonstrates and directs the way it measures improvement.

Action taken

The service had developed a quality improvement plan which identified and demonstrated its key priorities for the next year. However, it should be further developed to demonstrate areas of improvement identified through service audits, patient feedback and staff feedback. This recommendation is reported in Domain 5: Planning for quality (see recommendation g on page 31).

Recommendation

The service should further develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented.

Action taken

The service did not have a formal audit programme in place. This recommendation is reported in Domain 5: Planning for quality (see recommendation f on page 31).

Recommendation

The service should further develop its patient care records audit process to make it clearer what records are being audited, and what actions are taken to address any findings.

Action taken

We saw evidence that the service carried out a yearly audit of patient care records.

Recommendation

The service should ensure that the patient's emergency and GP contact details are routinely recorded in patient care records, along with the patient's consent to share relevant information with their GP, where relevant.

Action taken

Patient care records documented the patients' GP details or indicated if the patient refused to divulge this information or to share information with other health care professionals if required.

2 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 Ardcroft Medical Clinic on Thursday 25 June 2026. We spoke with the clinic owner who is also the main practitioner during the inspection. We received feedback from 29 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This inspection also had a focus to make sure staff working under practicing privileges delivered care safely to patients, with particular reference to good practice guidance for remote prescribing. We reviewed additional patient care records and staffing records.

Based in Bothwell, Ardcroft Medical Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector, head of regulation and a pharmacist.

What we found and inspection grades awarded

For Ardcroft Medical Clinic, 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**
The service had identified key priorities for areas of improvement and was able to demonstrate progress through the quality improvement plan. Identified aims and objectives were not available for patients to view. A process should be implemented for reviewing and assessing its aims and objectives. Clear clinical governance structures were not in place. The practicing privileges policy must be further developed to reflect governance processes, roles and responsibilities. Formal staff meetings should be introduced and include staff feedback. Registered healthcare professionals (as defined in The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011) working in the service must either register independently with Healthcare Improvement Scotland, be employed by the service or work under a practicing privileges contract or agreement with the service.	Unsatisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients seen in-person were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver patient care. The service's quality improvement plan detailed its key priorities. Patient feedback was actively sought and used to improve the service. The service had a risk register in place. The medicines management policy must accurately reflect how the service is delivered. The complaints policy did not indicate the correct process for patients to contact Healthcare Improvement Scotland.	Unsatisfactory

A safe recruitment of staff process, including staff working under a practicing privileges contract must be in place. Staff must receive regular individual performance reviews and appraisals. Healthcare Improvement Scotland must be notified of any incidents, accidents or adverse events that take place in the service. The provider must only operate in its conditions of registration. The provider must further develop its approach to managing risks for staff and patients. An audit programme should be developed. Patient feedback should be formally reviewed and improvements. The service's practicing privileges policy and contracts should be updated.	
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment and equipment were clean and well maintained. A cleaning schedule was in place. Infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Information documented in patient care records we reviewed was clear and easy to read. The majority of the policies in place had been reviewed. All medicines should be used in accordance with manufacturers guidance. All patient care records must be accessible to the provider. Systems should be in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles for good practice in remote consultations and prescribing and good practice in prescribing and managing medicines and devices. Guidelines for weight management prescribing must be followed.	Unsatisfactory

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 Gillian Bruce 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 11 requirements and eight recommendations.

Direction	
Requirements	
1	The provider must ensure appropriate governance and oversight of all activities in the registered premises, including implementing appropriate governance arrangements by developing a clinical governance policy and further developing its practicing privileges policy for individuals working under a practicing privileges agreement as part of Ardcroft Medical Clinic (see page 22). Timescale – immediate *Regulation 13(1) and 13(2)(a)(b)(c)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must ensure that registered healthcare professionals working in the service have a practicing privileges agreement, are employed by the service or register their own service with Healthcare Improvement Scotland (see page 22). Timescale – immediate *Regulation 1(2)(e)(3)* The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Direction (continued)	
Recommendations	
a	The service should ensure that information about the service's vision, purpose, values, aims and objectives are available to patients and staff (see page 20). 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 develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness (see page 20). 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 develop a structured programme of formal staff meetings. This should include staff with practicing privileges contracts. A record of discussions and decisions reached at these meetings should be kept and shared with staff. The minutes should detail staff responsible for taking forward any actions identified (see page 22). 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	
3	The provider must operate within its conditions of registration, as stated on its certificate of registration, at all times. If it intends to do anything that is not covered under its conditions of registration, this must first be subject to an application to vary the conditions of registration to Healthcare Improvement Scotland (see page 28). Timescale – immediate *Regulation 8(1)(c)* *The Healthcare Improvement Scotland (Applications and Registrations) Regulations 2011*

Implementation and delivery (continued)	
Requirements	
4	The provider must update the complaints policy to make it clear that patients can refer to Healthcare Improvement Scotland at any stage of the complaints process, and detail persons responsible for investigating complaints with associated timeframes (see page 28). Timescale – immediate *Regulation 15(4)(6)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
5	The provider must ensure that any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out. Signed agreements or contracts must be in place (see page 28). Timescale – immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
6	The provider must ensure that each person employed in the provision of the independent healthcare service receives regular performance reviews and appraisals to make sure that their job performance is documented and evaluated. This should also include staff receiving opportunities for learning and development relevant to their roles (see page 29). Timescale – immediate *Regulation 12(c)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)	
Requirements	
7	The provider must ensure that its medicines management policy accurately reflects how the service is delivered, including details of all in-person and remote prescribing carried out in the service (see page 29). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
d	The service should implement a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 25). 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 develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made (see page 29). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
f	The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records. This should include patient care records of staff working under practicing privileges (see page 31). 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 (continued)

Recommendations

g The service should further develop its existing quality improvement plan to ensure that all improvement activity information is recorded on one document, this should include areas for improvement identified through patient feedback, audits, complaints, identified learning and from previous Healthcare Improvement Scotland inspections (see page 31).

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

8 The provider must follow national weight management guidance and the following must be clearly documented in the patient care record for patients attending the service in person and also for remote consultations and treatments:

(a) steps taken to confirm the stated weight and body mass index is accurate
(b) treatment plans, including discussions of weight goals or target body mass index, permission to share this information with the patients' GP's and follow up and monitoring, and
(c) a record of the information and advice provided to the patient, including dietary, physical and lifestyle advice (see page 35).

Timescale – immediate

Regulation 3(a)(d)(iv)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)

Requirements

9 The provider must ensure that the service 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 35).

Timescale – immediate

Regulation 4(3)(b)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

10 The provider must ensure patient care records are available and that a record is made on the patient care record as closely as possible to the time of the relevant event, setting out how patients' health and safety needs will be met. As a minimum this must include:

(a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the healthcare professional
(b) the outcome of that consultation or examination, and
(c) details of every treatment provided to the patients including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it (see page 36).

Timescale – immediate

Regulation 4(2)(a)(b)(c)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)	
Requirements	
11	The provider must ensure that all medicines are used in line with the manufacturer's guidance. The medicines policy must also be updated (see page 36). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
h	The service should ensure systems are in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles, good medical practice and good practice guidance for remote prescribing (see page 36). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

Gillian Bruce, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ardcroft Medical 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service had identified key priorities for areas of improvement and was able to demonstrate progress through the quality improvement plan.

Identified aims and objectives were not available for patients to view. A process should be implemented for reviewing and assessing its aims and objectives.

Clear clinical governance structures were not in place. The practicing privileges policy must be further developed to reflect governance processes, roles and responsibilities. Formal staff meetings should be introduced and include staff feedback.

Registered healthcare professionals (as defined in The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011) working in the service must either register independently with Healthcare Improvement Scotland, be employed by the service or work under a practicing privileges contract or agreement with the service.

Clear vision and purpose

The service had identified three key priorities for the next 12 months:

- a planned recruitment of administrative staff to assist and support the service improve quality, communication and further develop governance
- an increase of treatments offered to patients through further staff training, and
- the introduction and implementation of telehealth.

The service's aims and objectives included:

- offer patients timely appointments with clear communication pathways
- competent, fully trained and qualified clinicians providing safe, person-centred care for every patient through evidence-based practice, and
- promote continuous personal and professional development for all staff working in the service.

The service also identified the following four key performance indicators (KPIs):

- clinical safety, with minimal complication rates
- governance and compliance, including audits and risk management
- patient experience, with increased patient satisfaction scores, and
- service delivery, with decreased appointment waiting times for patients and follow-up contact completed within 72 hours of appointment times.

What needs to improve

In its self-evaluation submitted to Healthcare Improvement Scotland, the service had identified its:

- aims and objectives
- KPIs
- purpose, and
- vision.

However, patients were not able to access these (recommendation a).

The service did not have a formal process in place to review the content of, or its performance against the:

- aims and objectives
- purpose, and
- vision.

This meant it was not able to assess whether it was effectively meeting its patients' needs (recommendation b).

- No requirements.

Recommendation a

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

Recommendation b

- The service should develop and implement a process for reviewing its vision, purpose, aims and objectives and assessing their effectiveness.

Leadership and culture

The service manager was the main practitioner. Other healthcare professionals worked in the service under practicing privileges (staff not employed directly by the provider but given permission to work in the service), including four doctors and two registered nurses.

All clinicians were registered with the Nursing and Midwifery Council (NMC) or General Medical Council (GMC), with licenses to practice with no restrictions on their practice.

The service offered practicing privileges to four doctors and two registered nurses. A laser hair technician and an acupuncturist also provided treatments from the service. The three doctors and two registered nurses also worked in substantive posts with NHS Scotland.

We were told the service manager communicated with staff informally and staff would advise of any issues arising in the service through the telephone, text messages or communication apps. For example, we were told that the service had increased the heat in the treatment room where patients received acupuncture treatments after staff had raised it as an issue. We were also told staff were encouraged to participate and contribute to the day-to-day running of the service.

The service's practicing privileges policy set out what staff working under practicing privileges contracts could expect around:

- compliance
- induction
- purpose, and
- training.

The service's governance approach included:

- a complaints-handling process
- a risk register and risk assessments, and
- gathering and evaluating feedback informally.

We were told that the service continuously reviewed its processes and governance arrangements to help make sure it provided the appropriate quality of service. We were told that this included reviewing:

- audit results and performance against KPIs
- clinical care standards
- patient safety, and
- quality improvement.

What needs to improve

We saw no evidence of appropriate clinical governance policies and procedures in place for staff working in the service, including staff working with a practicing privileges agreement. Policies and processes should detail the service's responsibilities and processes for staff performance management and should also include information on ending contracts for staff with practicing privileges. The service's practicing privileges policy should be further developed to set out its:

- clinical governance
- definition of practicing privileges
- eligibility requirements, and
- scope of practice (requirement 1).

We were told that one of the registered nurses working in the service had previously been registered with Healthcare Improvement Scotland and had since cancelled their registration. The registered nurse had requested to deliver this same service from Ardcroft Medical Clinic, which the provider had agreed to without ensuring appropriate governance arrangements were in place (requirement 2).

The service did not have a schedule of formal team meetings in place, where staff could provide feedback, make suggestions or voice their opinions or ideas for improvement (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure appropriate governance and oversight of all activities in the registered premises, including implementing appropriate governance arrangements by developing a clinical governance policy and further developing its practicing privileges policy for individuals working under a practicing privileges agreement as part of Ardcroft Medical Clinic.

Requirement 2 – Timescale: immediate

- The provider must ensure that registered healthcare professionals working in the service have a practicing privileges agreement, are employed by the service or register their own service with Healthcare Improvement Scotland.

Recommendation c

- The service should develop a structured programme of formal staff meetings. This should include staff with practicing privileges contracts. A record of discussions and decisions reached at these meetings should be kept and shared with staff. The minutes should detail staff responsible for taking forward any actions identified.

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

Patients seen in-person were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver patient care. The service's quality improvement plan detailed its key priorities. Patient feedback was actively sought and used to improve the service. The service had a risk register in place.

The medicines management policy must accurately reflect how the service is delivered.

The complaints policy did not indicate the correct process for patients to contact Healthcare Improvement Scotland.

A safe recruitment of staff process, including staff working under a practicing privileges contract must be in place. Staff must receive regular individual performance reviews and appraisals.

Healthcare Improvement Scotland must be notified of any incidents, accidents or adverse events that take place in the service. The provider must only operate in its conditions of registration. The provider must further develop its approach to managing risks for staff and patients. An audit programme should be developed. Patient feedback should be formally reviewed and improvements. The service's practicing privileges policy and contracts should be updated.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patients could contact the service in a variety of ways, including:

- email
- online enquiries through the service's website or social media pages
- over the telephone, and
- text messages.

The majority of patients were returning clients who had used the service for some time. Some new patients had been recommended to the service from

existing patients or word of mouth, including social media reviews. All consultations were appointment-only.

The service's website included a booking system, as well as information on:

- available treatments
- some of the staff in the service
- the treatments each staff member could deliver, and
- treatment costs.

The service actively sought feedback from patients about their overall experience using a variety of methods, in line with its patient participation policy. For example, feedback was gathered verbally, through social media applications and online reviews.

We were told the service reviewed feedback regularly and information gathered was used to inform service improvement activities, such as:

- a 'back soon' sign on the door when staff were out of the building
- a sign highlighting the step up into the service from the front door, and
- an electronic system for controlling the temperature in the treatment rooms.

The service had also introduced additional treatments as a result of patient feedback, including a podiatry service.

A new artificial intelligence receptionist had been implemented to take calls in the owner's absence. This system allowed patients to make appointments to attend the clinic with the appropriate clinician.

What needs to improve

While the service gathered feedback, this was informal. A structured approach to patient feedback should include a formal process for:

- analysing the recorded feedback results
- implementing changes to drive improvement
- measuring the impact of improvements, and
- sharing how patients' feedback is used to drive improvements (recommendation d).

- No requirements.

Recommendation d

- The service should implement a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate.

The service manager was aware of the notification process to Healthcare Improvement Scotland. A clear system was in place to record and manage accidents and incidents.

The service had policies and procedures in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management, and
- medication.

Arrangements were in place to deal with medical and aesthetic emergencies, including mandatory staff training. Emergency medicines were available for patients who may experience aesthetic complications following treatment. An automated external defibrillator (AED) and an oxygen cylinder were kept on-site for medical emergencies. We saw regular, documented checks carried out for all emergency equipment in the service.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Information about how to make a complaint was available on the service's website. The service had not received any complaints since it registered with Healthcare Improvement Scotland in December 2021.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the

service's duty of candour report was displayed on its website. We noted that the service had not experienced any incidents in the 12 months before our inspection.

The service had a safeguarding (public protection) policy in place. The practitioner had completed safeguarding training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

Patients received information electronically before their treatment. On the day of treatment, patients received a face-to-face consultation where they completed an electronic consent form. The patient and practitioner signed the consent form. An appropriate cooling-off period was included to allow patients time to consider the treatment options. A comprehensive assessment included a full medical history, as well as current medications. Aftercare information was provided, which included the service's contact details where appropriate. We saw examples of aftercare instructions, such as for aesthetic procedures and treatments. If patients experienced an adverse event after treatment, they could contact clinical staff over the telephone or the social media app outside of clinic times. Emergency appointments were offered, if required.

Staff completed a formal induction and were allocated mandatory training to complete, which included safeguarding of adults and children and duty of candour. The service manager was responsible for making sure that staff completed mandatory training.

The practicing privileges staff files we reviewed contained information on mandatory training, all background checks (including Protecting Vulnerable Groups (PVG) checks) and expectations of staff working in the service in the context of appearance and safety the clinic building.

Patient care records were stored on an electronic and password-protected system. This protected 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 worked in line with data protection regulations.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance in a variety of ways. The service manager is a member of the Complication in Medical Aesthetic Collaborative group (CMAC) and was also part of a local aesthetics peer support group.

The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration

and revalidation process, as well as yearly appraisals. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years. They also kept up to date with appropriate training, such as for:

- adult support and protection
- equality and diversity, and
- infection control.

We saw evidence of some of the practitioner's personal and professional development displayed in the service.

What needs to improve

The service was not providing care in line with its agreed conditions of registration. For example, the service was:

- prescribing controlled drugs remotely
- prescribing weight loss medications for patients seen in-person and patients attending the clinic remotely, and
- providing laser and intense light pulse (IPL) treatments and therapies.

These treatments were not part of the service's conditions (requirement 3).

The service's complaints policy and process was available for patients to view and access on its website. However, it was not clear that patients could contact Healthcare Improvement Scotland at any point during the complaints process and not only if a local resolution had not been reached. This should detail persons responsible for investigating complaints with associated timeframes (requirement 4).

The service had completed checks on all staff working in the service, including appropriate background checks. However, we found that:

- no formal process was in place to carry out ongoing checks
- not all staff had two references, a record of their immunisation status or a current appraisal from their substantive NHS post, or equivalent appraisal, and
- staff with practicing privileges did not have a signed agreements or contracts in place (requirement 5).

From the staff files we reviewed, we saw no evidence that staff received regular planned supervision, performance reviews or yearly appraisals. The service did not keep a record of training or ongoing continuous personal or professional development in staff files we reviewed (requirement 6).

The medicines management policy was not detailed and did not reflect the prescribing carried out for in-person appointments or for patients receiving remote consultations and assessments (requirement 7).

Policies were in place and had been reviewed. However, the service did not have a clear process in place of documenting the details of changes made and further review dates had not been identified (recommendation e).

Before our inspection, we saw that the service had not experienced any incidents or accidents that should have been notified to Healthcare Improvement Scotland. However, during our inspection the service manager told us they had received information from one practitioner advising of a complaint they were aware of, concerning another practitioner working in the service under practicing privileges. The service manager had not been aware of this complaint and did not have any details about the patient concerned or when the incident occurred. This meant that they had not been able to initiate a full complaint investigation at the time of our inspection. We will follow this up at future inspections.

Requirement 3 – Timescale: immediate

- The provider must operate within its conditions of registration, as stated on its certificate of registration, at all times. If it intends to do anything that is not covered under its conditions of registration, this must first be subject to an application to vary the conditions of registration to Healthcare Improvement Scotland.

Requirement 4 – Timescale: immediate

- The provider must update the complaints policy to make it clear that patients can refer to Healthcare Improvement Scotland at any stage of the complaints process, and detail persons responsible for investigating complaints with associated timeframes.

Requirement 5 – Timescale: immediate

- The provider must ensure that any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out. Signed agreements or contracts must be in place.

Requirement 6 – Timescale: immediate

- The provider must ensure that each person employed in the provision of the independent healthcare service receives regular performance reviews and appraisals to make sure that their job performance is documented and evaluated. This should also include staff receiving opportunities for learning and development relevant to their roles.

Requirement 7 – Timescale: immediate

- The provider must ensure that its medicines management policy accurately reflects how the service is delivered, including details of all in-person and remote prescribing carried out in the service.

Recommendation e

- The service should develop and implement a system to determine review dates for its policies and procedures with documented evidence of when reviews are undertaken and what changes or updates were subsequently made.

Planning for quality

The service had a risk register and risk assessments. Risk assessments were in place, including those for:

- data protection
- environmental assessments, including slips, trips and falls
- fire
- infection prevention and control, and
- medicine management.

Risk assessments were easy to follow. We saw that most risks had been reviewed and that action plans were in place for risks reviewed. The risk register was reviewed every year.

We saw evidence that the service carried out a yearly audit of patient care records.

The service's business continuity plan also identified areas of risk, including the management and continuity arrangements in place to make sure that patients could access treatments. These included:

- cyber attack
- damage to premises
- IT systems failure
- reputational risk
- staff illness and service delivery
- supply shortages, and
- utility failure.

The service's quality improvement plan had identified areas of improvement, noted as the service's key priorities for the next year.

What needs to improve

While the service carried out a yearly audit on patient care records, it did not have a formal audit programme in place. An audit programme would help determine what audits should be carried out and when audits would take place. The audits carried out for a healthcare service should include those for:

- infection prevention and control
- medicine management
- patient care records for all staff working in the service, including staff with practicing privileges
- the safety and maintenance of the care environment, and
- staff files (recommendation f).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. While we were told of improvement activities taking place, the service had not documented these in its quality improvement plan. Documenting this would help structure the service's improvement activities, record the outcomes and measure the impact of service changes. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation g).

- No requirements.

Recommendation f

- The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records. This should include patient care records of staff working under practicing privileges.

Recommendation g

- The service should further develop its existing quality improvement plan to ensure that all improvement activity information is recorded on one document, this should include areas for improvement identified through patient feedback, audits, complaints, identified learning and from previous Healthcare Improvement Scotland inspections.

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 environment and equipment were clean and well maintained. A cleaning schedule was in place. Infection control measures were in place.

Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Information documented in patient care records we reviewed was clear and easy to read. The majority of the policies in place had been reviewed.

All medicines should be used in accordance with manufacturers guidance. All patient care records must be accessible to the provider.

Systems should be in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles for good practice in remote consultations and prescribing and good practice in prescribing and managing medicines and devices. Guidelines for weight management prescribing must be followed.

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.

We saw the clinic environment was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, fully completed and up to date. 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. Clinical waste and used sharps equipment was disposed of appropriately. We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment was available. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

The medical fridge was clean and in good working order. A temperature recording logbook was used to record daily fridge temperatures and make sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We saw a system in place for the procurement and prescribing of medicines for patients attending in-person appointments.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘The clinic is very welcoming and immaculate. The practitioner is very organised, and always ensures it's a sanitised area and procedure from start to finish.’
- ‘The treatment rooms and whole premises was very clean and tidy.’
- ‘The room and equipment looked very clean and clinical as I would expect.’

We reviewed five electronic patient care records and saw that all entries were legible, signed and dated. In-person patient consent to treatment was noted on the service manager and main practitioner’s records and the practitioner had signed their entries. The cost of treatments was detailed so that patients knew exactly what they were paying.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- ‘There is always a thorough discussion and consultation before any treatment. The practitioner takes the time to explain the available options, answer any questions, and ensure that I am fully informed and comfortable before proceeding.’
- ‘I am always taken on time and appointment reminders sent.’
- ‘I felt genuinely heard and supported, and the respectful manner in which I was treated gave me confidence and reassurance during the appointment.’

We saw the service used bacteriostatic saline to reconstitute vials of botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection). Bacteriostatic saline is an unlicensed product and the use of this rather than normal saline for reconstitution means that botulinum toxin was used outside of its Summary of Product Characteristics. This means it is deemed as unlicensed use. The service discussed this process with patients during their

consultations and included information about it in their consent forms, advising that the drug was used as an off-license medicine.

What needs to improve

Patient care records we reviewed had gaps in the information documented. For example, we found that patient care records did not include:

- details about patients' weight loss programmes (such as target body mass index (BMI) or weight set for the patient, discussion of side effects, structured diet or lifestyle advice given)
- medication batch numbers or expiry dates, and
- the aftercare shared with patients (requirement 8).

During our inspection, the service manager was able to provide access to patient care records for the patients they treated and provided care for. However, the service also had a very large amount of patient care records for patients whose care was provided by staff working under practicing privileges contracts. These patient care records could not be accessed. This meant it was not clear whether patient care had been documented with the required information for patients receiving consultations and treatments in an independent healthcare service (requirement 9).

We used prescribing data from the General Pharmaceutical Council (GPhC) to review prescriptions issued from doctors working under practicing privileges through the remote prescribing service. This data indicated that these doctors made over 20,000 prescriptions for the period November 2024–January 2026. Most of these prescriptions were requests for weight loss injections. We could not be assured that adequate clinical assessments were carried out in line with the high-level principles of remote prescribing. For example:

- we saw no evidence that patients requesting certain weight loss medications were asked to consent to their GP being notified
- the remote prescribing service did not provide access to patients' medical records
- the service manager could not verify patients had been physically examined by the doctors prescribing the medication to patients, and
- controlled drug prescriptions for patients were traced back to the service (requirement 10).

Following our inspection, the provider submitted evidence that demonstrated that it had revoked the practicing privileges for the doctors that were undertaking this practice.

We saw an opened box of botulinum toxin in the medical refrigerator, which was in-date. However, this medication was prescribed for a patient who had not returned for a follow-up consultation. The reconstituted medication should only be used for a single patient, during a single treatment session. Any unused solution must be discarded to comply with the manufacturer's guidance for botulinum toxin (requirement 11).

The GMC, along with other healthcare regulators, have endorsed the high-level principles for remote prescribing. These set out the standards of good practice expected of everyone when consulting and/or prescribing remotely for patients. Registered medical practitioners must also consider the GMC guidance: '*Good medical practice*' (paragraph 9, 'Offering remote consultations') and: '*Good practice in proposing, prescribing, providing and managing medicines and devices.'* These set out what should be considered when deciding if the '*mode of consultation meets the individual needs of the patient and supports safe care.'* The service did not work in line with the guidance for remote prescribing (recommendation h).

Requirement 8 – Timescale: immediate

- The provider must follow national weight management guidance and the following must be clearly documented in the patient care record for patients attending the service in person and also for remote consultations and treatments:

  (a) steps taken to confirm the stated weight and body mass index is accurate
  (b) treatment plans, including discussions of weight goals or target body mass index, permission to share this information with the patients' GP's and follow up and monitoring, and
  (c) a record of the information and advice provided to the patient, including dietary, physical and lifestyle advice.

Requirement 9 – Timescale: immediate

- The provider must ensure that the service 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.

Requirement 10 – Timescale: immediate

- The provider must ensure patient care records are available and that a record is made on the patient care record as closely as possible to the time of the relevant event, setting out how patients' health and safety needs will be met. As a minimum this must include:

  (a) the date and time of every consultation, with or examination of, the service user by a healthcare professional and the name of the healthcare professional
  (b) the outcome of that consultation or examination, and
  (c) details of every treatment provided to the patients including the place, date and time that treatment was provided and the name of the healthcare professional responsible for providing it.

Requirement 11 – Timescale: immediate

- The provider must ensure that all medicines are used in line with the manufacturer's guidance. The medicines policy must also be updated.

Recommendation h

- The service should ensure systems are in place to support prescribing practitioners to follow the General Medical Council (GMC) high-level principles, good medical practice and good practice guidance for remote prescribing.

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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