

Announced Inspection Report: Independent Healthcare

Service: DH Medical Aesthetics, Auchtertool,
Kirkcaldy

Service Provider: Debbie Hunter

4 August 2026

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2026

First published September 2026

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.scot

Contents

1	A summary of our inspection	4
2	What we found during our inspection	8
	Appendix 1 – About our inspections	17

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 DH Medical Aesthetics on Tuesday 4 August 2026. We spoke with the owner (practitioner) during the inspection. We received feedback from 22 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 Auchertool, Kirkcaldy, DH Medical Aesthetics 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 DH Medical Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's vision and values were available on its website for patients to view. An annual quality priorities plan was in place to evaluate how well the service was performing. Key performance indicators had been identified to measure how well the service was performing.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patients were provided with information about treatment options and aftercare, and were given the opportunity to provide feedback on their experience. Key policies and procedures were in place to deliver safe patient care. An audit programme, risk assessments and quality priorities plan supported continuous improvement of the service. Healthcare Improvement Scotland must be notified about certain matters within specified timescales. A more structured approach to gathering and analysing patient feedback would help the service to continually improve.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean, tidy and well maintained. Appropriate infection prevention and control practices were in place. Patient care records showed thorough, person centred care. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients felt comfortable and were satisfied with the cleanliness of the equipment and environment.	✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Debbie Hunter 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 one requirement and one recommendation.

Implementation and delivery	
Requirement	
1	The provider must notify Healthcare Improvement Scotland of certain matters within the specified timescales as detailed in our notifications guidance (see page 13). Timescale – immediate <i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i>
Recommendation	
a	The service should implement a more structured approach to gathering and analysing patient feedback to help continually improve the service (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

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](#)

Debbie Hunter, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

2 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service's vision and values were available on its website for patients to view. An annual quality priorities plan was in place to evaluate how well the service was performing. Key performance indicators had been identified to measure how well the service was performing.

Clear vision and purpose

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

The service's vision was to 'empower people to feel confident, refreshed and comfortable in their own skin through ethical, evidence-based aesthetic treatments that enhance natural beauty, support health ageing and promote lifelong skin health'.

The service also had several values statements on its website outlining the long-term and future goals of the service. These included:

- inclusivity - where patients feel valued, supported and comfortable
- person-centred care - tailored treatment plans to meet personal needs, preferences and expectations
- integrity - ensuring recommendations are guided by clinical judgement
- transparency - enabling patients to make choices with confidence
- excellence - delivering highest standards of clinical practice through continuous professional development, evidence-based treatments and ongoing service improvements, and
- trust - professionalism, empathy, consistency and respect.

Key performance indicators had been identified to help monitor and measure the quality and effectiveness of the service. These were reviewed every 2 months and included:

- new patient numbers
- patient feedback, and
- treatment uptake.

An annual quality priorities plan was produced which evaluated how well the service was performing. This included strengthening patient safety and governance, evaluating quality improvement activities and developing the service.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were provided with information about treatment options and aftercare, and were given the opportunity to provide feedback on their experience. Key policies and procedures were in place to deliver safe patient care. An audit programme, risk assessments and quality priorities plan supported continuous improvement of the service.

Healthcare Improvement Scotland must be notified about certain matters within specified timescales. A more structured approach to gathering and analysing patient feedback would help the service to continually improve.

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

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

The service's participation policy stated how it would proactively seek feedback from patients and learn from this feedback to continuously improve. Methods used to obtain feedback included:

- social media
- emails
- verbal, and
- post-treatment surveys.

Feedback was reviewed when received and detailed in the quality priorities plan. We saw recent examples of the service acting on patient feedback to improve the service. This included providing music in the service and an increased social media presence.

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

- 'Fully involved in every decision and also where... I was unsure... information would be repeated and made clear for me to understand before we moved on.'
- 'Discussions very much two way... keeping me informed every step of the way.'
- 'All treatments fully explained and no pressure.'

What needs to improve

The practitioner told us that the patient feedback response rate was quite low. We discussed that a structured, regular general feedback survey sent to all patients explaining why the feedback was being sought may help to increase patient participation in helping to formally evaluate the service (recommendation a).

While some patients had provided feedback and this was collated and reviewed, we saw that information detailing what changes and improvements had been made were kept in a patient information folder and therefore was not easily visible to patients. We will follow this up at a future inspection.

- No requirements.

Recommendation a

- The service should implement a more 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 recognised people's dignity and respect by allowing only one person to be treated in the service at a time. A diary space between appointments allowed the previous patient to leave before the next patient arrived, meaning privacy and dignity was not compromised.

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

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

The service also had a comprehensive infection prevention and control policy which was in line with national guidance. This included information on hand hygiene and managing sharps (such as needles and syringes). Infection prevention and control measures were in place to reduce the risk of infection. Equipment, including personal protective equipment (such as disposable aprons and gloves) was single use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. Clinical waste was safely disposed of and stored in a secure area until collection. A clinical waste contract was in place.

A system for recording accidents or incidents was in place and we saw that a recent incident had been managed appropriately. Learning had been identified and a review of managing complications from aesthetic treatments had been undertaken.

The service's website detailed how to make a complaint or raise a concern. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included Healthcare Improvement Scotland's contact details. At the time of our inspection, the service had received no complaints since its registration with Healthcare Improvement Scotland in May 2024, and we had not received any complaints about the service.

Arrangements were in place to deal with medical emergencies. This included up-to-date training, and first aid supplies and medicines available that may be used in an emergency. Medicines were obtained from an appropriately registered supplier, and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These alert healthcare providers of potential issues with medicines and medical devices that may pose a risk to patient health, safety and welfare.

Maintenance contracts for fire safety equipment and portable appliance testing for electrical equipment were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been completed.

The service had an up-to-date duty of candour policy. This is where organisations have a duty to be open and honest with patients when something goes wrong. A yearly duty of candour report was available in the treatment room.

We were told patients received face-to-face consultations with the practitioner, and had the opportunity to discuss their wishes and expectations for treatment. When they booked an appointment, patients received a medical questionnaire, a consent form and information which included risks of treatment. Both pre-treatment and aftercare information was sent before they attended for their appointment. This was then discussed during their appointment to ensure there was informed consent. All patient records were stored on an electronic system which was password protected. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

The service maintained supportive professional relationships with other independent healthcare professionals who offered similar services. This allowed for shared learning, informal support and peer discussion. The practitioner also attended conferences and training opportunities where available.

What needs to improve

As a registered independent healthcare service, the service has a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. However, a notification had not been submitted within our expected timescales for a notifiable incident of vascular occlusion (a blood vessel blockage) (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters within the specified timescales as detailed in our notifications guidance.
- No recommendations.

Planning for quality

The service had risk assessments in place to effectively manage risk in the service. These included:

- slips, trips and falls
- infection control issues, and
- medication.

We also saw a number of control of substances hazardous to health (COSHH) risk assessments. This showed that the service was proactive in identifying any risk associated with items such as the cleaning products used.

We saw a programme of regular clinical and non-clinical audits was in place. These included:

- hand hygiene
- patient care records
- consent
- fridge temperature, and
- medical emergency equipment and drugs check.

Audits were reviewed regularly and results were documented in the quality priorities plan. We were told that, as preparation for the inspection, the practitioner had assessed the service against inspection reports of other Healthcare Improvement Scotland registered services, as well as industry guidance. As a result, they had identified some changes and improvements to be made to the service, such as how bacteriostatic saline was used. The business continuity plan was also updated to ensure that comprehensive contingency arrangements were in place to protect patient care in case of emergencies (such as sickness or unplanned leave).

A detailed annual quality priorities plan was in place setting out how the service used information from audits and patient feedback to continuously improve patient outcomes and how the service was delivered. The quality priorities plan was reviewed every 2 months. Examples of improvements identified included:

- updating control of substances hazardous to health (COSHH) reports which identified how any hazardous materials should be stored and managed appropriately, and
- identifying additional training and continuing professional development needs to be able to provide new services.

■ No requirements.

■ No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean, tidy and well maintained. Appropriate infection prevention and control practices were in place. Patient care records showed thorough, person centred care. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients felt comfortable and were satisfied with the cleanliness of the equipment and environment.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The environment was clean, tidy and well maintained. The treatment room and equipment was cleaned between patient appointments and a full clean was carried out at the end of each day. Cleaning checklists were in place and completed to show that appropriate cleaning was carried out. Patients felt comfortable in the clinic, and spoke positively about the cleanliness of the equipment and environment. Comments included:

- 'Everything was immaculate!'
- 'Facilities and equipment was lovely, calm and clean.'
- 'Clinic is kept spotless and I am aware of the fact everything is opened in front of me giving me a sense of confidence... '
- 'Very professional treated with respect and care.'
- '... puts me at ease and encourages me to ask any questions.'
- '(the practitioner) is lovely and I feel very comfortable in her care.'

We reviewed six patient care records and saw that that all had the following information documented:

- consent to treatment
- general patient information (contact details, emergency contact)
- medical history and GP details
- medicines
- treatment plan, and
- the aftercare advice given.

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient to determine patients' suitability for treatment. The patient and practitioner reviewed the assessment information and signed a consent form on the day of treatment after a full discussion. Details of the treatments administered (including the dose of anti-wrinkle injections or dermal filler administered), and the medicine batch numbers and expiry dates were recorded, along with aftercare given. A visual record of where the doses had been administered was documented. The electronic date and time was recorded on each record and the practitioner had signed all relevant documentation.

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

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

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

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

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

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.ihtregulation@nhs.scot

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

Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

www.healthcareimprovementscotland.scot