Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Forth Aesthetics, Dalgety Bay

Service Provider: Forth Aesthetics Limited

3 July 2026

NHS SCOTLAND

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

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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 Forth Aesthetics on Friday 3 July 2026. We spoke with the owner/manager (sole practitioner). We received feedback from one patient 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 Dalgety Bay, Fife, Forth Aesthetics is an independent clinic providing a mobile service to patients for non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Forth Aesthetics, 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's vision and purpose was available for patients to view. Clear and measurable aims and objectives should be developed and be made available for patients to access. Progress against key performance indicators should be regularly reviewed.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out and an audit programme was in place. A formal quality improvement plan would allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement. Exploring alternative methods of gathering patient feedback to encourage higher response rates would help the service to continually improve.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
Patient equipment was stored and transported to patients' homes in a clean and safe manner. Patient care records showed a comprehensive patient assessment was carried out before treatment took place. Patients were very satisfied with their care and treatment.	✓ 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 Forth Aesthetics Limited 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 recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should develop clear and measurable aims and objectives to support ongoing development of the service. These should then be available for patients to easily access (see page 9). 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 review and measure its progress against identified key performance indicators, including compliance with clinical audits, complaints and adverse events (see page 9). 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	
None	
Recommendations	
c	The service should explore alternative methods of patient feedback to enable a more structured approach to gathering and analysing feedback to help continually improve the service (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

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

Our findings

The service's vision and purpose was available for patients to view.

Clear and measurable aims and objectives should be developed and be made available for patients to access. Progress against key performance indicators should be regularly reviewed.

Clear vision and purpose

The service's vision and purpose was to provide 'safe, evidence-based, non-surgical aesthetic treatments to enhance… wellbeing, confidence and appearance within its professional scope of practice'. This vision statement was available for patients to view on the service's social media pages.

Treatments took place in patients' homes and were appointment-only. The practitioner only treated a small number of regular patients with any new patients being by word of mouth. The practitioner told us they aimed to have an open conversation about a patient's expectations and requirements from their treatment.

Key performance indicators help a service to monitor and measure the quality and effectiveness of the service provided. Some key performance indicators had been identified, including:

- improved accessibility and greater choice of appointment times
- enhanced continuity of care through more consistent follow-up appointments, and
- reduced waiting times for treatments and reviews.

What needs to improve

The service had not identified any aims and objectives to allow ongoing development of the service. These should be visible to patients on its social media pages (recommendation a).

We saw no evidence that progress against the key performance indicators was being regularly reviewed. Key performance indicators should also include monitoring the safe care of patients, such as compliance with adverse events, clinical audits and complaints (recommendation b).

- No requirements.

Recommendation a

- The service should develop clear and measurable aims and objectives to support ongoing development of the service. These should then be available for patients to easily access.

Recommendation b

- The service should review and measure its progress against identified key performance indicators, including compliance with clinical audits, complaints and adverse events.

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 were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to help deliver safe patient care. Clear processes and procedures were in place for managing complaints. Risk assessments were carried out and an audit programme was in place.

A formal quality improvement plan would allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement. Exploring alternative methods of gathering patient feedback to encourage higher response rates would help the service to continually improve.

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

The service's social media pages provided information about the treatments offered. Treatment information was also provided during consultations. Patients contacted the practitioner directly by telephone to book appointments.

The service had an up-to-date participation policy which detailed how patient feedback would be gathered and used to help improve the service. We were told that feedback was obtained from patients using a paper form and verbally. We were told the service had received minimal feedback.

What needs to improve

Due to the low feedback responses, we discussed with the service exploring alternative methods to gathering feedback such as using an electronic anonymous survey for patients to complete (recommendation c).

- No requirements.

Recommendation c

- The service should explore alternative methods of patient feedback to enable a more structured approach to gathering and analysing feedback to help continually improve the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate in a folder that was taken to each appointment, and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since registration with Healthcare Improvement Scotland in February 2023, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

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). Its most recent duty of candour report was available on the service's social media pages. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

We were told that the service had received no complaints, and Healthcare Improvement Scotland had also not received any complaints about the service, since the service was registered. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. The complaints process was displayed on the service's social media pages.

The service proactively developed and implemented policies to help ensure that patients had a safe experience in the service. Policies were reviewed every year, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- medical emergencies
- infection prevention and control
- medicines management, and
- adult protection (safeguarding).

Patients were seen for a face-to-face consultation where information about their treatment was provided. An appropriate cooling-off period was included to allow them time to consider the treatment options.

On the day of treatment, patients had a face-to-face consultation with the practitioner where they completed a consent form, which was signed by both the patient and practitioner. A comprehensive assessment took place which included a full medical history, as well as current medications. Aftercare

information was provided verbally and in paper form following treatment. We saw examples of aftercare instructions provided to patients.

If patients experienced an adverse event following treatment, they could contact the practitioner by telephone and, if required, an emergency appointment was offered. This information was detailed in the aftercare information and discussed with patients during and after treatments.

Patient care records were paper based and stored securely within the practitioner's residential premises. This protected confidential patient information in line with the service's information management policy. We saw that the service worked in line with data protection regulations.

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

An accident and incident reporting log book was in place. We were told no accidents or incidents had taken place since the service was registered.

A management of emergencies policy was in place, and emergency medicines and equipment, including first aid supplies, were taken to each appointment. Arrangements were in place to deal with medical emergencies, including ensuring the practitioner was up to date with their advanced life support training. All medications were in-date and stored in a locked cabinet within the practitioner's residential premises. 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. A contracted local pharmacy delivered any required prescription medicines.

A patient who completed our online survey told us the service was 'well organised and professional.'

The practitioner was registered with the Nursing and Midwifery Council (NMC) and was qualified as an independent prescriber. This means they are required to register with the NMC every year and complete a revalidation process every 3 years where they send evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

The practitioner worked in the NHS where they were provided with all of the necessary mandatory training, including advanced life support. The practitioner was a member of local aesthetics forums for peer support and advice.

- No requirements.
- No recommendations.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the service or cancellation of appointments, such as adverse weather or sickness. Appropriate insurances were in-date, such as medical malpractice, as well as public and products liability.

Risk assessments were in place to effectively manage risk in the service. These included risk assessments for:

- aesthetic emergencies
- lone working
- fire
- infection prevention and control, and
- ventilation.

The risk assessments helped make sure that care and treatment was delivered in a safe environment within patients' homes, identifying and taking action to reduce any risks to patients and the practitioner.

We saw evidence that the service carried out some regular audits, including those for:

- infection prevention and control
- medication, and
- patient care records.

What needs to improve

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service did not have a formal quality improvement plan. This would help the service to structure and record improvement processes and outcomes, and would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation d).

- No requirements.

Recommendation d

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

Key Focus Area: Results

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

Our findings

Patient equipment was stored and transported to patients' homes in a clean and safe manner. Patient care records showed a comprehensive patient assessment was carried out before treatment took place. Patients were very satisfied with their care and treatment.

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.

Equipment and medicines were stored and transported to and from patients' homes in a clean and safe manner. Equipment was in good condition, and daily cleaning checklists were completed.

Effective measures were in place to reduce the risk of infection and cross contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel. Clinical waste and used sharps were transported from patients' homes to be stored in adequate clinical waste bins at the practitioner's residential premises until uplifted. An appropriate clinical waste management contract was in place.

We reviewed three patient care records and saw that all documented the required patient details, such as their:

- name and address
- date of birth, and
- past medical history.

The patient care records included the outcome of face-to-face consultations between the practitioner and the patient to determine their suitability for treatment. Both the patient and practitioner signed a consent form on the day

of treatment. Details of the treatments administered (including the dose of anti-wrinkle injections administered), the medicine batch numbers and expiry dates were recorded, along with aftercare given. The practitioner had signed and dated their entries in the patient care records.

We saw evidence that patients were asked for their GP and next of kin contact details. There was evidence in each patient care record that the patient consented to this information being shared in the event of an emergency.

Comments from a patient who completed our online survey about their experience of care in the service included:

- '… was professional. It came with much reassurance that… was well experienced in the industry. … delivered my treatment with dignity and respect and… time management and communication throughout the process was a good standard.'

- 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.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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