

Announced Follow-up Inspection Report: Independent Healthcare

Service: Forte Aesthetics, Dundee

Service Provider: Catherine Myles

6 August 2026

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Forte Aesthetics on 11 February 2026. That inspection resulted in eight requirements and nine recommendations. As a result of that inspection, Catherine Myles produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out an announced follow-up inspection to Forte Aesthetics on Thursday 6 August 2026. The purpose of the inspection was to follow up on the progress the service has made in addressing the eight requirements and nine recommendations from the last inspection. This report should be read along with the February 2026 inspection report.

We spoke with the clinic manager and one member of staff during the inspection.

The inspection team was made up of two inspectors.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	Unsatisfactory

The grading history for Forte Aesthetics can be found on our website.

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](#)

We found that the provider was making progress against the requirements made at our previous inspection. It had also taken steps to act on the majority of the recommendations we made.

Of the eight requirements made at the previous inspection on 11 February 2026, the provider has:

- met four requirements, and
- not met four requirements.

What action we expect Catherine Myles to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in four requirements and two recommendations which remain outstanding.

Implementation and delivery
Requirements
None

Implementation and delivery (continued)	
Recommendations	
a	The service should implement a structured approach to gathering and analysing patient feedback, which all staff use, to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8 This was previously identified as a recommendation in the February 2026 inspection report for Forte Aesthetics.
b	The service should obtain details of the ICO registration of staff working under practicing privileges agreements (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 This was previously identified as a recommendation in the February 2026 inspection report for Forte Aesthetics.

Results	
Requirements	
1	The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 16). Timescale – immediate <i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a requirement in the February 2026 inspection report for Forte Aesthetics.

Results (continued)	
Requirements	
2	The provider must develop a formal role-specific induction package for all staff to evidence that they have the appropriate support and knowledge required for their role (see page 17). Timescale – immediate <i>Regulation 12(a)(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a requirement in the February 2026 inspection report for Forte Aesthetics.
3	The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns (see page 17). Timescale – by 6 November 2026 <i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i> This was previously identified as a requirement in the February 2026 inspection report for Forte Aesthetics.
4	The provider must ensure that the manager has access to all patient care records at all times, in case of an emergency (see page 18). Timescale – immediate <i>Regulation 4(3)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

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

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

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 11 February 2026

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

Clear vision and purpose

Recommendation

The service should share its aims and objectives with patients and staff.

Action taken

The service had updated its aims and objectives. These now included that it would provide a quality and safe service, providing patients with evidence-based information allowing them to make informed decisions. The service's aims and objectives were available for patients to view in a patient information file kept in the clinic.

Recommendation

The service should develop key performance indicators to include monitoring the safe care and treatment of patients.

Action taken

The service had added a key performance indicator to monitor patient safety. This would be achieved through reviewing compliance and clinical governance, such as monitoring incidents, adverse events and informed consent. Other key performance indicators included:

- business indicators
- patient satisfaction, and
- staff development and wellbeing.

Leadership and culture

Requirement – Timescale: immediate

The provider must further develop its practicing privileges policy and have practicing privileges contracts that describe the governance procedures in place to ensure safe delivery of care with individual responsibility and accountability clearly identified and agreed.

Action taken

A detailed practicing privileges policy and agreement for all practicing privileges staff was in place. The policy described the service's governance arrangements to oversee the patient care provided from all practitioners' working in the service. The clinic manager had given a member of staff clinical lead responsibilities to provide oversight of the other clinical staff to maintain patient safety.

This requirement is met.

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

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

Recommendation

The service should implement a structured approach to gathering and analysing patient feedback, which all staff use, to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback.

Action taken

All practitioners obtained their own feedback through online review platforms and social media. This feedback was not collated. While the service had developed a structured questionnaire for practitioners to send to all patients regularly, this had not yet been implemented (**see recommendation a on page 6**).

Quality improvement

Requirement – Timescale: immediate

The provider must further develop its medicines management policy and implement measures to ensure safe medicines management, including ensuring that:

- (a) systems are in place to ensure emergency equipment and medication is always available, and*
- (b) medicines, medical supplies and emergency drugs and equipment can be checked and audited.*

Action taken

The medicines management policy had been further developed and described the measures in the clinic for safe medicines management, including the process to follow for auditing medicines management. The emergency drug kit was accessible in the clinic and we saw evidence that it was routinely checked. The service did not stock any other medicines. The prescribing practitioner ordered medicines against a prescription for named patients and obtained them from a community pharmacy.

This requirement is met.

Requirement – Timescale: by 11 May 2026

The provider must produce and publish an annual duty of candour report.

Action taken

A duty of candour report had been produced and was available in a patient information folder in the clinic. The clinic manager planned to publish the next report on the website, where the duty of candour policy was already published.

This requirement is met.

Recommendation

The service should develop a list of mandatory training for staff to complete. This should include clinical training to ensure patient safety, as well as training on governance procedures.

Action taken

A list of mandatory training had been developed. This included training in:

- anaphylaxis
- basic life support and advanced life support
- blood and body fluid spillages
- clinical waste
- duty of candour
- hand hygiene
- infection prevention and control
- personal protective equipment, and
- safe management of the care environment.

We saw evidence in the staff files of the completion of the mandatory training.

Recommendation

The service should make its complaints process easily available to patients.

Action taken

The complaints procedure was available in a patient information folder in the clinic. The service planned to publish the complaints procedure on its website.

Recommendation

The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office.

Action taken

The service was registered with the Information Commissioners Office (ICO). However, it had not obtained details of the ICO registration of staff working under practicing privileges agreements (**see recommendation b on page 6**).

Planning for quality

Requirement – Timescale: by 11 May 2026

The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken

A risk register was in place that included the assessment of:

- business risks
- clinical risks
- patient safety risks, and
- staff risks.

The risk register stated that the identified risks would be reviewed every 3 months, as well as after any:

- change to the service
- complaint, or
- significant incident.

All risks would be fully reviewed at least once a year.

This requirement is met.

Recommendation

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

Action taken

An audit plan had now been developed. Planned audits included those for:

- equipment and the environment (yearly)
- medicines management (3-monthly)
- patient care records (monthly), and
- staff files (yearly).

We saw that patient care record audits had been carried out monthly. Any identified actions had been documented and shared with staff. While saw

templates for the other audits had been developed, these had not been implemented at the time of our inspection.

Daily 'quick checks' were carried out and documented for medicines refrigerator temperature and the environment and equipment.

Recommendation

The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Action taken

A contingency plan had been developed to cover events that may result in the temporary or permanent closure of the clinic to allow for planned continuity of care of patients.

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

Requirement – Timescale: immediate

The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited, including that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.

Action taken

Staff files were in place for all staff and contained:

- evidence of qualifications and training, including the mandatory training stipulated by the service
- professional indemnity insurance, and
- signed practicing privileges agreement.

However, staff files did not confirm that checks had been carried out on the safety of staff to work in the service, such as immunisation status and professional registration status.

We saw evidence that the service had contacted Disclosure Scotland to register as a designated body to enrol its employees in the Protecting Vulnerable Groups (PVG) scheme. In the meantime, all the staff had supplied a confirmation of disclosure from their membership of the PVG scheme through another employer. A confirmation document is issued online by Disclosure Scotland. This disclosure shows a member's status, any criminal history checks and whether the person is barred from regulated work, at the time the confirmation was issued. However, the service would not be directly notified of any PVG updates to make sure staff remained safe to work in the service in the future.

This requirement is not met (see requirement 1 on page 6).

Requirement – Timescale: by 11 May 2026

The provider must develop a formal role-specific induction package for all staff to evidence that they have the appropriate support and knowledge required for their role.

Action taken

The service had not implemented a formal induction package at the time of our inspection. We were told that one member of staff had been recently recruited under a practicing privileges agreement and had received an induction. However, the induction had not been documented.

This requirement is not met (see requirement 2 on page 7).

Requirement – Timescale: by 11 May 2026

The provider must introduce regular one-to-ones and annual appraisals to allow all staff the opportunity to discuss progress in their role or any concerns.

Action taken

One member of staff had worked in the service for a year. Their appraisal was planned but had not yet taken place. We saw that an appraisal form had been developed in preparation.

We saw evidence of good communication between staff through an online chat app. The clinic manager was also present in the building when the clinic was open. However, regular one-to-ones had not been carried out.

This requirement is not met (see requirement 3 on page 7).

Requirement – Timescale: immediate

The provider must ensure that the manager has access to all patient care records at all times:

- (a) so that all relevant documentation is available to view by an authorised person when requested, including Healthcare Improvement Scotland inspectors during an inspection*
- (b) in case of an emergency, and*
- (c) for auditing purposes.*

Action taken

The clinical lead had access to the patient care records of practicing privileges staff for auditing and inspection purposes and could be available in the case of a complaint investigation. However, the patient care records were not available at all times. This meant that if the patient's practitioner was not in the clinic, they would not have access to the information they require in an emergency.

This requirement is not met - a new requirement is made (see requirement 4 on page 7).

Recommendation

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

Action taken

The service had complied with a recent request from Healthcare Improvement Scotland to submit a self-evaluation and was aware to provide this information when requested to do so in the future.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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

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