

Inspection Report: Independent Healthcare

Service: The Aesthetic Clinic Stirling

Service Provider: The Aesthetic Clinic by Fiona
Sutherland Ltd

26 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 October 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	Progress since our last inspection	4
2	A summary of our inspection	5
3	What we found during our inspection	11
	Appendix 1 – About our inspections	22

1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 30 May 2023

Recommendation

The service should have a written record of clinical supervision for professional staff.

Action taken

The practitioner continued to engage in the Nursing and Midwifery Council (NMC) revalidation process and told us they kept up to date with best practice through ongoing training and development, as well as attending training events. We were told that they now received a yearly appraisal and supervision from a charge nurse in the acute hospital setting who previously worked in aesthetics. However, a documented written record of clinical supervision sessions were not available. This recommendation is reported in Domain 4: Quality improvement (see recommendation d on page 16).

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 The Aesthetic Clinic Stirling on Wednesday 26 August 2026. This service was previously known as The Aesthetic Clinic by Fiona Sutherland. We spoke with the owner, who is the manager and sole practitioner in the service. We telephoned four patients after the inspection who had received treatment at the service to ask for their feedback.

Based in Stirling, The Aesthetic clinic Stirling is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Aesthetic Clinic Stirling, 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 was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council. A clear vision and purpose for the service was available for patients to view. Clear and measurable aims and objectives should be developed and made available for patients to access. Progress against key performance indicators should be regularly reviewed.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients were informed about treatment options and aftercare. Patients could provide feedback on their experience to help the service to continually develop and improve. 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 should be developed.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The service demonstrated good standards of cleanliness, with a well maintained clinic environment and equipment. Patient care records showed a comprehensive patient assessment was carried out before treatment took place. Patients were 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 The Aesthetic Clinic by Fiona Sutherland Ltd to take after our inspection

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

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

This inspection resulted in no requirements and six recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should share its vision statement with patients (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19.
b	The service should develop clear and measurable aims and objectives to support ongoing development of the service. These should be regularly reviewed and shared with patients (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
c	The service should implement a structured approach informing patients of the changes made as a result of their feedback (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should have a written record of clinical supervision for professional staff (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 This was previously identified as a recommendation in the June 2022 and May 2023 inspection report for The Aesthetic Clinic by Fiona Sutherland.
e	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
None	
Recommendation	
f	The service should document the aftercare information provided to the patient within the care records (see page 21). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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](#)

We would like to thank all staff at The Aesthetic Clinic Stirling 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council. A clear vision and purpose for the service was available for patients to view.

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

Clear vision and purpose

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

The service told us that its vision and purpose was to provide 'safe, effective and person-centred aesthetic care', prioritising:

- confidentiality
- infection prevention and continuous improvement
- informed consent
- patient dignity
- patient respect
- patient safety, and
- quality of care.

What needs to improve

The service's vision statement was not visible in the service and there was no evidence that it had been shared with patients to inform them of the services purpose, aims and objectives (recommendation a).

The service had no formal process in place to measure its progress in achieving its overall vision. Clear, measurable aims and objectives would help the service monitor its progress and continuous improvement (recommendation b).

- No requirements.

Recommendation a

- The service should share its vision statement with patients.

Recommendation b

- The service should develop clear and measurable aims and objectives to support ongoing development of the service. These should be regularly reviewed and shared with patients.

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 informed about treatment options and aftercare. Patients could provide feedback on their experience to help the service to continually develop and improve. 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 should be developed.

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

We were told the majority of patients were returning patients who had used the service for some time. Most new patients had been recommended to the service from existing patients or through word of mouth. All consultations were appointment-only.

The service used its social media pages to engage with patients. This provided information about the practitioner, online reviews and treatments available in the service. Information about treatments were also provided during consultations. Patients could book appointments through the service website, an electronic link available on social media or by contacting the service directly by telephone.

The service actively sought feedback and used this to improve patient experience. This included:

- a post-appointment link to an electronic survey
- online reviews, and
- verbal feedback.

We saw that the service had made changes as a direct result of patient feedback, including:

- changes to opening hours, and
- implementation of a patient loyalty card.

What needs to improve

While we could see that the service obtained and reviewed patient feedback, it did not have a process in place to inform patients about any improvements made as a result of their feedback (recommendation c).

- No requirements.

Recommendation c

- The service should implement a structured approach informing patients of the changes made as a result of their feedback.

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 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. We noted since the last inspection in 2023 the service had submitted appropriate notifications to keep us informed about changes and events in the service.

The service had a complaint policy which was available on the services website. The service told us they had received no complaints since the last inspection.

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 website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

The complaints policy was displayed on the service's website. We were told that the service had received not any complaints, and we had not received any complaints about the service.

The practitioner was aware of the notification process and what they should notify Healthcare Improvement Scotland about.

The service used a logbook to record any incidents or accidents that occurred. The service had no incidents since our last inspection in May 2023.

A range of policies were in place to help support the delivery of safe care. These were reviewed every year, or as required to make sure they remained relevant to the service and in line with national guidance.

Key policies in place included those for:

- complaints
- consent
- duty of candour
- first aid
- infection control, and
- medicine management.

The service had arrangements in place to deal with medical emergencies, including up-to-date training and first aid supplies. All medications used in the service were ordered from appropriately registered suppliers. The service kept a small stock of medications for treatments, as well as emergency medications. We saw these were in-date and stored securely. A daily temperature log was kept up to date to make sure medicines were stored at the correct temperature.

Patients booked their appointments using the service's online booking system or by telephone. We saw that patients received a face-to-face consultation and assessment before any treatment was carried out. Patients were also offered follow-up appointments following their initial treatment. Before and after photographs were taken. On the day of treatment, the practitioner reviewed the patient's assessment information and consent to treatment documentation. The consent form was signed by both the patient and practitioner prior to treatment being carried out. Patients were provided with aftercare instructions before their consultation and again following treatment.

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

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. 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.

The service recognised the importance of patient confidentiality. All consultations were appointment-only, and patients could use different doors for entering and exiting this service. This helped to support patient's privacy and dignity.

The practitioner was registered with the NMC and qualified as an independent prescriber. As part of maintaining their registration they are required to register with the NMC every year and complete a revalidation process every 3 years. As part of this process, the practitioner must provide evidence of, ongoing training, reflective practice and feedback from patients and peers.

The practitioner kept up to date with best practice through ongoing training and development, including attending training events. This help to keep the practitioner up to date with changes in aesthetics treatments, legislation and best practice guidance.

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

What needs to improve

The practitioner kept up to date with best practice through ongoing training and development. However, while the practitioner told us that supervision arrangements were in place, a written record was not available (recommendation d).

- No requirements.

Recommendation d

- The service should have a written record of clinical supervision for professional staff.

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 insurance.

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

- fire
- health and safety
- infection control, and
- ventilation.

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

The service carried out some regular audits, including those for:

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

We were told the landlord was responsible for carrying out fire safety checks, fire risk assessments and servicing of equipment. The fire risk assessment and equipment servicing was up to date.

The service held a register of electrical equipment used in the service. Portable appliance testing for electrical equipment was up to date.

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 in place. This would help the service to structure and record improvement processes and outcomes. It would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation e).

- No requirements.

Recommendation e

- 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
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The service demonstrated good standards of cleanliness, with a well maintained clinic environment and equipment. Patient care records showed a comprehensive patient assessment was carried out before treatment took place. Patients were 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.

The environment was clean, tidy and well maintained. Equipment was cleaned between appointments, and the clinic was cleaned at the end of the day. Sanitary areas were cleaned using a chlorine-based solution in line with national guidance. A cleaning checklist was completed to demonstrate that cleaning had taken place. Equipment, including personal protective equipment (such as disposable gloves), were single use to prevent the risk of cross-infection. We saw a good supply of antibacterial hand wash and disposable paper hand towels to maintain good hand hygiene. Clinical waste was safely disposed of from each treatment room at the end of each day and stored in a secure area until collection. A clinical waste contract was in place for the safe disposal of waste and sharps.

We reviewed five patient care records and found that each patient had received a comprehensive consultation before treatment was carried out. The service told us that each patient would have a face to face consultation where a full facial examination would be carried out and discussions would be held about the:

- available treatment options
- patient's expectations
- potential risks and side effects of the treatment, and
- treatment costs.

The patient care records we reviewed demonstrated safe and person-centred care. They included comprehensive consultation notes and information relating to:

- a description of the treatment provided
- consent to treatment, photographs and sharing of information
- emergency contact and GP details
- medical history
- medicine batch numbers and expiry dates, and
- treatment plan discussions.

The practitioner told us that they shared their contact number with patients and advised them to make contact if they had any concerns after treatment. We were told that patients were also given information about who to contact in an emergency. We were told that the service had arrangements in place with another aesthetic practitioner should they not be available to be contacted.

We saw that the service used bacteriostatic saline. This is an unlicensed product used to reconstitute botulinum toxin. This meant the botulinum toxin was being used outside its Summary of Product Characteristics. The practitioner told us this provided better pain relief for patients, and we saw evidence that patients had been informed and had consented.

We spoke with four patients as part of this inspection. Patients spoke positively about the care and treatment they had received and the clinical environment. Patients told us they were well informed, safe and confident in the care they received. Comments included:

- 'Always had a great experience and results.'
- 'Brilliant and professional.'
- 'Wouldn't go anywhere else.'

What needs to improve

Patient aftercare information was not documented in the patient care records. We were told that an aftercare leaflet was sent in email to patients and provided verbally following the treatment (recommendation f).

- No requirements.

Recommendation f

- The service should document the aftercare information provided to the patient within the care records.

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