Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Clydesdale Aesthetics, Lanark

Service Provider: Margaret Turner

10 September 2026

NHS SCOTLAND

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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 Clydesdale Aesthetics on Thursday 10 September 2026. We spoke with the owner/manager (sole practitioner). We received feedback from six people 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 Lanark, Clydesdale 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 Clydesdale 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 was owned and managed by an independent nurse prescriber. A clear vision and purpose for the service was available for patients to view on the service's website. Clear and measurable aims and objectives should be developed and be made available for patients to access. Key performance indicators should be identified with progress against these 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. Methods of gathering patient feedback should be explored to support patient participation and continued improvement of the service.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The service was clean and free from clutter, 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 very satisfied with their care and treatment. Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines. Appropriate cleaning products should be used for the cleaning of all sanitary fittings, including sinks. Consent to the sharing of information in an emergency should be obtained from patients.	✓ 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: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Margaret Turner 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 seven 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 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Direction (continued)	
Recommendations	
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 10). 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 to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should introduce a system of participating in annual appraisal and clinical supervision (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
e	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
1	The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
f	The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
g	The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records. If the patient refuses to consent to this, this should be documented (see page 18). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

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

We would like to thank Clydesdale 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 was owned and managed by an independent nurse prescriber. A clear vision and purpose for the service was available for patients to view on the service's website.

Clear and measurable aims and objectives should be developed and be made available for patients to access. Key performance indicators should be identified with progress against these 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 also an experienced aesthetics practitioner and the sole practitioner in the service.

The service's vision and purpose was to provide 'a safe, professional and welcoming environment promoting natural beauty and health and wellbeing'.

What needs to improve

No aims and objectives had been identified to help ensure ongoing development of the service. These should be easily accessible for patients to view, for example on the service's social media pages or website (recommendation a).

Key performance indicators help to monitor and measure the quality and effectiveness of the service provided. We saw no evidence that the service regularly reviewed progress against any identified key performance indicators. These should 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. Methods of gathering patient feedback should be explored to support patient participation and continued improvement of the service.

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

Most new patients had been recommended to the service from existing patients or by word of mouth. Patients could contact the service in a variety of ways, including:

- online enquiries through the service's website or social media account
- by telephone, and
- text messages.

The service's website and social media included information on treatments available, how to book and treatment costs.

The service had an up-to-date participation policy which detailed how patient feedback would be gathered and used to help improve the service.

What needs to improve

Although a participation policy was in place, the service was aware that patient feedback was not actively being sought. We were told that the service planned to explore methods of gathering patient feedback to support patient participation and continued improvement of the service (recommendation c).

- No requirements.

Recommendation c

- The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed 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. Since its registration with Healthcare Improvement Scotland in May 2024, 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 statutory responsibility to be honest with people when something goes wrong). The most recent duty of candour report was available in the service. 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 since the service was registered. A complaints policy detailed the process for managing a complaint and provided information on how a patient could contact Healthcare Improvement Scotland at any time to make a complaint. The complaints process was displayed in the service.

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:

- dealing with emergencies
- information management
- chaperone
- medicines management, and
- adult protection (safeguarding).

The service also had a comprehensive infection prevention and control policy which was in line with national guidance. This included information on hand hygiene, the use of personal protective equipment (such as disposable gloves and aprons), and handling of clinical waste.

The service recognised the importance of patient confidentiality. All consultations were by appointment only, and the service had introduced longer appointment times to avoid more than one patient being present in the clinic at a time.

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 on the service's website and discussed with patients during and after treatments.

Patient care records were paper based and stored securely in a locked filing cabinet. 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. The service 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.

Patients who completed our online survey told us:

- '… explained every treatment options and aftercare professionally.'
- 'My treatment went well and I had good results.'

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 medicines management policy helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked cupboard with medication requiring refrigeration kept in a locked fridge. The fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. 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.

The practitioner was registered with the 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 was a member of local aesthetics forums for peer support and advice, and obtained first aid and basic life support training from the local council.

What needs to improve

We saw no evidence that the practitioner had a process in place to ensure they underwent an annual appraisal or could participate in clinical supervision with local aesthetic forum colleagues. This would provide them with an opportunity for reflection and development, and to help ensure consistent practice (recommendation d).

- No requirements.

Recommendation d

- The service should introduce a system of participating in annual appraisal and clinical supervision.

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.

A number of risk assessments were in place to effectively manage risk in the service. These included risk assessments for:

- 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 the practitioner.

The service had an audit programme in place, with audits carried out every month, 3 months or once a year. This included audits for:

- infection control
- medication, and
- health and safety.

We saw that action plans had been developed to address any issues identified in these audits.

We saw that the service's fire safety checks, fire risk assessment and servicing of fire safety equipment were up to date. Portable appliance testing for electrical equipment was also up to date.

What needs to improve

No quality improvement plan was in place collating the quality improvement activities taking place, or planned, in the service. A formal quality improvement plan would 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
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The service was clean and free from clutter, 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 very satisfied with their care and treatment.

Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines. Appropriate cleaning products should be used for the cleaning of all sanitary fittings, including sinks. Consent to the sharing of information in an emergency should be obtained from patients.

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 clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and a cleaning checklist was fully completed. All equipment for procedures was single use to prevent the risk of cross-infection. Personal protective equipment was readily available and in good supply. We saw a good supply of antibacterial hand wash and disposable paper hand towels to maintain good hand hygiene. A clinical waste contract was in place, and clinical waste and sharps were disposed appropriately.

The five patient care records we reviewed showed that a consultation was carried out with each patient before they received treatment. We were told that each patient was invited in for consultation before treatment was carried

out and that a full examination of the area of concern would be carried out at that time. Discussions would be held with the patient about the:

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

The patient care records all documented the required information such as their:

- name and address
- date of birth
- past medical history, and
- batch numbers and expiries of medications used.

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

- 'Clinic is a great place to relax and cleanliness is second to none.'
- '… is always there with a smile and wants you to leave feeling good about yourself and the procedures you're getting done.'

What needs to improve

We saw that the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. 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 outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. There was no 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, or that informed consent had been sought before treatment was administered (requirement 1).

The service was not using the correct cleaning products for cleaning sanitary fittings, including its clinical wash hand basin (recommendation f).

We saw evidence that patients were asked for their GP and next of kin contact details. However, consent to share information with them in case of an emergency was not being documented (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that good medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Recommendation f

- The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national infection prevention and control guidance.

Recommendation g

- The service should request patients' consent to share information with GPs and other relevant healthcare professionals and document this in the patient care records. If the patient refuses to consent to this, this should be documented.

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: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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