Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Face Factor Aesthetics, Aberdeen

Service Provider: Skintech Aesthetics and Medispa Limited

3 September 2026

NHS SCOTLAND

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 13 February 2026

Requirement

The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration.

Action taken

We saw that Healthcare Improvement Scotland registration certificate was displayed at the reception area of the service. **This requirement is met.**

Requirement

The provider must produce and publish a duty of candour report every year even when no duty of candour incidents occurs in the service and update its policy to include this.

Action taken

We saw the provider had published its annual duty of candour report. **This requirement is met.**

Requirement

The provider must update the complaints policy to make it clear the timescales for dealing with a complaint and that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

We saw that the provider had updated its complaints policy. **This requirement is met.**

Requirement

The provider must develop effective systems that demonstrate the proactive management of risk.

Action taken

We saw that the provider had a risk management policy which detailed how the service managed risk. **This requirement is met.**

Requirement

The provider must ensure that a system is in place to ensure that portable appliances are safe to use.

Action taken

We saw evidence of PAT testing certificates. **This requirement is met.**

Requirement

The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional. All records must be signed, dated and timed by the healthcare professional.

Action taken

From the patient care records we reviewed, we saw this included a documented record of the outcome of the consultation, assessment and the aftercare advice given to patients by the healthcare professional and that they were signed, dated and timed by the healthcare professional. **This requirement is met.**

Requirement 7

The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must the date and time at which any medication is administered or otherwise disposed of, including the batch number.

Action taken

From the patient care records we reviewed we found the practitioner had documented the date and time at which any medication was administered or otherwise disposed of, including the batch number. **This requirement is met.**

Requirement

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

Action taken

We saw that the clinical rationale for using unlicensed medicines was included in patient consent forms, documented in the patient care records and referenced in the service's medication policy. **This requirement is met.**

Requirement

The provider must ensure that any stock emergency medication that it holds can be prescribed to individual patients.

Action taken

We saw that the provider held stock medication which could be prescribed to individual patients. **This requirement is met.**

Requirement

The provider must ensure there is an effective system in place to monitor and audit medicines that are held in stock to ensure that expiry dates for these medicines remain in-date.

Action taken

The service had a system in place to monitor medication to ensure that expiry dates for medicines remained in-date. **This requirement is met.**

Requirement

The provider must have a Standard Operating Procedure for patients prescribed weight loss injections, that is aligned with the national guidance.

Action taken

We were told that since our last inspection that the service no longer provided wight loss injections. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 13 February 2026

Recommendation

The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered.

Action taken

The service had not developed formalised objectives with measurable key performance indicators. This recommendation is reported in Domain 1: Clear vision and purpose (see recommendation a on page 18).

Recommendation

The service should formalise its approach to gathering feedback from patients to demonstrate how this is used to improve the quality of the service.

Action taken

We saw that the service had further developed its participation policy. However, during the inspection we noted that the policy had not been fully implemented in practice. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation b on page 20).

Recommendation

The service should ensure that information on how to make a complaint is displayed in the service and on its website.

Action taken

We saw that the service displayed information on how to make a complaint on its website and within the service.

Recommendation

The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to take account of and reflect current legislation and best practice guidance and reflect the service provided.

Action taken

We saw that service had a system for reviewing its policies and procedures on a regular basis. However, we noted some policies did not reference best practice or legislation. This recommendation is reported in Domain 4: Quality improvement (see recommendation d on page 22).

Recommendation

The service should develop an accidents, incidents and adverse events policy which details how the service will deal with accidents, incidents and adverse events.

Action taken

An accidents, incidents and adverse events policy was in place which detailed how the service will deal with accidents, incidents and adverse events.

Recommendation

The service should develop a system of mandatory training to complete and retain evidence of training undertaken. This should include training relevant to their role including duty of candour, complaints management, obtaining informed consent, and safeguarding (public protection).

Action taken

We saw that the service had not developed a system of mandatory training to complete and retain evidence of training undertaken. This recommendation is reported in Domain 4: Quality improvement (see recommendation e on page 22).

Recommendation

The service should further develop its emergency arrangements policy to reflect how it will care for patients in the event of all common medical emergencies, including unresponsive patients.

Action taken

We saw that the service had further developed its emergency arrangements policy to reflect how it will care for patients in the event of all common medical emergencies, including unresponsive patients.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented and improvement action plans implemented.

Action taken

We saw the service audited patient care records on a regular basis, but no other audits were carried out. This recommendation is reported in Domain 5: Planning for quality (see recommendation f on page 24).

Recommendation
The service should develop a quality improvement plan.

Action taken
We saw that a quality improvement plan was in place.

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
We saw that the service had a formal business contingency plan in place.

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 Face Factor Aesthetics on Thursday 3 September 2026. We spoke with the aesthetics practitioner who was also the manager of the service. We received feedback from 4 patients through an online survey we had asked the service to issue to its patients before the inspection.

Based in Aberdeen, Face Factor Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Face Factor 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**
A service mission, service vision and goal was available on the service's website. Formalised objectives with measurable key performance indicators should be developed.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Information about treatments offered was available on the service's website. Information on how to complain was readily displayed in the clinic and on the service's website. A range of policies were in place. A comprehensive quality improvement plan was in place. The service should follow its own participation policy to gather feedback.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications and consumables were in date and checked regularly. A cleaning checklist was in place. Adequate personal protective equipment was available for use. Patient care records were comprehensive including the outcome of each consultation and we saw clear records of prescribing. Aftercare was recorded. The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record.	✓ 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 Skintech Aesthetics and Medispa 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 eight recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should further develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 18). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.7 This was previously identified as a recommendation in the 13 February 2026 inspection report for Face Factor Aesthetics.

Implementation and delivery	
Requirements	
1	The provider must ensure that fire safety equipment is regularly checked and replaced when required (see page 22). Timescale – immediate *Regulation 3a* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
b	The service should follow its own participation policy for obtaining patient feedback and use this to inform service development (see page 20). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
c	The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients (see page 20). Health and Social Care Standards: My Support, my life. I have confidence in the people who support and care for me. Statement 3.14
d	The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 22). 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 (continued)	
Recommendations	
e	The service should develop a training and education policy that lists the mandatory training that should be completed. Systems should be in place to monitor, record and evidence any training that has been completed. This should include clinical training to ensure patient safety, as well as governance procedures, such as those for: • (a) complaints management • (b) complications management • (c) duty of candour • (d) infection prevention, and • (e) safeguarding (see page 23). Health and Social Care Standards: My Support, my life. I have confidence in the people who support and care for me. Statement 3.19
f	The service should further develop its audit programme to include audits of infection control and medication (see page 24). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
g	The service should expand the range of risk assessments carried out to ensure all risks to patients and staff have been identified and are being managed (see page 24). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results	
Requirements	
	None
Recommendations	
h	The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record (see page 27). Health and Social Care Standards: My Support, my life. I am fully involved in all decision 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: Find an independent healthcare provider or service – Healthcare Improvement Scotland

Skintech Aesthetics and Medispa Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

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

Our findings

A service mission, service vision and goal was available on the service's website. Formalised objectives with measurable key performance indicators should be developed.

Clear vision and purpose

The service manager was a sole practitioner and doctor registered with the General Medical Council (GMC). The service offered non-surgical aesthetic treatments.

The service's mission, vision and goal were displayed on its website. The service's mission was to help its patients feel confident and beautiful in their own skin. It stated that it was committed to providing high-quality, personalised care to each patient.

The service's vision was to be the leading provider of aesthetic treatments in its community. It stated that it wanted to stay at the forefront of the industry, offering the latest techniques and technologies. It would stay educated on the latest best practices.

The service's goal was to help its patients look and feel their best. It stated that it was dedicated to helping patients 'enhance their natural beauty and boost their self-confidence.'

Treatments were appointment-only and we were told that all patients were returning customers.

What needs to improve

Whilst we saw that the service has introduced one objective of a structured three-step philosophy that guides every bespoke treatment plan, rebuild, restore and regenerate. However, no other measurable objectives or key performance indicators were in place. These would help the service identify and measure the effectiveness of the quality of the service provided (recommendation a).

- No requirements.

Recommendation a

- The service should further develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered.

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

Information about treatments offered was available on the service's website. Information on how to complain was readily displayed in the clinic and on the service's website. A range of policies were in place. A comprehensive quality improvement plan was in place. The service should follow its own participation policy to gather feedback.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service provided information on treatments available, costs and information about the service through social media and on its website. Patients could use a messaging app, social media or through the service's website to contact the service with enquiries.

Patients could provide feedback about their experience of the service directly to the practitioner. They could also use a messaging app or leave messages on the service's social media account. The service also sent out an automated email after treatment asking patients to leave a review.

We were told that new patients had used the service after recommendations from friends. All consultations were appointment-only.

We saw examples of service improvements that had been made following feedback, this included:

- implementation of skin care treatments
- introduction of stress balls, and
- the service was actively considering employing additional staff.

What needs to improve

We saw that the service did not follow its own participation policy, as no structured survey was sent to patients to complete (recommendation b).

While the service made improvements, there was process to measure impact of improvements made and share this with patients (recommendation c).

- No requirements.

Recommendation b

- The service should follow its own participation policy for obtaining patient feedback and use this to inform service development.

Recommendation c

- The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients.

Quality improvement

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- infection prevention and control
- information management, and
- medication.

An infection prevention and control policy was in place, and the service had a good awareness of infection prevention and control practices, including hand hygiene and clinical waste management. We saw that cleaning checklists were accurately completed. All equipment used, including personal protective equipment for example aprons and gloves was single-use to prevent the risk of cross-infection. We saw that clinical hand was basins were cleaned in line with national guidance.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. The service had not experienced any accidents that should have been notified to Healthcare

Improvement Scotland since its registration in 2018. A clear system was in place to record and manage accidents and incidents.

The complaints procedure was displayed in the clinic and on the service's website. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included Healthcare Improvement Scotland's contact details. We saw that the service had not received any formal complaints.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We saw that the service had published an annual duty of candour report.

Arrangements were in place to deal with medical emergencies. This included up to date training in anaphylaxis, first aid supplies and anaphylaxis emergency kits.

The service had a current electrical safety certificate in place.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. The initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- expectations
- information about aftercare, and
- treatment costs.

We saw that aftercare for anti-wrinkle injections and dermal fillers was sent electronically to patients after treatment. This included information about who patients could contact if they had any questions or queries about the treatment they had received.

Appropriate arrangements were in place to maintain the privacy and dignity of patients. All consultations were appointment-only. Window screening in the treatment room also helped make sure patient privacy was not compromised.

Patient information was stored securely on a password-protected device. 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 (ICO) (an independent authority for data

protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

The practitioner attended conferences and additional masterclasses to keep up to date with changes in the aesthetics industry, legislation and best practice guidance. The practitioner engaged in regular continuing professional development and revalidation. This is managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC every 3 years.

What needs to improve

Whilst the service had fire extinguishers, we did not see any evidence that these had been serviced or replaced on a regular basis (requirement 1).

Whilst policies had been updated and reviewed on a regular basis, we saw that some policies including infection prevention and control, safeguarding, and medication did not contain references to current legislation or best practice guidance (recommendation d)

A training and education policy and record of training was not in place and there was no system in place to evidence and monitor staff training (recommendation e).

Requirement 1 – Timescale: immediate

- The provider must ensure that fire safety equipment is regularly checked and replaced when required.

Recommendation d

- The service should ensure that all policies reflect Scottish legislation and best practice guidance.

Recommendation e

- The service should develop a training and education policy that lists the mandatory training that should be completed. Systems should be in place to monitor, record and evidence any training that has been completed. This should include clinical training to ensure patient safety, as well as governance procedures, such as those for:

    - (a) complaints management
    - (b) complications management
    - (c) duty of candour
    - (d) infection prevention, and
    - (e) safeguarding.

Planning for quality

We saw that the service had a business continuity plan in place. This detailed a contingency arrangement that would give patients an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness, flood or power failure). Appropriate insurances were in date, such as public and employer liability insurance.

The service had developed a risk register, and a range of risk assessments were available.

A quality improvement plan set out how the service used information from patient care audit results and patient feedback to continuously improve service delivery and patient outcomes. The plan was regularly reviewed and updated.

What needs to improve

Whilst we saw that the service audited patient care records on a regular basis, no other audits took place such as an infection control audit or medication audit (recommendation f).

Whilst we saw that the service had undertaken various risk assessments, we did not see a fire risk assessment or slips, trips and falls risk assessment (recommendation g).

- No requirements.

Recommendation f

- The service should further develop its audit programme to include audits of infection control and medication.

Recommendation g

- The service should expand the range of risk assessments carried out to ensure all risks to patients and staff have been identified and are being managed.

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 environment was clean and well equipped. The clinical handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications and consumables were in date and checked regularly. A cleaning checklist was in place. Adequate personal protective equipment was available for use. Patient care records were comprehensive including the outcome of each consultation and we saw clear records of prescribing. Aftercare was recorded.

The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record.

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. We did not request a self-evaluation from the service before the inspection.

We saw the clinic was clean, tidy and well maintained. We saw good compliance with infection prevention and control procedures. Appropriate cleaning wipes were used, and the clinical handwash sink was cleaned in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings. A cleaning checklist was in place. All equipment for procedures was single-use to prevent the risk of cross-infection. We saw a good supply of antibacterial soap and disposable paper hand towels to maintain good hand hygiene. Personal protective equipment was readily available and in plentiful supply. Clinical waste was disposed of appropriately. Single-use mops were used to clean the flooring.

Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring.

All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘I was satisfied with the facilities and equipment.’
- ‘The treatment environment was clean, comfortable and professional, and the equipment appeared to be well maintained.’

Medications and single-use items, such as gloves, syringes and needles were in date.

A medication fridge was in place, which was clean and in working order. The service had a temperature recording logbook, where fridge temperature was recorded when temperature sensitive medication was stored. This was fully completed and up to date.

Patients who responded to our online survey told us they were extremely satisfied with their care and treatment received from the service and felt involved in the decisions about their care. Some comments we received included:

- ‘I felt that I was treated with dignity, respect and kindness throughout my treatment. The staff were professional, friendly and made me feel comfortable.’
- ‘I received clear and adequate information about the treatment procedure, potential risks and side effects, benefits, expected outcome, costs and aftercare advice. The information was explained clearly, and I felt well informed before making a decision about the treatment.’
- ‘I was given clear information about my treatment and had the opportunity to ask questions and discuss my options before the treatment. I felt involved in the decisions about my care.’

We reviewed five patient care records, three from patients receiving aesthetic treatments and two who received minor surgery treatments. We saw that all were comprehensively completed, with appropriate consents in place.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Details of the treatments administered, including the dose of anti-wrinkle injections or dermal filler administered along with the medicine batch numbers and expiry dates were recorded. Each patient care record showed a clear pathway from assessment to treatments provided. Specific aftercare advice was given with each treatment. We saw that arrangements were in place to make sure the service

could support patients in the event of a medical emergency. The practitioner had signed and dated their entries in the patient care records.

What needs to improve

We found that consent to share information with the patient's GP and next of kin in the event of an emergency was not recorded in the patient care records (recommendation h).

- No requirements.

Recommendation h

- The service should ensure that consent from patients is documented for the sharing of information with their GP and next of kin in an emergency. If the patient refuses, this should also be documented in the patient care record.

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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