



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Glow Medspa, Inverness

Service Provider: Alison Jappy

4 November 2024

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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 Glow Medspa on Monday 4 November 2024. This service was previously known as Aesthetics by Ally. We spoke with the manager (practitioner) during the inspection. We received feedback from 43 patients 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 Inverness, Glow Medspa 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 Glow Medspa, 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's aim and objectives were displayed on its website and in the clinic. A yearly service report formed part of the patient information folder was available on the clinic for patients to read. A strategic plan should be developed.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient feedback was actively sought. Information about treatments offered was available on the service's website. Information on how to complain was readily displayed in the clinic and on their website. Appropriate risk assessments were in place. A range of policies were in place. The service met regularly with another service. A comprehensive quality improvement plan was in place.	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
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. 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 advice was also recorded. The service should record that all medication is checked regularly.	✓✓ Good

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 Alison Jappy 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 two recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop a strategic plan that sets the overall goals for the service and how they will be achieved (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

Results	
Requirements	
None	
Recommendation	
b	service should record the checking of all medication that is kept by the service regularly (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

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 Glow Medspa 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's aim and objectives were displayed on its website and in the clinic. A yearly service report formed part of the patient information folder was available on the clinic for patients to read. A strategic plan should be developed.

Clear vision and purpose

The service's aim was to be committed to providing a safe and holistic, high standard of care from a registered practitioner. The service's aims, objectives and key performance indicators (KPIs) included:

- 'Review number of new clients and number of non-returning clients.'
- 'Transparency and provision of information to service users about the role of HIS and the need to be regulated as a healthcare practitioner.'
- 'Audit compliance, including infection control and emergency medication.'
- 'Incident and near-miss recording.'
- Staff training.'
- 'To actively obtain and review clients' feedback.'

The service assessed its performance every month against its objectives and KPIs, reviewing numbers of new patients, returning patients and prices.

An annual report was available in the patient information folder, located in the reception area. The annual report included:

- community engagement and patient feedback compliance and outcomes
- continuous improvement initiatives
- outcome and evaluation of the service's KPIs
- patient satisfaction outcome
- service quality and safety outcomes, and
- staff development compliance and outcomes.

What needs to improve

The service did not have an overall strategic plan in place (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategic plan that sets the overall goals for the service and how they will be achieved.

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

Patient feedback was actively sought. Information about treatments offered was available on the service's website. Information on how to complain was readily displayed in the clinic and on their website. Appropriate risk assessments were in place. A range of policies were in place. The service met regularly with another service. A comprehensive quality improvement plan was in place.

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

The service's patient participation policy described how feedback would be gathered from patients about their experience of using the service. It also set out how this information would be used to change practice, meet patients' expectations, individual needs and address any concerns. This allowed the service to demonstrate a collaborative approach with patients to help continually improve the way the service was delivered.

Patient feedback was gathered in a variety of ways, including through online surveys, a patient questionnaire and social media reviews. Patients were also encouraged to provide verbal feedback about their experience at any stage of their treatment. Surveys showed that patients were very content with the consultation process and the standard of cleanliness in the clinic.

We saw examples of changes made after the service had received feedback, such as:

- changing the booking system to one that was easier for patients to use
- introducing skin care treatments
- moving to larger premises to accommodate more patients
- purchasing a new electric treatment couch, and
- updating its website.

The service's website and social media pages contained information about the service, the treatments it offered and costs. A monthly newsletter was also sent out to patients.

What needs to improve

The service included examples of improvements made after receiving patient feedback in its annual report. However, we discussed with the service that these improvements could also be highlighted or shared with patients in the clinic. We will follow this up at future inspections.

- No requirements.
- No recommendations

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.

Comprehensive policies and procedures helped support the delivery of safe, person-centred care. Policies were reviewed twice a year as identified in an audit calendar or in response to changes in legislation, national guidance and best practice. Examples of key policies in place included those for:

- duty of candour
- infection prevention and control
- information management
- medicines management, and
- safeguarding (public protection).

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.

An emergency policy was in place. We saw that an emergency drug supply and first aid kit were securely stored for aesthetic emergencies, such as a vascular occlusion (blockage of a blood vessel). As a member of the British Association of Medical Aesthetic Nurses, the service could access additional support with aesthetic complications if needed. We saw evidence of the practitioner's current training certificates displayed in the clinic. The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive medical alerts and report any adverse incidents.

Maintenance contracts for fire safety equipment and portable electrical appliances were up to date. A current fire risk assessment was in place. Electrical fixed wiring testing had been carried out.

An up-to-date complaints policy was available in the service and on the service's website. The policy included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland at any time. We noted the service had received no complaints since it was registered with Healthcare Improvement Scotland in November 2022.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. A duty of candour policy and an annual duty of candour report was available in the service and on the service's website.

Patient care records were stored securely using an electronic system, which could be accessed using a password on a tablet computer. Only the aesthetics practitioner (service manager) had access to the computer. 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.

Before treatment, patients completed an online booking request form or contacted the practitioner directly. We saw that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

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

We saw evidence that the practitioner kept up to date with training, including training in:

- anaphylaxis (life-threatening allergic reaction)
- basic and advanced life support
- dermal filler complication management, and
- duty of candour.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment took place. A free, face-to-face initial consultation was offered to patients, with a cooling-off period before their treatment appointment. Patients confirmed that they received enough information from the service about treatments in order to make an informed decision. We saw that a generic aftercare leaflet for anti-wrinkle injections and dermal fillers was available and we were told that these were given to patients after treatment. This informed patients of who to contact if they had any questions or queries about their treatment.

The practitioner engaged in regular continuing professional development and had recently completed their revalidation. This is managed through the NMC 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 NMC every 3 years. The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending webinars and additional masterclass sessions.

- No requirements.
- No recommendations.

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 a system in place to record any incidents or accidents. We were told that no incidents or accidents had been experienced and saw that the accident book did not contain any entries. The service was aware of the notification process. The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of.

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

- chemicals (control of substances hazardous to health)
- fire
- lone working, and
- slips, trips and falls.

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 medication, hand hygiene, infection control and waste. We saw that action plans were developed to address any issues identified in these audits.

The aesthetics practitioner regularly met with another service to share learning and discuss updates in current practice. We saw that an agenda and minutes were recorded.

A detailed quality improvement plan set out how the service used information gathered from audit results and feedback from patients, to continually improve how the service was delivered and deliver better patient outcomes. The plan was regularly reviewed and updated.

- No requirements.
- No recommendations.

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 were in-date. 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 also recorded.

The service should record that all medication is checked regularly.

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.

We saw the clinic was clean, tidy and well maintained. We saw good compliance with infection prevention and control procedures. We saw that appropriate cleaning wipes were used and that 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 fully and accurately completed. 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.

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:

- ‘Clean, bright salon with plenty room to undergo treatments safely.’
- ‘Very clean and professional premises, well suited to medical aesthetic procedures.’
- ‘Standard of hygiene is excellent, excellent quality equipment in a calm and pleasant décor.’

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. All medication was in-date.

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

- ‘Every treatment I’ve had has been fully explained and discussed with me ensuring that any decision is made with my full understanding and consent.’
- ‘I originally intended to go in for a certain treatment however after discussing with her in great lengths what I wanted she supported a different treatment, explaining all its benefits suited to my needs.’
- ‘Always time allowed for discussion regarding treatment - the same amount of time is given regardless of whether it’s first or tenth visit!’

We reviewed five patient care records and saw that all were comprehensively completed with relevant consents in place.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Detail 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 and arrangements were in place to make sure the service could support patients in the event of a medical emergency or any complications from treatment. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

We saw that a checklist was used to regularly check emergency medication and the first aid kit which was well completed. However, this checklist did not include stock medication, such as botulinum toxin and bacteriostatic saline that was kept in the fridge (recommendation b).

- No requirements.

Recommendation b

- The service should record the checking of all medication that is kept by the service regularly.

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.
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