



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** The Skin Clinic Ayr, Ayr

**Service Provider:** Aesthetics Ayrshire Limited

4 November 2024

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First published January 2025

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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 The Skin Clinic Ayr on Monday 4 November 2024. We spoke with a number of staff during the inspection. We received feedback from nine 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 Ayr, The Skin Clinic Ayr 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 The Skin Clinic Ayr, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service's vision was clearly stated and available to patients to view. Various key performance indicators had been developed to assess and measure the service's performance. There was a supportive relationship between the new manager and staff, and staff meetings were being introduced.	✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Information about treatments was available for patients. Patient feedback was gathered. Processes and procedures were in place to ensure a safe service, including risk management processes and a programme of clinical audits. The process of ordering medicines must be reviewed to ensure they are ordered appropriately. A quality improvement plan would help demonstrate ongoing improvements in the service.	✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and in a good state of repair. Appropriate infection prevention and control processes were in place. Patient information was well documented in patient care records. Staff told us they felt supported in the service. Patients told us they found the service welcoming and professional. Appropriate safe recruitment systems must be fully implemented to ensure staff are safely recruited.	✓✓ 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 Aesthetics Ayrshire Limited 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 two requirements and four recommendations.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that all medicines held as stock are ordered and prescribed appropriately for the clinic (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>The service should develop a process of keeping patients informed about the impact their feedback has on the service (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

Implementation and delivery (continued)	
Recommendations	
<b>b</b>	<p>The service should regularly review all of its policies and procedures and ensure they are up to date with current guidance and Scottish legislation (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>
<b>c</b>	<p>The service should ensure that all staff including those working under practicing privileges undergo a documented induction and appraisal process (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
<b>d</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirement	
<b>2</b>	<p>The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

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

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

Aesthetics Ayrshire 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 The Skin Clinic Ayr 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 vision was clearly stated and available to patients to view. Various key performance indicators had been developed to assess and measure the service's performance. There was a supportive relationship between the new manager and staff, and staff meetings were being introduced.**

#### *Clear vision and purpose*

The service had undergone a number of recent changes, including a new manager and staff members. As part of these changes, the service had developed a vision and purpose statement which was available on the service's social media pages. The stated aims and purpose were to:

- provide care that helps patients to feel their best inside and out
- help educate patients about skin health, ageing and safe aesthetics, and
- provide treatments in a compassionate, secure, professional environment where patients' wellbeing is at the core.

Key performance indicators had recently been developed to help measure and evaluate how well the service was performing. These included patient satisfaction, financial performance, operational and clinical performance. This was a recent development and we were told that this information would help guide how the service continued to improve. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

### ***Leadership and culture***

The service employed a manager, and a number of staff worked under a practicing privileges contract. Staff working under practicing privileges are not directly employed by the provider but are given permission to work in the service. This included one healthcare professional who was qualified to prescribe medicines, and beauty therapy staff.

We were told the manager was approachable and visible. The manager met informally with staff on a one-to-one basis, with the frequency of these meetings increased as necessary for individual staff members. We saw that an initial all staff meeting had recently been held and minutes were recorded with associated actions to be taken forward. The manager told us they planned to continue with a regular programme of staff meetings.

- No requirements.
- No recommendations.

## 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

**Information about treatments was available for patients. Patient feedback was gathered. Processes and procedures were in place to ensure a safe service, including risk management processes and a programme of clinical audits.**

**The process of ordering medicines must be reviewed to ensure they are ordered appropriately. A quality improvement plan would help demonstrate ongoing improvements in the service.**

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

Information on treatments available and costs could be found on the service's social media pages and in patient information leaflets available in the service. We were told a website for the service was currently being developed.

The service user participation policy provided a brief outline of the ways in which patients could provide feedback and how feedback received was then managed. Patients were asked to provide feedback by email following treatment. We were told that over 70% of patients were returning customers, and the feedback we saw was positive. We were told that feedback was also often given verbally at the time of the appointment, and that the service was expanding the ways that feedback could be given by using a number of different electronic systems. We were told the manager reviewed feedback received and discussed this with staff.

Patients who completed our online survey told us they felt fully informed about treatments available. Comments included:

- 'Really detailed consultation, everything explained, follow up email, great after care advice.'
- 'My experience at the skin clinic was amazing, very informative and we worked together to establish treatment goals and outcomes prior to procedure taking place.'
- 'I was given the right amount of information to make informed choices and any enquiries answered and fully explained.'
- 'Excellent experience always delivered in professional manner.'

Staff regularly communicated on an encrypted online messaging system which allowed them to keep in touch with each other, make suggestions and highlight any concerns.

We were told that a buzzer entry system had been installed following staff feedback highlighting a concern about the security of the clinic in the evening.

### **What needs to improve**

It was not clear how the service kept patients informed about the outcomes of their feedback and how this was used to make changes or improvements to the service (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop a process of keeping patients informed about the impact their feedback has on the service.

### **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 manager was fully aware of when to notify Healthcare Improvement Scotland of any incidents of changes in the service, in line with our notifications guidance.

A range of policies and procedures were in place to support the delivery of person-centred care. These included policies for:

- medication
- medical emergencies
- infection control and sharps, and
- safeguarding (public protection).

Information on how to make a complaint was available in reception for patients. This included Healthcare Improvement Scotland's contact details and made clear that we could be contacted at any time. No complaints had been made since the service was registered with Healthcare Improvement Scotland in April 2022.

All medications used in the service were ordered by the prescriber and were supplied from appropriately registered suppliers. Some medicines were stored securely in a locked cupboard, as appropriate. Other medicines required to be refrigerated and we saw that the temperature of the fridge was documented. All medications and single-use equipment reviewed during the inspection was in date. Emergency medicines were also stored appropriately and were in date. All appropriate staff providing aesthetic treatments were trained in managing medical emergencies.

We saw a process for reporting any incidents and accidents that may occur in the service was in place. We noted there had been no incidents or accidents since the service was registered.

The service had a duty of candour policy. This is where healthcare organisations have a responsibility to be open and honest with a patient if something goes wrong. We noted there had been no duty of candour incidents in the last year. A yearly duty of candour report was available in the service. Appropriate staff were trained in the principles of duty of candour.

Patient care records were stored on a password-protected electronic system. 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.

Following the initial consultation, patients were given a 'cooling-off' period to consider the treatment options available to them. The cost of the treatment was discussed and documented throughout this time. Following treatment, patients were given verbal and electronic information on aftercare that included the out of hours contact details for their practitioner.

The service's practicing privileges policy highlighted the requirements for any staff working under practicing privileges, for example ensuring they were appropriately qualified and that the appropriate recruitment checks were completed.

The aesthetic practitioner and manager were members of various groups, for example the Aesthetic Complications Expert (ACE) group and other social media forums to help them keep up to date with best practice. The ACE group provides support if complications arise after a patient's treatment, and provide learning opportunities, support and advice for its members. The manager had regular contact and support from another service that was registered with Healthcare Improvement Scotland. We were told that a more detailed programme of training was planned for all staff.

There was a fire safety policy, and the fire system had been recently serviced. We saw the fire risk assessment had been recently reviewed and updated. Fire equipment was accessible throughout the service. All electrical equipment had been recently tested to make sure it remained safe to use.

Maintenance checklists had been completed which included the servicing of individual pieces of equipment.

### **What needs to improve**

During the inspection, we found that all emergency medicines held as stock items were labelled with individual patient names. This is not best practice as an individually named item should only then be administered to that individual (requirement 1).

Some policies were very brief and included little information. For example, the infection control and sharps policy should contain reference to Healthcare Improvement Scotland's Healthcare Associated Infections (HAI) standards. Guidance from Health Protection Scotland, including reference to the national infection prevention and control manual, should also be included, as well as addressing the standard infection control precautions relevant to the service. Some policies referred to English legislation and the English regulator, the Care Quality Commission (recommendation b).

The service had developed a training policy that referred to an induction and appraisal process. We were told that new staff were supported by the manager. A process was detailed in the training policy about how staff could access further training. We were told by the manager they were planning to develop a staff training programme. Both the induction and appraisal processes should be developed to ensure staff are safe in the service and their ongoing development is regularly addressed (recommendation c).

A clinical waste contract was in place for the collection and safe disposal of clinical waste, used syringes and needles. We were told the service had very recently changed its clinical waste company, and the new company had not yet made its first waste uplift. Although we could see a full record of hazardous waste being disposed of correctly with the previous company, this was not included in the contract with the new clinical waste company. We highlighted this to the manager during the inspection. They contacted the clinical waste company and this was immediately addressed with the waste contract amended. We will continue to follow this up at the next inspection.

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that all medicines held as stock are ordered and prescribed appropriately for the clinic.

### **Recommendation b**

- The service should regularly review all of its policies and procedures and ensure they are up to date with current guidance and Scottish legislation.

### **Recommendation c**

- The service should ensure that all staff including those working under practicing privileges undergo a documented induction and appraisal process.

### ***Planning for quality***

The service's risk register included risk assessments on trips and falls, moving and handling, the storage of medicines and first aid. The risk register highlighted the level of risk for each risk assessment with a review date and associated actions to be taken to reduce any identified risks.

We saw a programme of audits carried out at regular frequencies, which highlighted outcomes and planned actions. Audits completed included:

- patient care records
- medicine management
- clinical procedures, and
- environmental health and safety.

The service had a contingency plan in place should it need to close, for example as a result of a power failure. This included a process of communicating with patients and how and where patient care records would be securely stored.

### **What needs to improve**

While we saw a range of quality improvement processes in place, for example the audit programme, a quality improvement plan would help to demonstrate and drive ongoing improvements in the service (recommendation d).

- No requirements.

### **Recommendation d**

- 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 environment was clean and in a good state of repair. Appropriate infection prevention and control processes were in place. Patient information was well documented in patient care records. Staff told us they felt supported in the service. Patients told us they found the service welcoming and professional.**

**Appropriate safe recruitment systems must be fully implemented to ensure staff are safely recruited.**

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 and in a good state of repair. We saw daily cleaning checklists were completed and in place in each consulting room, and appropriate cleaning products and equipment were being used. We were told a deep clean was carried out every week by the manager.

We saw a good supply of personal protective equipment available, including aprons and gloves. Single-use equipment was available (such as needles and syringes) to help manage the risk of cross-infection.

We reviewed five patient care records and each one contained the patient's name, date of birth and contact details, a medical history questionnaire and information about their consultation. We also saw that patients were asked for their GP and next of kin contact details.

A treatment plan was developed between the patient and practitioner, and included information on previous treatments and the sites to be treated during the appointment. A consent form was signed and dated by patients and included information on the risks and benefits of the treatment, and consent to take photographs. All appropriate batch numbers and expiry dates of medicines used were documented.



Each member of staff working under practicing privileges had a staff file that included a signed contract, details of their qualifications, up-to-date insurance cover and an ID check.

We spoke with a member of staff working under practicing privileges who told us they enjoyed working in the service and felt fully supported to do so.

Patients that completed our online survey told us:

- ‘Super clean clinic, really nice environment.’
- ‘All members of the team made me feel very welcome and acted in a professional manner... .’
- ‘It’s local. Friendly and welcoming staff. Up to date equipment. Competitive pricing.’
- ‘I felt that... genuinely cared about my experience before, during and after the treatment.’

### **What needs to improve**

From the five staff files we reviewed, we found the recruitment checks for staff working under practicing privileges were not all consistently completed. No references had been obtained, and three staff were still waiting for an update to their Disclosure Scotland Protecting Vulnerable Groups (PVG) check (requirement 2).

We were told the process of obtaining consent from patients had recently been reviewed and updated to include consent to share information with patients’ next of kin and GP, if required. Of the five patient care records we reviewed, we saw this had been documented in two of the more recently completed patient care records. We will continue to follow this up at the next inspection.

### **Requirement 2 – Timescale: immediate**

- The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practicing privileges, are safely recruited. This must include ensuring that all staff are enrolled in the Protecting Vulnerable Groups (PVG) scheme by the service, and that key ongoing checks then continue to be carried out regularly.
- No recommendations.

## 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](http://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](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
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