



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Infinity Skin Clinic Edinburgh, Edinburgh

Service Provider: Claire-Louise Narrie

23 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 Infinity Skin Clinic Edinburgh on Thursday 23 January 2025. We spoke with the owner (practitioner) during the inspection. We received feedback from three 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 Edinburgh, Infinity Skin Clinic Edinburgh 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 Enhanced Facial Aesthetics Ltd, 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 vision should be shared with patients. Formalised aims and objectives with measurable key performance indicators should be developed and implemented.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients could give feedback in a variety of ways. Medicines were ordered from appropriate suppliers.		✓ Satisfactory
A yearly duty of candour report must be published and accessible to patients. Policies and procedures should be reviewed. Medicines held as stock must be ordered and prescribed appropriately for the clinic.		
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. Patients reported good levels of satisfaction and told us they felt safe in the service.		✓ Satisfactory
Information recorded in patient care records must be improved.		

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 Claire Louise Narrie 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 five requirements and eight recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that information about the service’s vision is available to patients (see page 10).</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>
b	<p>The service should develop formalised aims and objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 10).</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>

Implementation and delivery

Requirements

1 The provider must produce an annual duty of candour report (see page 13).

Timescale – immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

2 The provider ensure that all medicines held as stock are ordered and prescribed appropriately for the clinic (see page 14).

Timescale – immediate

Regulation 3(d)(iv)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

3 The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 14).

Timescale – immediate

Regulation 3(d)(iv)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

4 The provider must ensure that incident, accident and adverse events policy is in place and investigations are completed, including documenting any resulting lessons learned or actions to be taken (see page 14).

Timescale – immediate

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Implementation and delivery (continued)

Recommendations

- c** The service should ensure that details of the treatments offered are clearly explained on its website (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.9

- d** The service should ensure that all policies and procedures are thoroughly reviewed to ensure that they are accurate, clear for staff and reflect practice in the service (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

- e** The service should develop the range of risk assessments to cover other relevant aspects of the service and include an appropriate risk scoring system. (see page 15).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- f** The service should produce a business continuity plan that covers all aspects of business continuity (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

- g** The service should develop and implement an audit programme as part of a planned programme of quality improvement. Audits should be documented and improvement action plans implemented (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

- h** The service should ensure the quality improvement plan contains dates of when actions are to be completed (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	
5	<p>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 (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)(2)</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](#)

Claire-Louise Narrie, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Infinity Skin Clinic Edinburgh for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service vision should be shared with patients. Formalised aims and objectives with measurable key performance indicators should be developed and implemented.

Clear vision and purpose

The service manager told us that the service's vision was to have 100% patient satisfaction, practicing the safest aesthetics at the highest standards.

What needs to improve

While the service had a vision, this information was not readily available to patients in the service (recommendation a).

The service did not have any aims or objectives in place to describe how it would meet its vision (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about the service's vision is available to patients.

Recommendation b

- The service should develop formalised aims and 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients could give feedback in a variety of ways. Medicines were ordered from appropriate suppliers.

A yearly duty of candour report must be published and accessible to patients. Policies and procedures should be reviewed. Medicines held as stock must be ordered and prescribed appropriately for the clinic.

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

The service's participation policy detailed how patients could give feedback to the service and how this was used to improve the service. Patients could contact the service directly over the telephone, through email or social media.

We were told that patients could give feedback about their experience in a variety of ways, including:

- a feedback email link
- direct messages on the service's social media account
- directly to the practitioner verbally, and
- the service's website.

The service described improvements it had made following patient feedback, including the introduction of a dedicated waiting area for patients when it previously shared premises with other organisations.

What needs to improve

While the service's website contained the name and cost of treatments, it did not include other details about the treatments offered (recommendation c).

- No requirements.

Recommendation c

- The service should ensure that details of the treatments offered are clearly explained on its website.

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 aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service.

The service had a variety of policies and procedures in place to support the delivery of person-centred care.

The service's infection prevention and control policy referred to the standard infection control precautions in place to prevent the risk of infection. This included hand hygiene, sharps management and the use of personal protective equipment (such as gloves, aprons and face masks). A good supply of single-use equipment was available to prevent the risk of cross-infection. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles.

The complaints policy included the correct Healthcare Improvement Scotland contact details. The service had not received any complaints since it registered with Healthcare Improvement Scotland in December 2021.

All medications used in the service were ordered from appropriately registered suppliers. A medicine fridge was in use in the service to store temperature sensitive medicines and locked cupboards were used to store other medicines. We saw that all medicines, including a small number of emergency medicines held in stock were in-date and stored securely.

Consultations in the service were appointment-only. We were told that patients had face-to-face consultations and were appropriately assessed, consented and given information about aftercare and follow-up.

All patient care records were securely stored electronically on a password-protected system. The service was registered with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights.

The manager (practitioner) was a doctor registered with the General Medical Council (GMC). They attended a variety of training courses every year to help keep up to date with developments in the sector.

What needs to improve

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. Even where no incidents occur requiring the need to implement the duty of candour procedure, a yearly report should be produced and made available to the public. The service had not published an annual duty of candour report (requirement 1).

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 2).

We were told the service used bacteriostatic saline to reconstitute the vials of botulinum toxin; this is when a liquid solution is used to turn a dry substance into a specific concentration of solution. 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. However, we saw no evidence in the patient care record 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 3).

We saw that the service had an accident book in place. However, the service did not have a policy in place for the management of incidents or accidents. We saw only an action to review monthly the logbook in the health and safety policy. We also found that the service did not have a process in place to investigate adverse events (requirement 4).

We saw a variety of policies and procedures in place to support the safe delivery of patient care. However, we found information in some policies that were more appropriate to be incorporated into other policies. We discussed the need to review these policies to make sure that the correct information was contained in each of the policies with the service. For example, the clinical governance policy included information about environmental risk management (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must produce an annual duty of candour report.

Requirement 2 – Timescale: immediate

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

Requirement 3 – Timescale: immediate

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

Requirement 4 – Timescale: immediate

- The provider must ensure that incident, accident and adverse events policy is in place and investigations are completed, including documenting any resulting lessons learned or actions to be taken.

Recommendation d

- The service should ensure that all policies and procedures are thoroughly reviewed to ensure that they contain the correct information relating to that policy or procedure and clearly describe action to be taken by those working in the service.

Planning for quality

The service had adequate insurance in place. A service fire risk assessment had been completed and the service had developed a quality improvement plan.

What needs to improve

While we saw that some information on risk management was included a variety of policies, the only risk assessment in place at the time of the inspection was the fire risk assessment. We discussed with the service risk assessing other aspects of the service, including the environment (recommendation e).

The service did not have a business continuity plan in place. A business continuity plan would help make sure that all aspects of business continuity are adequately planned for, such as failure in IT systems or distribution to utility services (recommendation f).

The service had compiled a list of audits in its clinical governance policy. However, the audits did not include timescales for completion and we saw no evidence of completed audits. An audit programme would help the service structure its audit process and record findings, as well as any improvements made as part of a planned programme of quality improvement (recommendation g).

While the service had a quality improvement plan in place, the actions described in the plan did not include dates for their planned completion (recommendation h).

Recommendation e

- The service should develop the range of risk assessments to cover other relevant aspects of the service and include an appropriate risk scoring system.

Recommendation f

- The service should produce a business continuity plan that covers all aspects of business continuity.

Recommendation g

- The service should develop and implement an audit programme as part of a planned programme of quality improvement. Audits should be documented and improvement action plans implemented.

Recommendation h

- The service should ensure the quality improvement plan contains dates of when actions are to be completed.

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. Patients reported good levels of satisfaction and told us they felt safe in the service.

Information recorded in patient care records must be improved.

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 this year. 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 self-evaluation.

We saw that the service had recently been refurbished. The environment was clean, tidy and well maintained. All equipment we saw was clean and in a good state of repair.

We reviewed five patient care records and saw that assessments and consultations were carried out before treatment started. These included taking a full medical history to help plan care and treatment according to individual need. The medical history included details of any:

- allergies
- health conditions
- medications, and
- previous treatments.

Risks and benefits of the treatment were explained. A consent to treatment form was completed for all new and returning patients.

Patients who completed our online survey told us:

- ‘There was no pressure and more reassurance very professional and explained in an easy way to understand what was going to happen and through what was happening.’
- ‘I felt I was involved in every step of the treatment.’
- ‘I was given a separate consultation appointment prior to treatment to talk through various treatments before having to decide.’
- ‘Extremely professional and well organised.’

What needs to improve

Patient care records lacked sufficient details about discussions with patients, such as initial consultation and aftercare discussions, as well as consent to share information with their GP and recording GP details. Of those we reviewed, one patient care record was also not dated or signed (requirement 5).

Requirement 5 – Timescale: immediate

- 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.
- 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

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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