

Announced Inspection Report: Independent Healthcare

Service: The Cairngorm Aesthetics Clinic,
Newtonmore

Service Provider: Lyndsey Robinson

7 February 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 Cairngorm Aesthetics Clinic on Friday 7 February 2025. We spoke with the manager (practitioner) during the inspection. We received feedback from 21 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 Newtonmore, The Cairngorm Aesthetics Clinic 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 Cairngorm Aesthetics Clinic, 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 sole practitioner is a registered nurse and an independent prescriber. The service displayed its vision and aim on its website. Clear and measurable objectives should be developed for patients to access.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information on how to complain and information about treatments offered was available on the service's website. Patients were informed about treatment options. Regular audits were carried out.</p> <p>A proactive approach must be taken for the assessment and management of risk of chemicals used in the service. Meetings with other service should be documented.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>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 and medicine checklist were fully completed. Adequate personal protective equipment was available for use.</p> <p>When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Consent to share information with medical professionals in the event of an emergency should be recorded.</p>		✓ 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 Lyndsey Robinson 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.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop clear and measurable objectives for patients to access (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	<p>The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 15).</p> <p>Timescale – by 7 June 2025</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)	
Recommendations	
b	<p>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 (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 4.14</p>
c	<p>The service should record minutes of any meetings with other services (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	
2	<p>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 18).</p> <p>Timescale – by 7 June 2025</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
d	<p>The service should obtain contain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented (see page 18).</p> <p>Health and Social Care Standards: My Support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

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](#)

Lyndsey Robinson, 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 Cairngorm Aesthetics Clinic 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 sole practitioner is a registered nurse and an independent prescriber. The service displayed its vision and aim on its website. Clear and measurable objectives should be developed for patients to access.

Clear vision and purpose

The service's vision was to be built on strong values, including providing safe, effective treatments based on clients' individual requirements. It aimed to make sure it used the most up-to-date techniques and provide 'naturally beautiful results.' This was displayed on the service's website.

We were told that one of the service's objectives was to make sure patients felt valued and were treated with dignity and respect, during and after their treatment. Treatments were appointment-only and a high number of patients were returning patients.

An aesthetic nurse practitioner, qualified as an independent prescriber was the owner and manager of the service. It registered with Healthcare Improvement Scotland in June 2022 to provide aesthetic treatments, such as anti-wrinkle injections, dermal fillers and advanced skin care.

What needs to improve

Clear and measurable objectives were not displayed in the service. The owner (practitioner) should develop clear and measurable objectives. These should be visible to patients in the service and on its website. A measurable tool should be used to demonstrate how these aims are achieved (recommendation a).

- No requirements.

Recommendation a

- The service should develop clear and measurable objectives for patients to access.

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

Appropriate policies and procedures were in place to support the safe delivery of care, including managing complaints. The service kept up to date with current best practice through training and development. Information on how to complain and information about treatments offered was available on the service's website. Patients were informed about treatment options. Regular audits were carried out.

A proactive approach must be taken for the assessment and management of risk of chemicals used in the service. Meetings with other service should be documented.

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

The service's participation policy set out how it would encourage feedback from patients. The policy described how the service would gather and use patient feedback to continually improve. Patient feedback was collected verbally, as well as through social media reviews and a feedback box was available at reception.

The service carried out polls on social media when new treatments were being considered. This gave the patients an opportunity to inform the introduction of new treatments. All feedback we saw on social media was positive.

Examples of changes made after the service had received feedback included:

- an online booking system had been implemented
- extended opening hours during peak times, such as December
- improved signage to the clinic
- the introduction of additional treatments, such as polynucleotides and other skin care treatments, and
- the service's website had been updated to include explanation of treatments for patients without social media.

The service's website contained information about the service, the treatments it offered and costs.

What needs to improve

While the service collected feedback in a variety of ways, it did not have a structured method in place for gathering feedback. However, we were shown a copy of a structured feedback questionnaire that the service had developed. The service planned to send this out to service users to formalise and direct the way it engaged with its patients and used feedback to inform improvement. 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.

Policies and procedures were in place to support the delivery of person-centred care, including those for:

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

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting which included an accident and incident log.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies. All medications were in-date and stored in a locked cabinet. Medicines were obtained from an appropriately registered supplier, and the service was registered to receive alerts from Medicines and Healthcare products Regulatory Agency (MHRA).

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service kept a record of monthly equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and an up-to-date electrical safety certificate was in place.

We saw that the service had an appropriate infection prevention and control policy and procedures in place, as well as a clinical waste contract for the disposal of clinical waste. Clinical waste was managed appropriately.

The service's website included details of its complaint management process, including that patients could complain to Healthcare Improvement Scotland.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had published a yearly duty of candour report, which was available in the clinic.

We were told 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.

Details of how to contact the practitioner out of hours was also provided to patients along with aftercare leaflets.

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

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.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatment took place. The service had recently introduced bespoke aftercare leaflets for anti-wrinkle injections and dermal

fillers. 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. They also kept up to date with appropriate training, such as training for:

- adult support and protection
- equality and diversity, and
- infection control.

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

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

- 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:

- clinical waste
- hand hygiene
- infection prevention and control, and
- medication.

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

A quality improvement plan set out how the service would use 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.

What needs to improve

While we saw that the service had a variety of risk assessment in place for the service, no Control of Substances Hazardous to Health (COSHH) risk assessments were in place. A risk register would help to identify all the risks in the service and demonstrate the control measures in place to reduce the risks (requirement 1).

We were told that the service had a contingency arrangement in place in case of emergencies (such as sickness, flood or power failure). We were told that this arrangement would provide patients with an option to continue their treatment plans with an alternative practitioner. However, the contingency plan arrangements were not documented (recommendation b).

The aesthetics practitioner regularly met with another service to share learning and discuss updates in current practice. However, these meetings were not recorded (recommendation c).

Requirement 1 – Timescale: by 7 June 2025

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Recommendation b

- 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.

Recommendation c

- The service should record minutes of any meetings with other services.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

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 and medicine checklist were fully completed. Adequate personal protective equipment was available for use.

When unlicensed medicines are used, the rationale for use and informed patient consent must be recorded. Consent to share information with medical professionals in the event of an emergency should be recorded.

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 that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. A cleaning checklist was fully and accurately completed. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff 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:

- 'Extremely clean and professional environment.'
- 'Immaculately clean and professional clinic.'
- 'The cleanest clinic I have ever been in.'
- 'Extremely clean. All hygiene procedures and precautions followed to a high standard.'
- 'The environment was very comfortable and clean.'

We saw a system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medication checklist was fully and accurately completed.

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:

- 'I was given various options of different treatments to achieve my desired outcome.'
- 'The practitioner provides all necessary information to allow you to make your own choices about your treatment and care.'
- '[The practitioner] went over thoroughly the pros and cons of different treatments available.'
- 'Full discussion before treatment covering all aspects of treatment.'
- 'We discussed all options I was interested in and the practitioner explained why some may be better than others for me.'

We reviewed five patient care records and saw that all documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included the outcome of face-to-face consultations between the prescriber (practitioner) and the patient or the assessment to determine patients' suitability for treatment. 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, along with aftercare given. The practitioner had signed and dated their entries into the patient care records.

What needs to improve

We saw 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 outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. We saw evidence that patients were given information about the use of bacteriostatic saline to reconstitute botulinum toxin. 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 administered (requirement 2).

Patient care records did not document patients' consent to share their details with other healthcare professionals in the event of an emergency situation, or whether this consent had not been given (recommendation d).

Requirement 2 – Timescale: by 7 June 2025

- 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.

Recommendation d

- The service should obtain contain consent from the patient for the sharing of information with their GP and other medical staff in an emergency, if required in the patient care record. If the patient refuses, this should be documented.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

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

We check progress against the improvement action plan.



After

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

[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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot