

# Announced Inspection Report: Independent Healthcare

**Service:** Glamour by Ania. Nurse-led Aesthetics,  
Edinburgh

**Service Provider:** Anna Narkiewicz

19 May and 15 July 2025

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First published September 2025

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>8</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>15</b>
<hr/>		

# **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 Glamour by Ania. Nurse-led Aesthetics on Monday 19 May 2025. Having identified some immediate concerns during this inspection, we carried out a second inspection on Tuesday 15 July 2025 to follow these up. 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, Glamour by Ania. Nurse-led Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector at each inspection.

## What we found and inspection grades awarded

For Glamour by Ania. Nurse-led Aesthetics, 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>
<b>Summary findings</b>	<b>Grade awarded</b>
The service's vision was displayed for patients to view. Formalised aims and objectives with measurable key performance indicators should be developed to show how well the service is performing.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out how the service would deliver safe, person-centred care. A quality improvement plan was in place. Risk assessments were completed and reviewed regularly.</p> <p>A business contingency plan should be developed, and audits of patient care records should be carried out. A more formal approach to gathering and documenting patient feedback would help to identify trends and evaluate the impact of improvements made in the service.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The clinic environment was clean and well maintained. Appropriate infection control measures were in place. Patient care records were fully completed. Patients were satisfied with the service, and felt they were treated with dignity and respect within a clean and professional environment.	✓ 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 Anna Narkiewicz 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 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<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 8).</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	
None	
Recommendations	
<b>b</b>	<p>The service should develop and implement a participation policy to document its approach to gathering and using feedback from 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 4.8</p>
<b>c</b>	<p>The service should implement a structured approach to gathering and analysing patient feedback to help continually improve the service (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 4.8</p>
<b>d</b>	<p>The service should develop 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 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
<b>e</b>	<p>The service should further develop its audit programme to include patient care record audits. Audit results should be documented, and action plans developed, if required (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 4.19</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](#)

We would like to thank all staff at Glamour by Ania. Nurse-led Aesthetics 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 displayed for patients to view. Formalised aims and objectives with measurable key performance indicators should be developed to show how well the service is performing.**

#### Clear vision and purpose

A nurse practitioner who was an independent prescriber, registered with the Nursing and Midwifery Council (NMC), owned and managed the service.

The service's vision was to 'deliver safe, person-centred and effective aesthetics care that enhanced patients' wellbeing and confidence'. This was displayed in the clinic for patients to see.

#### What needs to improve

The service did not have any aims or objectives in place to demonstrate how its vision would be achieved. We also saw no evidence that the service had a process in place to measure its performance against any aims or objectives. Identifying relevant key performance indicators would help to monitor and measure the quality and effectiveness of the service (recommendation a).

- No requirements.

#### Recommendation a

- 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 were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out how the service would deliver safe, person-centred care. A quality improvement plan was in place. Risk assessments were completed and reviewed regularly.**

**A business contingency plan should be developed, and audits of patient care records should be carried out. A more formal approach to gathering and documenting patient feedback would help to identify trends and evaluate the impact of improvements made in the service.**

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

Patients could contact the service in a variety of ways, including by telephone, email or text message. As the service did not have a website or social media, information about treatments offered and costs could then be emailed out to patients, if requested.

We were told that patients could give verbal feedback about their experience in the service directly to the practitioner, and that some improvements had been made to the service as a result of patient feedback. For example, a small waiting area with seating outside the treatment room had been constructed. This area was also now used to display information about the treatments available in the service. The service also planned to repaint the interior of the clinic as a result of feedback from patients.

We were told that the practitioner had received positive feedback from patients following these improvements to the clinic environment.

#### **What needs to improve**

Although a participation policy was in place, this did not reflect the way the service gathered and analysed feedback from patients (recommendation b).

We saw no evidence that the service recorded and analysed any feedback received from patients (recommendation c).

- No requirements.

### **Recommendation b**

- The service should develop and implement a participation policy to document its approach to gathering and using feedback from patients.

### **Recommendation c**

- The service should implement a structured approach to gathering and analysing patient feedback to help continually improve 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 practitioner was aware of the process of notifying Healthcare Improvement Scotland of any changes occurring in the service, as detailed in our notifications guidance. An incident reporting process was in place, although we noted no accidents or incidents had occurred in the service since it was registered with Healthcare Improvement Scotland in May 2023.

A range of policies and procedures helped to deliver safe, person-centred care and make sure that patients and the practitioner had a safe experience in the service. Policies were reviewed regularly. Key policies included those for:

- adult safeguarding (public protection)
- consent to treatment
- dealing with emergencies
- infection prevention and control, and
- medication management.

A fire risk assessment was carried out every year. Fire safety signage was displayed and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring.

All medicines were obtained from appropriately registered suppliers. Medicines were prescribed and ordered individually for each patient, and individual prescription medication was stored in a locked drawer until use. There was no stock of medicines kept on the premises. The practitioner was trained in basic life support.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. The complaints procedure was displayed in the service's treatment room. At the time of our inspection, the service had not received any complaints in the last year.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy and its most recent duty of candour report was displayed in the treatment room. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

We were told that many patients were returning customers. Patients booked their appointments over the telephone or by messaging the service directly. Consultations were appointment-only and carried out face to face in the clinic. A health questionnaire was completed in the service which included any past medical history. We were told that the practitioner discussed risks, benefits and possible side effects of treatment. On the day of treatment, patients reviewed a consent to treatment form which both the patient and practitioner then signed.

We saw evidence of post-treatment aftercare instructions shared with patients following treatment. Aftercare instructions included the practitioner's out-of-hours contact numbers in case of any complications. Patients who responded to our online survey told us:

- 'Full explanation given and time given to have any questions answered.'
- 'I was given a full explanation on what to expect pre and post procedure.'
- 'I would certainly recommend her services and plan to return to her in the future.'

Patient care records were in paper format and held securely in a lockable storage cabinet. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it followed the appropriate data protection regulations.

- No requirements.
- No recommendations.

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

Appropriate risk assessments were in place to effectively manage risk in the service and make sure that care and treatment was delivered in a safe environment. These included:

- sharps
- fire safety
- electrical awareness, and
- slips, trips and falls.

The risk assessments were gathered together into a risk register which was reviewed regularly.

The service completed a monthly audit for infection control.

The service's quality improvement plan included a summary of tasks that had been carried out, as well as planned improvements. For example, as a result of feedback from patients, the practitioner had researched and completed a training course to be able to offer intravenous vitamins as a new treatment in the service.

### **What needs to improve**

No business contingency plan was in place. This would help to make sure patients could continue their treatment plans in case of events that may cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness (recommendation d).

The service's audit programme did not include audits of patient care records. This would help to ensure patient care records were being fully and consistently completed (recommendation e).

- No requirements.

### **Recommendation d**

- The service should develop 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 e**

- The service should further develop its audit programme to include patient care record audits. Audit results should be documented, and action plans developed, if required.

## 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 clinic environment was clean and well maintained. Appropriate infection control measures were in place. Patient care records were fully completed. Patients were satisfied with the service, and felt they were treated with dignity and respect within a clean and professional environment.**

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.

During our first inspection on 19 May 2025, we saw that patient care records were not sufficiently completed or detailed. We found an improvement in how patient care records were being completed during our second inspection on 15 July 2025. The five patient care records we reviewed during our second inspection included:

- completed past medical history questionnaires, which included questions about allergies and whether the patient regularly used any medicines
- fully documented consultation
- consent obtained before treatments were carried out
- patient contact details
- patients' GP and next of kin contact details
- consent for sharing information with other healthcare professionals, if required, and
- consent for taking photographs.

Treatment plans for aesthetic procedures included facial mapping with a description of the treatment and diagram of the areas treated, including dosage, batch numbers and expiry dates of medicines used. This would allow tracking if any issues arose with the medications used. Patient care records also

recorded that patients were given verbal and written aftercare advice at the time of treatment and that the cost of treatment was discussed.

Effective measures were in place to reduce the risk of infection. The clinic environment was clean and well maintained. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw that all cleaning tasks were logged as completed on a cleaning log.

All equipment used, including personal protective equipment (such as disposable aprons and gloves), was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

Patients who responded to our online survey told us they felt the service was kept extremely clean and tidy:

- 'Facilities and equipment were very modern and environmentally friendly.'
- 'Very clean and tidy treatment room, no concerns.'
- 'All the treatment was done in a professional facility... '

- No requirements.

- 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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)



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## 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](http://www.healthcareimprovementscotland.scot)