

Announced Inspection Report: Independent Healthcare

Service: DRVICTORIA Clinic, Edinburgh

Service Provider: Skin Clinic (Edinburgh) Limited

25 November 2025

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 12 January 2024

Recommendation

The service should produce and publish an annual duty of candour report.

Action taken

A duty of candour report had been produced and was published on the service's website.

Recommendation

The service should ensure a risk assessment is carried out for the non-compliant surgical scrub sink to ensure appropriate actions are taken to minimise any risks from splash contamination.

Action taken

The sink had been replaced and was compliant with current standards for clinical handwash basins.

Recommendation

The service should ensure patients' next of kin contact details are recorded in the patient care record in case of an emergency.

Action taken

We saw evidence that the service consistently recorded next-of-kin details in patient care records, in case of an emergency.

2 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 DRVICTORIA Clinic on 25 November 2025. We spoke with a number of staff during the inspection. We received feedback from 47 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our third inspection to this service.

Based in Edinburgh, DRVICTORIA Clinic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For DRVICTORIA 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>	Grade awarded
Summary findings	<p>The service had a clear vision and values. Defined and measurable objectives were in place for continuous improvement. Leadership was visible and supportive. Staff felt valued and supported. Structured governance arrangements were in place to help maintain a high standard of care.</p> <p>Staff meetings should have a set agenda and actions points noted so staff are aware who is responsible for taking points forward.</p>	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	Grade awarded
	<p>The service demonstrated a commitment to clinical governance and service improvement. Patient experience was monitored and used to improve how the service was delivered. Quality assurance processes, including a regular audit programme and quality improvement plan helped staff to continuously improve how the service was delivered.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	Grade awarded
	<p>The service demonstrated high standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. Comprehensive employment checks helped make sure that all staff were safe to work in the service. Patients were very satisfied with their care and treatment.</p>	✓✓✓ Exceptional

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](https://www.hiscarequality.scot/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 Skin Clinic (Edinburgh) 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 no requirements and one recommendation.

Direction
Requirements
None
Recommendation
<p>a The service should formalise its team meetings, with an agenda and record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organization 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 DRVICTORIA Clinic 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 had a clear vision and values. Defined and measurable objectives were in place for continuous improvement. Leadership was visible and supportive. Staff felt valued and supported. Structured governance arrangements were in place to help maintain a high standard of care.

Staff meetings should have a set agenda and actions points noted so staff are aware who is responsible for taking points forward.

Clear vision and purpose

The service's vision and purpose were available on its website and in the clinic for patients to view. The vision was to be the leading clinic in Scotland for natural, confidence-enhancing results. It aimed to help every patient feel like the best version of themselves.

The service used the seven values of 'TRUSTED':

- Teamwork.
- Responsibility.
- Understand.
- Success.
- Trust.
- Excellence.
- Discipline.

The seven values were discussed regularly at team meetings and informal huddles and were integral to the business and service improvement.

A yearly corporate plan had been completed using a PEST (political, economic, social and technological) analysis and SWOT (strengths, weaknesses, opportunities and threats) analysis. The management team reviewed the corporate plan regularly and it informed the action plan for the following year.

The management team met every 3 months to review the actions for the previous 3 months and implement the action plan for the next 3 months. A team conference day was held every year, which was interactive and allowed the full team to discuss the corporate plan. Staff were encouraged to take part in two-way dialogue about how their role would contribute to the service's purpose.

Key performance indicators (KPIs) had been set, which covered:

- complications
- financial targets
- new patients
- patient information
- patient satisfaction, and
- treatments performed.

The service reviewed the KPIs, using software-generated reports to track performance.

The population profile of the clinic was also monitored to help make sure the service met the needs of its patients.

- No requirements.
- No recommendations.

Leadership and culture

A dental practitioner, who was also the clinical director ran the service with support from the managing director and a clinic manager. The clinic manager was the registered manager with Healthcare Improvement Scotland. The rest of the team was made up of:

- aesthetic nurse prescribers
- dental practitioners
- medical assistants, and
- staff providing non-medical treatments.

An arrangement was also in place with another clinic for mole-mapping services.

The management team had well defined roles, responsibilities and support arrangements. It met regularly to review business strategy and discuss plans for

continuous improvement. This helped to provide assurance of safe and consistent patient care and treatment. The service contracted an independent HR company which provided support for the management team and staff. The HR company would manage return-to-work meetings and fit-to-work medicals, where staff could openly and confidentially discuss any issues.

Informal daily morning huddles allowed the manager to discuss the day ahead and review the previous day, as well as any operational issues. Team meetings held every 2 weeks were logged and allowed for wider discussion, learning about treatments available and gave opportunities to share feedback. Staff had access to the meeting notes through email.

Staff told us that they felt the managers listened to them. Staff were asked for feedback on how to improve patient care or their experience of working in the service.

What needs to improve

The informal daily morning huddles and team meetings were informative and sometimes included training on a specific subject. However, the huddles did not have a set agenda and action points were not documented (recommendation a).

Recommendation a

- The service should formalise its team meetings, with an agenda and record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions.

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

The service demonstrated a commitment to clinical governance and service improvement. Patient experience was monitored and used to inform how the service was delivered. Quality assurance processes, including a regular audit programme and quality improvement plan helped staff to continuously improve how the service was delivered.

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

A participation policy set out how the service engaged its patients, sought their feedback and used this to improve patient experience. Patient feedback was sought through:

- a dedicated complaints and feedback section on the service's website
- a yearly patient survey
- online reviews
- post-visit emails
- verbal feedback after appointments, and
- video testimonials.

Examples of service improvements that had been made due to patient feedback included:

- changes to clinic working hours
- providing wifi code for patients to use while waiting, and
- provision of gender-neutral toilet and a female only toilet to adapt to the service's increasing LGBTQ+ patient base.

Patients who responded to our online survey told us they had been very happy with their experience of using the service. Comments included:

- 'I had all the relevant information and an opportunity to ask any questions I had.'

- ‘I always receive a great welcome and first class service at Dr Victoria Clinic. [The practitioner] makes sure I am always happy with the outcome.’

The service provided its patients with treatment aftercare advice through email, along with a reminder to provide feedback using the different methods available. The practitioner told us that all patients were offered a review appointment to assess their treatment outcomes.

The service had a high patient-retention rate and the practitioner told us that they took pride in building therapeutic relationships with patients. The practitioner told us that they used a person-centred model when planning patients’ treatments. This helped make sure patients were at the centre of every decision made and received the best treatment and care outcomes for them. If a carer was present, they would be included in the process with the patient’s consent. Patient feedback was shared during team meetings and shared with patients through a monthly newsletter.

Feedback was also sought from stakeholders, including NHS, mystery shopping and external training feedback from pharmaceutical partners to offer a third-party perspective on professionalism and service quality.

Staff feedback was gathered during one-to-one meetings and through structured internal forums. The staff were acknowledged informally at morning huddles for any peer recognition highlighting any positive behaviours that reflected the service’s values. Staff would receive a voucher or a bottle of champagne as ‘team culture award’ at the end of the year. Private healthcare was also provided after 2 years’ service that covered mental and physical health support. Wellbeing initiatives were in place, such as ‘health drive weeks’ where the clinic manager organised complimentary healthy foods for breaks. Staff were also celebrated on their birthday with a card, cake and gift.

- 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.

The clinic manager was aware of the notification process and what Healthcare Improvement Scotland should be notified of.

Policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. These were updated regularly or in response to changes in legislation, national and best practice. To support effective version control and accessibility, policies were held electronically. Staff received information and training on new initiatives and policy updates. Key policies included those for:

- adult safeguarding (public protection)
- dealing with emergencies
- health and safety
- infection prevention and control, and
- medication management.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies and medicines available that could be used in an emergency. 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 regular equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and an electrical safety certificate was in place.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was included on the service's website and was prominently displayed in the service. At the time of our inspection, the service received two complaints in the last year. The service had managed these in line with its policy.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process. All staff had completed duty of candour training.

Patients booked their appointments using the service's online booking system or over the telephone. Patients were then sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face-to-face with their prescribing practitioner. A comprehensive assessment took place which included past medical history, as well as discussions on the risks, benefits and possible side-effects of treatment. Patients were offered follow-up appointments for treatment. Before- and after-photographs were always taken. On the day of treatment, patients reviewed a consent to treatment form online which the patient and practitioner then signed. Post-treatment aftercare instructions were provided for patients at the consultation stage and following treatment. We saw that patients were also emailed aftercare leaflets.

Patients who responded to our online survey told us:

- 'Every treatment is fully discussed with no pressure whatsoever.'
- 'I have asked about various procedures and [the practitioners] explained the reasons why some procedures would not be very suitable for me and recommended the procedures they thought most suitable.'

All patient information was stored securely on password-protected devices. 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 the service followed the appropriate data protection regulations.

Staff records we reviewed showed that staff had been safely recruited with all appropriate pre-employment checks completed, including those with practicing privileges. The management team held regular one-to-one meetings with new staff. Staff also completed a self-evaluation to assess their own performance in their role after 3 months working in the service. We also saw that the clinic manager regularly reviewed professional registrations and training. An online HR system was in use, which highlighted when updates were required. Staff appraisals were held regularly and logged on the system. Staff training needs were identified and recorded in a training matrix. Staff training was regularly provided throughout the year, as well as during the yearly team conference. The management team actively sought training opportunities for the team, through pharmaceutical companies and local training providers.

The clinical director attended yearly medical aesthetic conferences and online discussions to help make sure the service kept up to date with best practice, new treatments and met regulatory requirements. Any changes required were

discussed at management meetings, with the clinic manager implementing and overseeing agreed changes through team meetings.

- No requirements.
- No recommendations.

Planning for quality

A risk register was in place and risk assessments had been carried out, which included those for:

- handwash sinks
- lone working
- sharps, and
- slips, trips and falls.

A clear system was in place to record and manage accident and incident reporting.

We saw evidence of several clinical and non-clinical audits carried out, including those for:

- hand hygiene
- infection prevention and control
- medicine management
- patient care records, and
- pharmacy fridge checks.

A quality improvement plan described how information gathered from audit results and patient feedback would be used to continuously improve how the service was delivered and inform better patient outcomes. The plan was regularly reviewed and updated. The clinic manager had regularly rostered themselves onto the clinic reception and carried out daily quality checks of the treatment rooms. We saw an example of improvements made as a result of audit, where patients' make-up was removed before microneedling treatment.

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending conferences. The clinical director also provided training for some aesthetics companies and welcomed people into the clinic to take part in this training. The practitioners engaged in regular

continuing professional development and had completed their revalidation where required.

The service had reviewed Healthcare Improvement Scotland inspection reports of similar services to use as benchmarking.

- No requirements.
- No recommendations.

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 service demonstrated high standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. Comprehensive employment checks helped make sure that all staff were safe to work in the service. Patients were very satisfied with their care and treatment.

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 comprehensive self-evaluation.

We saw the clinic was very clean, tidy and well maintained. We saw that appropriate cleaning materials were used and that the clinical handwash sinks were cleaned in line with national guidance. A cleaning checklist was fully 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.

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

- address
- date of birth
- GP details
- name
- next of kin, 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 to

determine patients' suitability for treatment. The patient and practitioner signed a consent form on the day of treatment. Details of the treatments administered (including the dose of anti-wrinkle injections or dermal filler administered), the medicine batch numbers and expiry dates were recorded, along with aftercare given. A visual record of where the doses had been administered was documented and before- and after-photographs were taken for each patient. The practitioner had signed and dated their entries into the patient care records.

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. The use of this instead of normal saline for reconstitution means that the botulinum toxin is used outside of its Summary of Product Characteristics. This is therefore termed as unlicensed use. We were told this provided better pain relief for patients. We were told that as a result of reviewing other service HIS inspection reports, the service had added consent of this product to its consent form, which detailed the risks and benefits and that informed consent was sought. Batch numbers were also noted in the patient care records.

We reviewed four staff files and saw that pre-employment checks had been carried out including PVG status and health declaration checks.

Staff told us they thought it was a good place to work, they had enough training to do their role and that leadership was visible and approachable.

Patients who responded to our online survey told us they felt the environment was safe and clean. Comments include:

- 'The treatment rooms are very clean and spacious. There is always an assistant to help. The atmosphere is calm and reassuring.'
- 'The clinic spotless - extremely clean. It had everything that you would expect from an aesthetic clinic.'
- 'Definitely a professional medical environment, which feels safe and hygienic.'

Patients also 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:

- '[Practitioner] always explains the risks and benefits. There is always time to ask questions. I never feel like a treatment is being 'sold'. The starting point is what I want to achieve but she explains whether this is realistic or not.'
- 'The clinician was very receptive to my input - they wanted me to be involved in the care/treatment. They listened carefully to what I wanted from the treatment and talked me through the process every step of the way.'

- 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

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

We check progress against the improvement action plan.



After

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

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
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

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