



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Infinity Skin, Insch

Service Provider: Colleen Reid

22 January 2026

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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 on Thursday 22 January 2026. We spoke with the service manager, who was also the sole practitioner of the service during the inspection. We received feedback from 11 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 Inch, Infinity Skin 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 Infinity Skin, 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 shared a clear vision and purpose statement with patients. Further development of key performance indicators would allow the monitoring of the safe care and treatment of patients.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Policies and procedures set out the way the service delivered safe care. Patients felt involved in decisions about their care and had confidence in the staff providing it. A comprehensive audit programme and risk assessments demonstrated the proactive management of risks to patients and the practitioner.</p> <p>An alternative structured approach to gathering patient feedback would further help to demonstrate a culture of continuous improvement.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment was clean and well maintained. Medicines were well managed. Patient care records were detailed and fully completed. Patients felt involved in the decisions about their care. The service should complete its self-evaluation when requested.		✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Colleen Reid 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 six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should further develop the key performance indicators to include monitoring of the safe care and treatment of patients (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	

Implementation and delivery (continued)	
Recommendations	
b	<p>The service should:</p> <p><i>(a) implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made</i></p> <p><i>(b) collate and document all feedback, including verbal feedback and text messages, and</i></p> <p><i>(c) inform patients of the changes made as a result of their feedback (see page 11).</i></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>
c	<p>The service should further develop the list of mandatory training to include governance procedures (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
d	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</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>
e	<p>The service should further develop its audit programme to include a patient care record audit (see page 16).</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	
Requirements	
None	

Results (continued)

Recommendation

- f** The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland (see page 18).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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 Infinity Skin 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 shared a clear vision and purpose statement with patients. Further development of key performance indicator would allow the monitoring of the safe care and treatment of patients.

Clear vision and purpose

The service's vision and purpose statement was displayed on its social media pages. The statement included that the service would prioritise delivering safe, ethical, evidence-based treatments and patient wellbeing.

A vision and purpose policy detailed how the statement would be applied and its implementation monitored through clinical governance processes.

Key performance indicators (KPIs) help to measure how well a service is performing and the effectiveness of the quality of the service provided. At the time of our inspection, the service had one monitored KPI, which was patient retention. We saw that where non-returning patients had been identified, a trend had been identified in a particular patient group and measures put in place as a result.

What needs to improve

The KPIs did not include one for monitoring safe care and treatment of patients, such as adverse events and compliance with clinical audits (recommendation a).

Recommendation a

- The service should further develop the key performance indicators to include monitoring of the safe care and treatment of patients.

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

Policies and procedures set out the way the service delivered safe care. Patients felt involved in decisions about their care and had confidence in the staff providing it. A comprehensive audit programme and risk assessments demonstrated the proactive management of risks to patients and the practitioner.

An alternative structured approach to gathering patient feedback and further development of the audit programme would help to demonstrate a culture of continuous improvement.

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

The service's participation policy stated how it would proactively seek and use feedback from patients to help the service to develop. Methods used to obtain feedback included:

- email
- social media reviews
- text, and
- verbal.

QR codes had recently been displayed in the clinic, which linked to online review platforms.

An email requesting feedback was sent to patients automatically through the clinic's booking and patient care record software system. However, we were told that patients did not respond.

What needs to improve

We were told that the service planned to develop its own structured survey to send to patients. However, it had not been implemented at the time of our inspection (recommendation b).

- No requirements.

Recommendation b

■ The service should:

- (a) implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made*
- (b) collate and document all feedback, including verbal feedback and text messages, and*
- (c) inform patients of the changes made as a result of their feedback.*

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 service was owned and managed by a nurse prescriber registered with the Nursing and Midwifery Council (NMC).

Appropriate policies were in place to deliver safe, person-centred care and regularly reviewed. Standard operating procedures (SOPs) were available for all treatments. A SOP details the process for performing the treatment or process to help make sure that consistency and safety is maintained.

A medicines management policy and protocols were in place. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock audit for medicines and the emergency drugs kit helped to make sure all items had not passed expiry dates.

Emergency medicines and equipment were easily accessible. Aesthetic-complications step-by-step treatment guides and medical emergencies posters were displayed for the practitioner to quickly refer to. An emergency policy detailed medical and aesthetic emergencies. The practitioner had completed emergency and resuscitation training.

A log was in place to document any incidents or accidents that would take place. The service had not experienced any incidents or accidents at the time of our inspection.

An infection prevention and control policy described the precautions in place to prevent patient and practitioner harm from avoidable infections, such as hand hygiene and management of sharps and clinical waste. Appropriate products were used to clean equipment and the environment. Cleaning schedules

detailed the required cleaning tasks and documented the date and time of completion.

A fire safety policy was in place, a fire risk assessment had been carried out and fire safety signage was displayed. A safety certificate was in place for the fixed electrical wiring. The portable electrical equipment had been tested.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. Information on how to make a complaint was displayed in the clinic. We were told the service had also not received any complaints since its registration.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). An annual duty of candour report was published on the service's social media pages and displayed in the clinic.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment took place. When making an appointment on the online system, patients received a consent form that provided detailed information about the treatment they had booked, including the risks and benefits, as well as aftercare and costs. Patients also received a medical history questionnaire and treatment specific medical history questionnaire to be completed before their appointment. For some treatments, patients also completed a body dysmorphic disorder (BDD) questionnaire. BDD is a mental health condition where a person spends a lot of time worrying about flaws in their appearance.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals if required.

The information in the emailed forms was then discussed during the appointments and patients re-signed the forms. Returning patients were asked if there had been any change to their medical history since their last visit. All patients were offered a cooling-off period and time to consider the information received before going ahead with treatment. All patients who responded to our survey said they were given enough information and time to reflect on their treatment options before giving consent. Discussions at the consultations included:

- a full medical history
- expected outcomes of treatment
- risks and side effects, and
- the aftercare.

Patients were emailed aftercare information again and emergency contact details for the clinic.

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

Information regarding treatments was available on the service's social media pages and leaflets were available in the service.

The practitioner made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. The practitioner was a member of British Association of Medical Aesthetic Nurses. They had attended conferences and aesthetic webinars and continues to update their aesthetics training. The practitioner also completed ongoing training as part of their NMC registration.

A training and development policy was in place, as well as a list of mandatory training that the practitioner followed. Completed training included aesthetics related training, as well as general patient safety training, such as anaphylaxis and resuscitation.

The qualifications and experience of the practitioner were available to patients on the service's social media pages and displayed on the wall of the clinic.

In response to our survey, all patients told us they had confidence in the staff who worked in the service. Comments included:

- '...so professional with excellent results. [practitioner] is a trained nurse which is a major advantage with regard to trust in her skills and knowledge.'
- 'Highly trained and skilled.'
- 'Professionalism really puts you at ease.'

What needs to improve

We were told the service had not had any instances requiring the need to implement duty of candour principles. However, the service could not be assured of this as we saw no evidence that the practitioner had completed duty of candour training. We also saw no evidence of other governance training, such as that for:

- complaints management
- obtaining informed consent, and
- safeguarding (recommendation c).

- No requirements.

Recommendation c

- The service should further develop the list of mandatory training to include governance procedures.

Planning for quality

A business continuity plan was in place in case of events that may cause an emergency closure of the clinic or cancellation of appointments, such as power failure or sickness. This helped to make sure patients could continue their treatment plans. We saw that when there were extreme weather conditions a business continuity report was completed. This included an assessment of the risk to patients attending appointments and the rationale for closing the clinic. The outcome of the report detailed the steps taken with regards to communicating with patients about the closure and their treatment plan.

Appropriate insurances were in-date for medical malpractice and public and products liability.

The service had a clinical governance policy in place that set out the systems in place to monitor the quality and safety of the care provided. Areas detailed in the policy included:

- audits
- education and training of the practitioner
- patient feedback, and
- risk management.

A programme of audits was in place and where areas for improvement were identified, actions taken for improvement were documented. Audits included those for:

- cleaning and condition of the environment and equipment
- complaints
- hand hygiene
- medication, emergency drugs and equipment
- medicines refrigerator temperature
- policy review, and
- waste management.

A variety of clinical and health and safety risk assessments had been carried out, documented and regularly reviewed. Control measures and improvements had been put in place where required. Risk assessments included those for:

- aesthetic treatments
- cleaning processes
- lone working, and
- patient care record security.

The practitioner had written several reflective accounts as learning and quality improvement activities. The practitioner used The Aesthetic Complications Expert (ACE) Group as a source of information and support. This group of practitioners provided guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered, as well as the potential solutions. We saw evidence where the practitioner had sought advice from ACE about a patient. Following the discussion with ACE, the practitioner wrote a reflective account, with the self-learning and quality improvement to the service was documented.

What needs to improve

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. While improvement activities were planned and carried out in the service, it did not have an overarching quality improvement plan to evidence these improvement activity processes (recommendation d).

While all patient care records were detailed and well completed, we saw no audit of the records to help maintain the standard would continue (recommendation e).

- No requirements.

Recommendation d

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation e

- The service should further develop its audit programme to include a patient care record audit.

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 clinic environment and equipment was clean and well maintained. Medicines were well managed. Patient care records were detailed and fully completed. Patients felt involved in the decisions about their care. The service should complete its self-evaluation when requested.

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.

The clinic was modern, clean and well organised. The equipment was in good condition and well maintained. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'The area is professional, immaculately clean and everything is stored and organised away.'
- 'A private room and I feel very safe.'

Cleaning of treatment rooms and equipment took place between patient appointments, as well as a full clean of the treatment room at the end of the day. A cleaning schedule was signed off when cleaning tasks had been completed.

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons and gloves) and alcohol-based hand gel. Hand hygiene posters were also displayed. The correct product was used for cleaning sanitary fittings, including the clinical hand wash basin. A stronger dilution was used for the management of blood contamination.

All medicines and single-use equipment were stored appropriately and were in-date.

The practitioner had fully completed the three patient care records we reviewed, with detailed information, including documentation of:

- before- and after- photographs
- consent
- consultation
- medical history
- medicine dosage, batch numbers and expiry dates
- patient's GP and emergency contact details
- procedure
- the provision of aftercare information, and
- treatment plan.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- 'Always asked about my skin concerns and advises me the options in detail so I can make an informed decision.'
- 'Always fully explains any procedure, what happens during it and the benefits to expect...takes time answers any questions I have and then goes through the aftercare.'
- 'The procedure was discussed in great detail, the expectation and the potential results. The aftercare following the procedure was explained...never an issue with the cost...as completely up front and transparent.'

What needs to improve

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. While requested, the service did not submit a self-evaluation before the inspection (recommendation f).

- No requirements.

Recommendation f

- The service should complete and submit a self-evaluation when requested by Healthcare Improvement Scotland.

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.



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

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