

Announced Inspection Report: Independent Healthcare

Service: Aesthetic Nurse's Clinic, Edinburgh

Service Provider: Kinga Gornicki

3 September 2026

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 23 May 2023.

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 Aesthetic Nurse's Clinic on Thursday 3 September 2026. We spoke with the sole practitioner (owner). We received feedback from 62 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Aesthetic Nurse's Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Aesthetic Nurse's 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
<p>The service had a vision and goals in place.</p> <p>Aims, objectives and key performance indicators for the service should be developed to help measure how well the service was performing, and to support ongoing development of the service.</p>	✓ 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. Patient feedback was actively sought and used to continuously improve the service. Risks were identified and reviewed regularly. Clear procedures for managing complaints were in place.</p> <p>Treatment protocols/standard operating procedures must be produced for all treatments provided. All products and medicines used in the service must have instructions written in English and proof of purchase. Policies should be reviewed regularly.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The environment and equipment was clean and well maintained. Appropriate infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service.</p> <p>Appropriate medicine governance arrangements must be in place, including documented rationale for use and informed patient consent when using unlicensed medicines.</p>	✓✓ 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 Kinga Gornicki 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 three requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop clear and measurable aims and objectives, along with key performance indicators that will help the service to measure these aims and objectives (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery

Requirements

- 1** The provider must ensure that relevant treatment protocols and standard operating procedures are in place and followed for all treatments offered in the service to ensure safe delivery of care (see page 16).

Timescale – immediate

Regulation 3(d)

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

- 2** The provider must ensure that instructions for the administration of products and prescription-only medications are written in English and the provider is able to demonstrate where they had been purchased from (see page 16).

Timescale – immediate

Regulation 3(a)

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

Recommendations

- b** The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback and the patient participation policy should be updated to reflect this (see page 13).

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

- c** The service should ensure that policies and procedures are regularly reviewed to ensure they remain up to date (see page 16).

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

- d** The service should ensure that the practitioner undertakes training in the duty of candour principles (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

Implementation and delivery (continued)	
Recommendations	
e	<p>The service should ensure that the fire risk assessment is reviewed every year so that it remains up to date and reflects any changes in the environment (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.19</p>
f	<p>The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading (see page 17).</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>
g	<p>The service should ensure that all documentation used in the service reflects the service being provided (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Results	
Requirement	
3	<p>The provider must ensure that when unlicensed medicines are used, appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Kinga Gornicki, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank staff at Aesthetic Nurse's 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 vision and goals in place.

Aims, objectives and key performance indicators for the service should be developed to help measure how well the service was performing, and to support ongoing development of the service.

Clear vision and purpose

The service told us its vision was to provide 'safe, ethical and evidence-based aesthetic treatments that prioritised patient wellbeing and produced natural results'. The service's website stated that its goals were for the service to help patients 'stay safe, improve appearance and mental health, and stay as natural and as beautiful as possible'.

What needs to improve

While the service had a vision and goals, we saw no documented organisational values, aims and objectives in place. There was also no key performance indicators identified to help the service to monitor and measure the quality and effectiveness of the service provided (recommendation a).

- No requirements.

Recommendation a

- The service should develop clear and measurable aims and objectives, along with key performance indicators that will help the service to measure these aims and objectives.

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. Patient feedback was actively sought and used to continuously improve the service. Risks were identified and reviewed regularly. Clear procedures for managing complaints were in place.

Treatment protocols/standard operating procedures must be produced for all treatments provided. All products and medicines used in the service must have instructions written in English and proof of purchase. Policies should be reviewed regularly.

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

The service's website contained information on treatments available, the booking system and treatment costs. It also provided information about the sole practitioner working in the service, including their qualifications.

The service's participation policy stated that patient feedback would guide improvements and described the various ways patient feedback was gathered, including:

- by email after each appointment
- a QR code link that patients could scan while in the service, and
- reviews on social media platforms.

Patients were also asked directly when they accessed the service if they had any feedback for improvement. The practitioner told us they spoke at length with all patients before and during their treatment and listened to their feedback. We were told that a recent request to introduce a new treatment in the service had come from patient feedback.

A patient feedback poster was displayed in the service, detailing what patients thought had been done well and what improvements could be made. This was updated every year from feedback the service collected from patients.

Comments we received from our online survey included:

- ‘Excellent customer service and care for the patient plus attention to detail.’
- ‘This is a one-woman practice so you are the centre of attention from the moment you arrive.’

What needs to improve

Although the service displayed a poster detailing feedback from patients, it did not provide any information of any changes or actions that had been taken as a result of the feedback. This would help to show how the feedback had been addressed and was being used to help improve the service. The service’s participation policy should be updated to include this information (recommendation b).

- No requirements.

Recommendation b

- The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback and the patient participation policy should be updated to reflect this.

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’s complaints policy detailed the complaint process, including guidance on how to complain directly to Healthcare Improvement Scotland. The policy stated that complaints could be made directly to Healthcare Improvement Scotland at any time and our contact details were included. A complaints poster was also displayed in the service. We noted there had been no complaints in relation to the service to date.

Duty of candour refers to healthcare organisations having a statutory responsibility to be honest with patients when something goes wrong. A duty of candour policy was in place and an annual report was available on the service’s website.

The practitioner told us all patients had face-to-face consultations before any treatment took place. During the consultation, information discussed with the patient included:

- treatments offered
- in-depth explanation of the procedure itself
- patient expectations, and
- aftercare advice.

Information was given both verbally and in writing to allow the patient to make an informed decision about their treatment. Product leaflets were given to patients to take home along with written information on treatment options. We were told all patients were given a cooling off period to allow them time to consider the treatment options.

Appointments were spaced out to maintain privacy and dignity of patients accessing the service, as the service was a single room clinic with no waiting area. Aftercare advice was sent out to patients following their treatment and follow-up appointments available, if required. Patients were given a contact number for the service that they could use during normal working hours as well as out of hours if they had any concerns.

Confidentiality of patient information was maintained. Electronic patient care records were kept on a secure electronic device which only the practitioner had access to. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

The service had various policies in place to support the safe delivery of care, including:

- medicines management
- infection prevention and control
- emergency policy, and
- information management policy.

We saw a system in place for managing incidents and accidents. The service had a log book which included documenting any incidents or accidents that occurred in the service and the actions taken afterwards. We noted there had been no accidents to date. The service clearly understood the Healthcare Improvement Scotland notifications process and was aware of the need to notify us of certain events or circumstances.

The service's infection prevention and control policy was in line with national infection prevention and control guidance and standards. The policy included areas such as hand hygiene, the use of personal protective equipment (such as disposable aprons and gloves), and the management of sharps and blood spillages.

Medicines were obtained from an appropriately registered supplier. A stock control system allowed the service to monitor medicines supplies. Temperature-sensitive medicines were stored in a locked medical refrigerator and medical devices, such as dermal fillers, were stored in a lockable cupboard. The medical refrigerator was clean and in good working order, with temperatures monitored and recorded daily to make sure medicines were stored at the correct temperature and safe to use.

Arrangements were in place to deal with medical and aesthetic emergencies. Emergency medicines were available for patients who may experience aesthetic complications following treatment.

Electrical fixed wiring testing had been completed and portable appliance testing for electrical equipment was up to date.

The practitioner kept up to date with recent developments in the sector and maintained their competence by undertaking training in relevant subjects. They maintained their nursing registration with the Nursing and Midwifery Council (NMC) by completing the mandatory revalidation process. Revalidation is where every registered nurse sends evidence of their competency, training and feedback from patients and peers to the NMC every 3 years. The practitioner was a member of a number of sector-specific professional groups.

What needs to improve

Although new treatments had been introduced in the service since the last inspection, we found that treatment protocols/standard operating procedures were not in place for all treatments offered (requirement 1).

During the inspection, we noted that the service was providing a cream for patients which we were told was not being used as a medicine but to reduce scarring. The product information was in Polish and we were told this cream had been purchased from a pharmacy in Poland and no invoice information was available. Although we noted that a large number of patients using the service were Polish, all products used in the service should have documentation to demonstrate a chain of supply and have instructions in English (requirement 2).

We found that most of the service's policies and procedures had not been reviewed since our last inspection in 2023 (recommendation c).

The practitioner had not undertaken training in the principles of duty of candour (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must ensure that relevant treatment protocols and standard operating procedures are in place and followed for all treatments offered in the service to ensure safe delivery of care.

Requirement 2 – Timescale: immediate

- The provider must ensure that instructions for the administration of products and prescription-only medications are written in English and the provider is able to demonstrate where they have been purchased from.

Recommendation c

- The service should ensure that policies and procedures are regularly reviewed to ensure they remain up to date.

Recommendation d

- The service should ensure that the practitioner undertakes training in the duty of candour principles.

Planning for quality

The service's risk register included risk assessments for:

- trips and slips, and
- intense pulsed light (IPL) treatments.

We saw the service had implemented an audit programme which helped to support the safe delivery of care. Audits were carried out regularly and documented. A process was in place to act if any issues during the audits were identified. This audit process covered areas such as:

- medication, and
- infection prevention and control, such as use of personal protective equipment and hand hygiene.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service's quality improvement plan stated that it was in place to help 'maintain a safe, effective, well governed and patient-centred clinic through continuous quality improvement'. This included routinely reviewing areas such as clinical incidents and complications, outcomes from audits and ensuring that the practitioner maintained their continuous professional development needs. This helped to ensure the service was addressing any areas of concern or need for improvement.

What needs to improve

The service's fire safety risk assessment had not been reviewed since our last inspection in 2023. These should be reviewed every year (recommendation e).

The service had no business continuity plan in place. This should set out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading (recommendation f).

We noted that the template for the hand hygiene audit referenced another organisation (recommendation g).

- No requirements.

Recommendation e

- The service should ensure that the fire risk assessment is reviewed every year so that it remains up to date and reflects any changes in the environment.

Recommendation f

- The service should produce a formal business continuity plan that sets out how patient aftercare and follow up will be managed if the business has to temporarily close or permanently cease trading.

Recommendation g

- The service should ensure that all documentation used in the service reflects the service being provided.

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 and equipment was clean and well maintained. Appropriate infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service.

Appropriate medicine governance arrangements must be in place, including documented rationale for use and informed patient consent when using unlicensed medicines.

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.

The environment was clean and well presented. All the equipment we saw was clean and in a good state of repair. The practitioner had a good knowledge and understanding of what cleaning products and cleaning solutions to use and how to store this equipment appropriately. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw that the cleaning schedule was completed by the practitioner each day to show that cleaning had taken place. Equipment, including personal protective equipment, was single use to prevent the risk of cross-infection, where appropriate. A clinical waste contract was in place and used sharps, such as syringes and needles, were being managed appropriately. The practitioner had good knowledge of how to manage blood spillages.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning that took place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Immaculate treatment room.'
- 'Lovely clean premises.'

- ‘Totally satisfied with all areas in treatment room. Very high standard of cleanliness.’

We reviewed five electronic patient care records. The patient information and assessment details had been recorded as part of the consultation process. This information included details about:

- allergies
- medical history
- list of medications
- costs
- consent to treatment being carried out, and
- consent to information being shared with the patient’s GP.

Patient care records also included the batch number and expiry dates of any medicines used. This would allow tracking if any issues arose with the medications used.

Overall, patients were very happy with the service they received. Some comments we received included:

- ‘Friendly, professional and attentive. I appreciated the clear explanations, personalised approach and the time taken to answer my questions. I felt listened to and well cared for.’
- ‘Very approachable, knowledgeable and supportive aftercare too.’
- ‘Always a one to one service that is never rushed.’

What needs to improve

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was 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 nor that informed consent had been sought before treatment was administered (requirement 3).

Requirement 3 – Timescale: immediate

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

- 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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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