Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Dr Julie Facial Aesthetics, Edinburgh

Service Provider: Jusi Ltd

21 September 2026

NHS SCOTLAND

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First published November 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 Dr Julie Facial Aesthetics on Monday 21 September 2026. We spoke with the owner (practitioner) during the inspection. We received feedback from nine 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, Dr Julie Facial Aesthetics 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 Dr Julie Facial Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
While we were told the service had a vision and goals, these had not been formally recorded. The service did not have formal aims, objectives or key performance indicators in place to help monitor and measure its quality and effectiveness.	Unsatisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
A participation policy was in place. Up-to-date policies were in place to support the safe delivery of care. Patients were informed about their care. A system must be developed to demonstrate the proactive management of risks to patients and staff which would include carrying out risk assessments. Improvements made based on feedback should be formally shared with patients. A business continuity plan should be developed. An audit plan and a quality improvement plan should be developed and implemented.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
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.	✓ 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 Jusi Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and seven recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should develop clear and measurable aims and objectives for patients to access (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
b	The service should develop key performance indicators to help achieve its aims and objectives, and a process for monitoring and measuring these (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	
Requirement	
1	The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, including carrying out risk assessments (see page 14). Timescale – immediate *Regulation 13(2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
c	The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
d	The service should ensure that consent is confirmed by the practitioner at the point of consultation. The consent form should be signed by both the patient and the practitioner to ensure the proper consent process has been carried out (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
e	The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
f	The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 14). 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 (continued)
Recommendations
g The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results
Requirement
2 The provider must ensure that when unlicensed medicines are used, that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 17). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
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

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

We would like to thank all staff at Dr Julie Facial 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

While we were told the service had a vision and goals, these had not been formally recorded. The service did not have formal aims, objectives or key performance indicators in place to help monitor and measure its quality and effectiveness.

Clear vision and purpose

The sole practitioner was the service's owner and manager, who provided the service 1 day a week from inside an established salon. We were told that the service's vision was 'to provide safe, effective, person-centred regenerative and aesthetic treatments.'

We were told that the service aimed to increase the services and treatments it offered and reach a wider variety of patients.

What needs to improve

The service's aims and objectives had not been formally documented. Aims and objectives were not available to the public (recommendation a).

The service did not have key performance indicators in place to help assess whether it was achieving its aims and objectives (recommendation b).

- No requirements.

Recommendation a

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

Recommendation b

- The service should develop key performance indicators to help achieve its aims and objectives, and a process for monitoring and measuring these.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

A participation policy was in place. Up-to-date policies were in place to support the safe delivery of care. Patients were informed about their care.

A system must be developed to demonstrate the proactive management of risks to patients and staff which would include carrying out risk assessments. Improvements made based on feedback should be formally shared with patients. A business continuity plan should be developed. An audit plan and a quality improvement plan should be developed and implemented.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service was provided from a single, rented room. Patients were encouraged to share verbal feedback and we saw a QR code that could be used to give anonymous feedback.

A participation policy was in place that detailed how the service would gather feedback. The practitioner told us that the service would act on patient feedback. We were also told that the practitioner would verbally tell patients about any improvements made after they had given feedback.

What needs to improve

The service's participation policy did not set out how it would share information with patients about improvements it made based on their feedback. We saw no documented evidence that this information was shared with patients (recommendation c).

- No requirements.

Recommendation c

- The service should develop and implement a patient participation policy that sets out a structured way of engaging with its patients and demonstrating how it uses their feedback to drive improvement.

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.

Up-to-date policies were in place to support the safe delivery of care, including those for:

- a chaperone
- infection prevention and control, and
- managing medical emergencies.

The service's complaints policy detailed the complaint process for patients and included that they could contact Healthcare Improvement Scotland at any point during the complaint process. The policy included Healthcare Improvement Scotland's contact details. We saw that the service had not received any formal complaints since its registration in April 2024.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). Its most recent duty of candour report was displayed in the treatment room.

The practitioner told us that consultations were face-to-face and patients were given the option of a cooling-off period before treatment. During the consultation, the practitioner discussed:

- patient expectations
- the cost of treatments, and
- treatments and alternative treatments available.

Patients who responded to our survey were happy with the service they received. Comments included:

- ‘Very thorough information and guidance pre and post treatment.’
- ‘I felt fully informed before, during and after treatment and was provided with sufficient information to allow me to make my own decision as to whether this treatment was suitable for me.’
- ‘Had a very detailed and thorough conversation with me where we talked through my concerns and treatment goals. They then explained my options in detail but using terms I could understand and relate to. I felt very informed and confident in making the decisions around my treatment and the costs involved.’

Aftercare leaflets were sent to patients after their treatment. These leaflets included details of treatment-specific advice, as well as when patients should contact the service.

Confidentiality of patient information was maintained. Electronic patient care records were kept on a secure electronic device, which was password-protected and 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) and we saw that it followed appropriate data protection regulations.

Electrical checks were carried out. The service had a clinical waste contract in place. We saw a system in place for managing incidents and accidents.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective equipment (such as disposable aprons and gloves) was single-use to prevent the risk of cross-infection, where appropriate.

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 when on-site. The medical refrigerator was clean and in good working order. Temperatures were monitored and recorded each day the clinic was used, to make sure medicines were stored at the correct temperature and safe to use. Medicines were not stored in the clinic when the practitioner was not on-site. When the practitioner travelled to the clinic each week, temperature-sensitive medicines were transported in an insulated cool bag with cool packs. This bag had a thermometer inside it to make sure medicines are stored at the correct

temperature making them safe for use. We also saw a transport log with the recorded temperatures documented, to help make sure that the medicines were safe to be used after transportation.

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

The practitioner showed evidence of their ongoing learning. We saw evidence of completed mandatory training, as well as an annual appraisal process required to maintain their professional registration.

What needs to improve

While the consent form for each treatment included the signature of the patient, it did not include a countersignature of the practitioner. Consent should be a process that the practitioner and patient complete together. The consent form should reflect this (recommendation d).

- No requirements.

Recommendation d

- The service should ensure that consent is confirmed by the practitioner at the point of consultation. The consent form should be signed by both the patient and the practitioner to ensure the proper consent process has been carried out.

Planning for quality

We saw that the service had incident forms available to document any adverse events or near misses, if they occurred. The practitioner would complete these forms. The service had not experienced any adverse events or near misses at the time of our inspection.

What needs to improve

The service did not have any evidence of completed risk assessments to highlight potential risks and to maintain the safety of patients and staff. Risk assessments should be developed and carried out (requirement 1).

The service did not have business continuity arrangements in place for events that could cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness (recommendation e).

While we were told that the practitioner had a plan to introduce an audit programme, the service had not carried out any formal audits at the time of our inspection. A formal audit programme should include audits for:

- infection prevention and control
- medicines management, and
- patient care records (recommendation f).

The service did not have a quality improvement plan in place. A quality improvement plan would help to structure and record the service's improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff, including carrying out risk assessments

Recommendation e

- The service should develop a formal business continuity plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Recommendation f

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation g

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

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 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 service environment was clean and well presented. All equipment we saw was clean and in a good state of repair.

The service had a lockable, medical fridge and we saw evidence of completed temperature checks when the practitioner was present in the clinic. We also saw temperature transport logs for when the temperature-sensitive medicines were being transported to the clinic, which helped make sure that medicines were stored and transported safely and correctly.

The practitioner had good knowledge and understanding of the cleaning products and cleaning solutions to use and how to store this equipment appropriately. We saw that the practitioner safely disposed of sharps, such as needles and syringes.

The practitioner was responsible for cleaning the treatment room only. The treatment room and equipment were cleaned at the start and end of each day.

Other staff cleaned the other facilities in the building. We saw a clear cleaning schedule in place, which the practitioner completed.

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:

- allergies
- consent
- costs of treatment
- medical history
- medications
- next of kin information, and
- the name and address of patients' GPs.

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

Patients who completed our survey were satisfied with the service. Comments included:

- 'Very clean and welcoming clinic.'
- 'Very professional.'
- 'Professional and organised.'
- 'Extremely kind and professional and offers care and aftercare that is patient-centred. At all times I feel fully informed.'

What needs to improve

We saw that 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 fluid for injection. The bacteriostatic saline used is an unlicensed product. The use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, we saw no evidence in patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, or that informed consent had been sought before treatment was administered (requirement 2).

Requirement 2 – Timescale: immediate

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

- 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.
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