Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The Stockbridge Clinic, Edinburgh

Service Provider: Face Clinic Medical Ltd

16 September 2026

NHS SCOTLAND

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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 The Stockbridge Clinic on Wednesday 16 September 2026. We spoke with a number of staff during the inspection. We received feedback from five 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, The Stockbridge 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 The Stockbridge Clinic, 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**
The service's vision was available on its website for patients to view. Performance against identified key performance indicators was monitored to help continually improve the service. Structured governance arrangements helped to ensure a high standard of care was provided. Clear objectives were defined in a strategic plan. Leadership was visible, and staff felt supported through a positive team culture. One of the owner practitioners was actively involved in delivering and participating in various external aesthetic education programmes.	✓✓✓ Exceptional
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan helped to support the continuous improvement of the service. A proactive approach to managing risks was evident. Although a structured method of gathering and acting on patient feedback was in place, changes made as a result of feedback should be fed back to patients.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The service demonstrated good standards of cleanliness, with a well maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. All the necessary employment checks helped to make sure that all staff were safe to work in the service. Patients were very satisfied with their care and treatment. The use of lasers was being safely managed in the service. Areas where hazardous substances are stored should not be accessible to the public and appropriate safety signage must be displayed.	✓✓ 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 Face Clinic Medical 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 one requirement and one recommendation.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	The service should ensure that patients are kept informed of any changes or improvements made to the service as a result of their feedback (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

Results
Requirement
1 The provider must ensure that appropriate Control of Substances Hazardous to Health (COSHH) signage is displayed in areas where hazardous substances are stored and these areas are limited to staff access only (see page 20). Timescale – immediate *Regulation 3(a)* *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

Face Clinic Medical Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Stockbridge Clinic 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

The service's vision was available on its website for patients to view. Performance against identified key performance indicators was monitored to help continually improve the service. Structured governance arrangements helped to ensure a high standard of care was provided. Clear objectives were defined in a strategic plan. Leadership was visible, and staff felt supported through a positive team culture. One of the owner practitioners was actively involved in delivering and participating in various external aesthetic education programmes.

Clear vision and purpose

The service's vision statement, available on its website, described how the service aimed to 'ensure safe, effective and personalised medical solutions for every patient'. The service achieved this through using modern software technology and advanced diagnostic tools.

A strategic plan had been developed for 2026-2029. This identified a number of objectives for the service to take forward. These included:

- growing activity levels
- strengthening governance systems
- developing leadership and career progressions opportunities for staff, and
- continued investment in training and evidence-based treatments.

We saw evidence that the plan was reviewed by the entire team, and information was used to inform the related action plan for the following year.

The service evaluated whether it was achieving its vision statement through identified key performance indicators, including:

- patient retention rate
- patient satisfaction rate
- patient complaints
- patient treatment complication rate
- staff retention, and
- staff satisfaction.

We saw that the key performance indicators were closely monitored and used to measure how the service was performing. For example, the most recent patient satisfaction rate was reported at 95%. Staff were encouraged to take part in two-way dialogue with the owner practitioners about how their role would contribute to continuing to improve performance against the service's key performance indicators.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by two doctors who were registered with the General Medical Council. Staff were either directly employed or worked under practicing privileges. This is where staff are not employed directly by the service but are given permission to work there. A range of healthcare and non-healthcare professionals worked in the service, including:

- doctors
- aesthetic practitioners
- clinic manager, and
- front of house staff.

Both owner practitioners had well-defined roles in the service. As well as providing treatment, they both took on different responsibilities to ensure the safe and effective delivery of care and to make sure that support arrangements were in place for staff. This helped to provide assurance of safe and consistent patient care and treatment. One of the owner practitioners was always available in the service during business hours.

We saw good communication between the team through daily huddles, monthly team meetings and a text messaging platform used for informal discussions. We were told that staff were encouraged to participate and contribute to the day-to-day running of the service.

Team meetings with a set agenda were held every month and governance meetings every 3 months. We saw minutes of both of these meetings, which recorded discussions of agenda items, including:

- enquiry management
- patient emergency line cover
- maintenance or new equipment being installed
- planned audits for the month
- new practices and procedures for shared learning
- staff training or events, and
- quality improvement.

We saw from the minutes that staff members were nominated to take forward any action identified with timescales set out.

We saw that staff were encouraged to provide regular feedback, including through a staff survey. Results from the survey were then used to guide how the service continued to develop. For example, feedback from staff had resulted in:

- a new fridge in the staff room
- dimmer lighting in treatment rooms, where appropriate
- recruitment of additional front of house staff, and
- team outings being planned.

Staff we spoke with told us:

- ‘It’s a great place to work, we all work well together.’
- ‘We are supported to develop with financial support for courses and time off to attend them.’

A number of initiatives had been introduced to help promote a positive team culture and workforce wellbeing, including:

- staff bonus
- pay reviews every 3 months, and
- funded training opportunities.

We saw evidence that one of the owner practitioners was involved in delivering and participating in a range of external education programmes for aesthetic practitioners.

- No requirements.
- No recommendations.

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

Policies and procedures set out the way the service delivered safe care. An audit programme and quality improvement plan helped to support the continuous improvement of the service. A proactive approach to managing risks was evident.

Although a structured method of gathering and acting on patient feedback was in place, changes made as a result of feedback should be fed back to patients.

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

The service's website was clear, informative and easy to use. Information was provided about the treatments available, including what each treatment involved and pricing. Details about the staff working in the service, including their background, experience, qualifications and the treatments they provided, was also available. Blog articles provided a more in-depth review of the treatments offered. A message enquiry box allowed patients to send enquiries before booking an appointment using the service's online booking system. The service's social media accounts also included information on treatments and patient journey stories.

Most of the service's patients were returning patients. The service told us that its most recent review had shown a 67% return rate for patients. Most new patients had been recommended to the service by existing patients.

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

- online reviews
- QR codes linking to a patient survey, and
- verbal feedback.

We were told that feedback was reviewed regularly and discussed at monthly management and team meetings.

The service provided examples of changes made as a result of patient feedback. This included:

- change to opening hours
- clearer pricing
- skin patch testing, and
- introducing decaffeinated drinks and providing sanitary products.

Patients that responded to our survey told us:

- 'I was explained to in detail everything about the procedure and possible outcomes.'
- 'The clinician listened to me throughout the procedure, which allowed it to be carried out at a pace comfortable to me. I was, at all times, treated with genuine care, warmth and kindness.'
- 'The clinic is immaculate, professional and the staff are very knowledgeable and kind.'

What needs to improve

Although the service gathered and analysed patient feedback and had made changes and improvements as a result, no process was in place for sharing the outcomes of feedback or any subsequent actions taken to improve the service with patients (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that patients are kept informed of any changes or improvements made to the service 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 aware of the notification process to Healthcare Improvement Scotland. During our inspection, we noted that the service had appropriately notified us of incidents that had happened in the service in line with our notifications process.

The service used an online spreadsheet to record any incidents or accidents that occurred. We saw evidence of incidents being investigated and discussed with the team and any learnings being actioned.

The service had a duty of candour policy (where healthcare organisations have a statutory 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 experienced one incident that required the duty of candour process to be followed, and we saw this had been managed appropriately.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. The complaints procedure was included on the service's website. The complaints policy set out timeframes and expectations for how complaints would be managed. We saw complaints were reported and monitored using an electronic reporting management system. We reviewed a recent complaint and found this had been managed in line with the service's complaint policy.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every year, or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included:

- information management
- medicines management
- laser and intense pulsed light (IPL) treatment
- whistleblowing (about how staff could raise a concern about patient safety and/or practice in the service)
- privacy and dignity, and
- infection prevention and control.

A medicines management policy helped to make sure medicines were managed safely and effectively. Medicines were stored in lockable cupboards in treatment rooms with medications requiring refrigeration kept in a locked fridge. The fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped to make sure all items had not past their expiry and best-before dates. Medicines were obtained from an appropriately registered supplier and if prescriptions were required, these would be delivered to the service by a local pharmacy.

The infection prevention and control policy referred to the relevant national infection prevention and control guidance and standards. The policy detailed the precautions that would be taken to reduce the risks of infection such as hand hygiene and the use of personal protective equipment (such as disposable aprons and gloves).

Arrangements were in place to deal with medical emergencies. This included first aid supplies and medicines available that could be used in an emergency. The service was registered to receive product safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These alert healthcare providers of potential issues with medicines and medical devices that may pose a risk to patient health, safety and welfare.

New patients had an initial consultation to discuss areas of concern and treatment options. Health questionnaires and treatment-specific information, including aftercare, was then sent once an appointment was made. We saw that patient treatment consultations were always carried out face to face with their prescribing practitioner. A comprehensive assessment took place which included past medical history, a wellbeing assessment, and discussions on the risks, benefits and possible side effects of treatment. Patients were also offered follow-up appointments for treatment. Before and after photographs were always taken. On the day of treatment, the patient's assessment information and a consent form was reviewed which the patient and practitioner then signed. Post-treatment aftercare instructions were provided for patients before their consultation and following treatment.

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.

Policies were in place to support the staff recruitment process. These included:

- recruitment and induction
- bullying and harassment, and
- practicing privileges.

A small number of staff worked in the service under practicing privileges. We saw a thorough process in place ensuring they were appropriately qualified and safe to work in the service. All staff had a job description, and signed contracts were in place.

An induction process supported new staff members joining the service. This included a 2-week shadowing and onboarding process, 3-monthly and 6 monthly reviews, followed by a yearly appraisal.

New staff members were required to complete mandatory training as part of their induction. The training included:

- infection prevention and control
- safeguarding (public protection)
- fire safety
- health and safety
- general data protection regulation
- duty of candour, and
- basic life support.

The service provided opportunities for continuous professional development. Staff were supported to access external training opportunities, which were funded by the service.

Information on completion of staff training was recorded on an electronic system. The training was checked at staff members' yearly appraisals. The appraisal process included individual professional development plans with objectives identified.

Training on treatment complications and complaints was held every month for staff, including discussions around:

- what went well
- what could have been improved, and
- learning opportunities for the wider team.

We saw that a process was in place at staff members' yearly appraisals to check their registration with their professional bodies, such as the General Medical Council and Nursing and Midwifery Council, remained up to date. Their Disclosure Scotland Protecting Vulnerable Groups (PVG) scheme status was also re-checked at that time.

- No requirements.
- No recommendations.

Planning for quality

The service's business continuity plan detailed the arrangements put in place to give patients an option to continue their treatment plans with an alternative practitioner, in case of emergencies (such as sickness or unplanned leave). Appropriate insurances were in-date, such as public and employer liability insurance.

Systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. A range of risk assessments had been carried out, including:

- ventilation
- slips, trips and falls
- laser safety, and
- fire.

An audit programme was in place and we saw evidence of several clinical and non-clinical audits carried out by staff, including those for:

- patient communication
- infection prevention and control
- medicine management
- patient care records, and
- waste.

We saw that action plans were developed to address any issues identified in these audits. Results from audits were discussed and shared with staff at the team meetings.

A detailed quality improvement plan set out how the service used information, such as from audit results and patient feedback, to continuously improve patient outcomes and how the service was delivered. The plan was regularly reviewed and updated.

Maintenance contracts for fire safety equipment, lasers and portable appliance testing for electrical equipment were up to date.

- No requirements.
- No recommendations.

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 service demonstrated good standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care. All the necessary employment checks helped to make sure that all staff were safe to work in the service. Patients were very satisfied with their care and treatment. The use of lasers was being safely managed in the service.

Areas where hazardous substances are stored should not be accessible to the public and appropriate safety signage must be displayed.

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 that the clinic was clean, tidy and uncluttered. Equipment was cleaned between appointments, the clinic was cleaned at the end of the day with a deep clean taking place every week. A cleaning checklist was fully and accurately completed to show that cleaning had taken place. Equipment, including personal protective equipment, was single use to prevent the risk of cross-infection, where appropriate. We saw a good supply of antibacterial hand wash and disposable paper hand towels to maintain good hand hygiene. A clinical waste contract was in place, with clinical waste safely disposed of from each treatment room and stored in a secure area until collection.

The service had introduced new software that collated all patient enquiries into one place to support staff with an increased volume of patient enquiries and requests for appointments.

The service offered laser skin treatments to patients. All safety measures were in place when this treatment was being carried out, including safety warning signs on the locked treatment room door. We saw that laser safety

documentation was up to date, including local rules to ensure patient and staff safety. A laser protection advisor regularly visited and reviewed the service's documentation. We saw that staff providing laser treatments had up-to-date training in place.

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

- name and address
- date of birth
- GP details
- next of kin
- past medical history, and
- consent to sharing information and the taking of digital images.

The patient care records we reviewed included the outcomes of initial face-to-face consultations where patients' suitability for treatment was discussed. We saw evidence that the practitioners reviewed the assessment information and discussed and signed a consent form with the patient on the day of treatment. Details of the treatments administered (including the dose of anti-wrinkle injections or dermal filler administered), and 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 electronic date and time was recorded on each patient care record and the practitioners had signed all relevant documentation.

We reviewed five staff files during our inspection. We saw that appropriate staff background checks were carried out, including:

- qualifications
- professional registration checks
- Disclosure Scotland PVG scheme status
- immunisation checks, and
- identity checks.

What needs to improve

During our inspection, we saw cleaning materials and equipment were stored in areas that could be accessed by patients and visitors, and no Control of Substances Hazardous to Health (COSHH) signage was in place (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that appropriate Control of Substances Hazardous to Health (COSHH) signage is displayed in areas where hazardous substances are stored and these areas are limited to staff access only.

- 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

Telephone: 0131 623 4300

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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