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Scotland

Inspections  
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# Announced Inspection Report: Independent Healthcare

**Service:** CC Estetica, Coatbridge

**Service Provider:** Cat Costa Aesthetics Limited

23 October 2024

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## 1 Progress since our last inspection

### What the service had done to meet the recommendations we made at our last inspection on 26 April 2022

#### Recommendation

*The service should share improvements or actions taken as a result of feedback with patients to show how this was being used to improve the quality of care provided and how the service was delivered.*

#### Action taken

We saw no documented evidence that improvement actions were shared with patients. This recommendation is reported in Domain 3: Co-design, co-production (see recommendation d on page 21).

#### Recommendation

*The service should record patient consent for sharing relevant information with their GP and other healthcare professionals in an emergency, if required.*

#### Action taken

Patient care records we reviewed did not demonstrate any evidence that patient consent was obtained to share relevant information with their GP or other healthcare professionals in an emergency. This recommendation is reported in Domain 7: Quality control (see recommendation g on page 28).

#### Recommendation

*The service should develop and implement a quality improvement plan.*

#### Action taken

The service had not developed a quality improvement plan. This recommendation is reported in Domain 5: Planning for quality (see recommendation e on page 23).

## **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 CC Estetica on Wednesday 23 October 2024. We spoke with the manager and sole practitioner during the inspection. We received feedback from two patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Coatbridge, CC Estetica 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 CC Estetica, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>		<b>Grade awarded</b>
<p>The practitioner engaged in regular training and development and kept up to date with changes in the aesthetics industry. The service should identify its aims and objectives and develop a defined set of measurable performance indicators to monitor and measure the quality of the service it provided and help the service achieve its aims and objectives.</p>		<p>✓ Satisfactory</p>
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients told us they were well informed about treatment options and involved in all decisions about their care and treatment. Informal feedback was encouraged and online reviews from patients were positive. Policies and procedures set out the agreed ways of working. Patient information was stored securely and infection control procedures helped reduce infection risks. A more formal approach to gathering and using patient feedback should be developed. The online booking system on the service's website should be updated to show the actual treatments the service provides.</p> <p>The website version of the service's complaints procedure must be updated to include the contact details for Healthcare Improvement Scotland (HIS). Outstanding notifications must be submitted to HIS. Tooth whitening treatments in the service must be stopped. A duty of candour report must be published. An effective risk management system must be implemented and the audit programme further developed. A quality improvement plan should be developed.</p>		<p>✓ Satisfactory</p>

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Summary findings	Grade awarded	
<p>The clinic environment was clean and patient equipment was in good condition. Patients reported good levels of satisfaction and spoke positively about their experience of the consultation and assessment process and the aftercare they received. Patient care records included a detailed assessment of patients' medical history and consent to treatment forms were signed.</p> <p>Good medicines governance must be followed for administering medicines from stock and when using unlicensed medicines for treatment. Stock control must be improved. The clinical waste contract must be updated. A record of equipment maintenance and servicing contracts must be kept in the service. Laser safety arrangements must be updated and improved.</p>	Unsatisfactory	

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 Cat Costa Aesthetics 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 12 requirements and nine recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
a	<p>The service should identify its aims and objectives and introduce a process to monitor and measure its performance against a defined set of performance indicators (see page 15).</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	
<b>Requirements</b>	
1	<p>The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 10Q(5)</i> <i>The National Health Service (Scotland) Act 1978</i></p>



## Implementation and delivery (continued)

### Requirements

- 2** The provider must submit the three outstanding notifications to Healthcare Improvement Scotland without delay (see page 21).

Timescale – immediate

*Regulation 5(1)(b)*

*The Healthcare Improvement Scotland (Applications and Registrations) Regulations 2011*

- 3** The provider must produce and publish a duty of candour report every year even when no duty of candour incidents occurs in the service and update its policy to include this (see page 21).

Timescale – by 12 February 2025

*Regulation 5(2)*

*The Healthcare Improvement Scotland (Inspections) Regulations 2011*

- 4** The provider must amend the complaints procedure on its website to ensure it:
- (a) highlights the patient’s right to contact Healthcare Improvement Scotland at any time, and
  - (b) provides the full contact information for Healthcare Improvement Scotland (see page 21).

Timescale – by 12 February 2025

*Regulation 15(6)*

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

- 5** The provider must stop advertising and delivering tooth whitening treatment in the service with immediate effect. Tooth whitening treatments must only be delivered by a General Dental Council (GDC) registered dental practitioner (see page 21).

Timescale – immediate

*Regulation 3(a)*

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

## Implementation and delivery (continued)

### Requirements

- 6** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 23).

Timescale – by 12 February 2025

*Regulation 13(2)(a)*

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

### Recommendations

- b** The service should review its approach to patient engagement and update its patient participation policy to show how it obtains and evaluates patient feedback and shares any service improvements from this feedback with its patients (see page 17).

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 its website is up to date and relevant to how the service is delivered and aligned to the registration conditions on the service's registration certificate (see page 21).

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 display its complaints procedure in the service to make sure it is accessible to patients in the clinic (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

- e** The service should further develop its audit programme and where non-compliance is identified, an improvement action plan should be developed (see page 23).

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

- f** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 23).

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

## Results

### Requirements

- 7** The provider must submit an annual return when requested by Healthcare Improvement Scotland (see page 27).

Timescale – by 12 February 2025

*Regulation 5(1)(c)*

*The Healthcare Improvement Scotland (Applications and Registrations)*

*Regulations 2011*

- 8** The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including a documented rationale for use and informed patient consent (see page 27).

Timescale – immediate

*Regulation 3(d)(iv)*

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

- 9** The provider must demonstrate good medicines governance for the prescribing and administration of medicines and implement a more effective stock control and monitoring system to ensure that expiry dates for medicines and medical supplies remain in-date (see page 28).

Timescale – immediate

*Regulation 3(d)(iv)*

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

## Implementation and delivery (continued)

### Requirements

- 10** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation (see page 28).

Timescale – immediate

*Regulation 3(d)(iii)*

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

- 11** The provider must keep a record of servicing contracts, safety checks and maintenance visits carried out by the landlord in the service (see page 28).

Timescale – immediate

*Regulation 10(2)(b)(c)*

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

- 12** The provider must have appropriate systems, processes and procedures in place in relation to the use of laser equipment (see page 28).

Timescale – immediate

*Regulation 3(d)(v)*

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

### Recommendations

- g** The service should ensure consent for sharing information with the patients' GP or other healthcare professionals in an emergency if required, and for taking pre- and post-treatment photographs is recorded in patient care records (see page 28).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

## Results (continued)

### Recommendations

**h** The service should ensure that cleaning schedules are available to verify that cleaning tasks have been carried out appropriately (see page 28).

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

**i** The service should ensure that firefighting equipment is stored where it can be easily accessed in the event of a fire (see page 28).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20

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](#)

Cat Costa Aesthetics 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 CC Estetica 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 practitioner engaged in regular training and development and kept up to date with changes in the aesthetics industry. The service should identify its aims and objectives and develop a defined set of measurable performance indicators to monitor and measure the quality of the service it provided and help the service achieve its aims and objectives.**

#### *Clear vision and purpose*

The clinic was owned and managed by one of two directors who was a nurse and independent prescriber registered with the Nursing and Midwifery Council (NMC). The practitioner was the registered manager and the sole practitioner for the service.

The practitioner engaged in regular continuing professional development. This is managed through the NMC's registration and revalidation process. Revalidation is where clinical staff are required to regularly send evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC. They also kept up to date with changes in the aesthetics industry, legislation and best practice through subscribing to forums and attending a variety of conferences and training days provided by pharmaceutical companies. The practitioner told us they had informal partnerships with other experienced aesthetic practitioners. These partnerships helped to provide peer support, advice, best practice and an opportunity to discuss any treatments, procedures or complications.

The service was provided from a single treatment room in the practitioner's home. It was registered with Healthcare Improvement Scotland to provide non-surgical facial and body aesthetic treatments (including anti-wrinkle, dermal filler and laser treatments).

The vision was to develop a wellness centre in new premises in the local area to provide a combination of aesthetic treatments, medical services and fitness facilities in one place. The aim was to deliver holistic wellness solutions for local residents to support them to achieve their health and beauty goals. We saw the

provider had prepared a business proposal to secure funding and support from local investors to help it to fulfil its vision and support the future direction of the business. The outcome of this proposal had still to be concluded at the time of our inspection.

### **What needs to improve**

The service had not identified its aims and objectives or developed any key performance indicators to monitor and measure the quality and effectiveness of the service. A set of defined and measurable performance indicators would help the service to demonstrate what it was doing well and what it needed to improve. For example, the service could measure patient satisfaction rates, treatment outcomes and safety audit compliance results. This would provide assurance that it was delivering safe, effective, person-centred care for its patients to help the service to achieve its aims and objectives (recommendation a).

- No requirements.

### **Recommendation a**

- The service should identify its aims and objectives and introduce a process to monitor and measure its performance against a defined set of performance indicators.

## 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 told us they were well informed about treatment options and involved in all decisions about their care and treatment. Informal feedback was encouraged and online reviews from patients were positive. Policies and procedures set out the agreed ways of working. Patient information was stored securely and infection control procedures helped reduce infection risks. A more formal approach to gathering and using patient feedback should be developed. The online booking system on the service's website should be updated to show the actual treatments the service provides.

The website version of the service's complaints procedure must be updated to include the contact details for Healthcare Improvement Scotland (HIS). Outstanding notifications must be submitted to HIS. Tooth whitening treatments in the service must be stopped. A duty of candour report must be published. An effective risk management system must be implemented and the audit programme further developed. A quality improvement plan should be developed.

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

Information about the treatments offered was available on the service's website. The service had active social media channels which it used to engage with its patients and inform them of the treatments offered and update them about any developments in the service. We saw that QR codes for a variety of social media sites were displayed in the clinic to prompt patients to provide feedback about their experience of the service.

#### **What needs to improve**

The practitioner told us they no longer emailed patients to ask them to complete a feedback form about their experience after treatment, in line with the service's participation policy.

The practitioner sought feedback from patients informally, asking them about their experience immediately after their appointment. They also encouraged patients to leave a review online. The practitioner told us they regularly responded to patient reviews online and shared information with them about any new treatments or any developments in the service. However, these



informal methods meant it was difficult for the service to draw any conclusions or identify any trends that could be used to help improve the service.

The previous inspection in April 2022 reported that improvements or actions taken from patient feedback were not shared with patients. It also provided examples of how the service could address this, such as displaying results from patient feedback on the service's website, on social media or on a patient information board in the clinic. We noted the service had not yet addressed this.

A more structured approach to patient engagement and formal methods of gathering and evaluating patient feedback would help inform the service's improvement activities. The service's patient participation policy should set out:

- different methods used to gather feedback
- how feedback is evaluated and used to introduce any service changes
- how the impact of improvements will be measured, and
- how the service will share any improvements or actions taken from patient feedback with its patients (recommendation b).

- No requirements.

### **Recommendation b**

- The service should review its approach to patient engagement and update its patient participation policy to show how it obtains and evaluates patient feedback and shares any service improvements from this feedback with its patients.

### ***Quality improvement***

The service made sure that patients' privacy and dignity was maintained. All consultations were appointment-only and only one patient was treated at a time, maintaining confidentiality. Windows were adequately screened, and the treatment room door was locked during treatments.

The practitioner provided information to patients about treatments, the benefits and risks of treatments and treatment costs verbally, on social media and through its website.

A range of policies and procedures to set out the agreed ways of working to make sure the service delivered safe and person-centred care. We saw the policies included the date of implementation and the due date for review. Some of the key policies included those for:

- complaints
- infection control
- medical emergency
- medicines management, and
- public protection (safeguarding).

A complaints policy was available in a folder in the treatment room. The policy included information on the patient's right to contact Healthcare Improvement Scotland (HIS) at any time, along with the correct contact details. We were told the service had not received any patient complaints since its registration in February 2022.

The practitioner confirmed that no accidents or incidents involving patients had occurred in the service since it was registered. A logbook was kept for recording accidents and incidents.

A private landlord was responsible for maintaining the gas boiler and heating system, smoke detectors and the fixed electrical wiring in the premises. The practitioner told us a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety equipment was available in the treatment room.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. The service had invested in a software system to store patient care records electronically. Access to patient care records was password-protected. The practitioner had previously completed information governance training.

Infection prevention and control procedures were in place to reduce the risk of infection. Only single-use personal protective equipment (such as aprons and gloves) and medical devices (such as needles and syringes) were used in the service. Clinical waste was disposed of in sharps boxes and colour-coded bags. The treatment room was cleaned in line with standard infection control precautions.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner confirmed that no instances had occurred that required the service to implement duty of candour principles.

Patients were involved in planning their treatment as part of the service's consultation and assessment process. The practitioner told us they had a face-to-face consultation with every patient before any treatment was administered. We saw a full medical history was obtained (including allergies, current medicines and medical conditions and any previous treatments) to determine the patient's suitability for treatment. Patients were encouraged to take time to consider their treatment options before they agreed to go ahead with treatment.

Before receiving treatment, patients signed a consent form to confirm they understood the risks and likely outcome of the treatment. Verbal advice and written instructions were given to patients following their treatment. Where appropriate, patients attended a follow-up appointment to review their treatment and make sure they were satisfied with the results. Patients could contact the practitioner out-of-hours through email, social media or calling a dedicated mobile phone number.

Medicines were obtained from appropriately registered suppliers. Treatments that required to be prescribed by the practitioner were ordered individually for each patient. The service had an emergency kit in place to respond to medical emergencies, such as an allergic reaction. We saw the practitioner was trained in life-support techniques. Medicines that required to be refrigerated were stored in a lockable refrigerator and the temperature was monitored to make sure the medicines were safe to use.

The service had an external registered laser protection advisor to make sure laser safety rules and guidance were followed to support the safe delivery of laser treatments for its patients. We saw the advisor had developed a laser risk assessment and local rules (the local arrangements developed by the advisor to manage laser safety) for the laser. The practitioner and authorised user of the laser had completed their core of knowledge safety training and had signed to say they had read and understood the local rules. Access to the treatment room was controlled by a digital lock, which could be opened from the inside in the event of an emergency. A laser warning sign was displayed on the outside of the treatment room door.

### **What needs to improve**

While a copy of the service's registration certificate was stored in a folder in the clinic, it was not prominently displayed in the service to show that it was providing care in line with the agreed conditions of its registration (requirement 1).

Healthcare Improvement Scotland's notification guidance details specific events and circumstances which providers are required to report to us. Information we received before and during the inspection confirmed that the practitioner had not notified us about the following changes:

- the appointment of a new company director in March 2023
- a change of name of the manager, and
- a change of persons living in the home that the independent healthcare service is provided from (requirement 2).

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been triggered. While we were told that no duty-of-candour incidents had occurred, the service had not produced or published a yearly duty of candour report in line with legislation (requirement 3).

The website version of the service's complaints policy did not make clear to patients that it could contact HIS directly if they had a complaint about the service. Contact details for HIS were also not included (requirement 4).

During the inspection, the practitioner confirmed that the service advertised and provided a tooth whitening service. We advised the practitioner that, as tooth whitening is the practice of dentistry, only dental practitioners registered with the General Dental Council (GDC) are permitted to deliver this treatment (requirement 5).

The booking system on the service's website included some minor surgical procedures, such as 'thread lifts'. The service is not permitted to carry out these treatments on the current registered premises. However, the website stated these treatments were performed in 'a surgical registered room in Glasgow'. We discussed this with the practitioner. We were told the practitioner had never performed any thread lift procedures in Glasgow or elsewhere in Scotland as they could not source a suitable HIS-registered service. We were also told the service no longer offered weight management and hay fever treatments.

The service's website should be updated to show the actual treatments it provides in the service in line with its current registration conditions (recommendation c).

The service did not display its complaints policy in the service. We were told this was only available to patients who asked to see it (recommendation d).

#### **Requirement 1 – Timescale: immediate**

- The provider must clearly display its Healthcare Improvement Scotland registration certificate in the service to show that it is providing care in line with the agreed conditions of registration.

#### **Requirement 2 – Timescale: immediate**

- The provider must submit the three outstanding notifications to Healthcare Improvement Scotland without delay.

#### **Requirement 3 – Timescale: by 12 February 2025**

- The provider must produce and publish a duty of candour report every year even when no duty of candour incidents occurs in the service and update its policy to include this.

#### **Requirement 4 – Timescale: by 12 February 2025**

- The provider must amend the complaints procedure on its website to ensure it:
  - (a) highlights the patient’s right to contact Healthcare Improvement Scotland at any time, and
  - (b) provides the full contact information for Healthcare Improvement Scotland.

#### **Requirement 5 – Timescale: immediate**

- The provider must stop advertising and delivering tooth whitening treatment in the service with immediate effect. Tooth whitening treatments must only be delivered by a General Dental Council (GDC) registered dental practitioner.

#### **Recommendation c**

- The service should ensure its website is up to date and relevant to how the service is delivered and aligned to the registration conditions on the service’s registration certificate.

#### **Recommendation d**

- The service should display its complaints procedure in the service to make sure it is accessible to patients in the clinic.

### ***Planning for quality***

Clinical risks associated with treatments and the preventative measures that patients must follow before and after treatment was discussed at the initial consultation and documented:

- in the patient assessment
- in the patient consent form, and
- on the service's website.

This helped to reduce any potential risks or complications from the treatment and improve treatment outcomes for patients.

The service had a business continuity statement in place. This confirmed that patients would be notified as soon as possible if the service had to cease trading for any reason. It stated that patients would be supported to find an alternative registered service to continue their treatment. It also included the procedures in place for the secure destruction of confidential patient information.

An audit programme was in place to help make sure the service delivered safe care and treatment for its patients. We saw the practitioner carried out monthly audits of patient care records, medicines stock and hand hygiene practice.

### **What needs to improve**

The service did not have a formal system in place to monitor and manage risk. While a risk assessment was in place for the laser, the laser protection advisor had produced this. We saw no evidence of any risk assessments or control measures in place to reduce environmental risks, such as:

- fire
- infection prevention and control, and
- slips trips and falls.

A risk register would help to identify all the risks in the service and demonstrate the control measures it had in place to reduce the risks (requirement 6).

Results from the audits we reviewed showed good compliance. However, we noted the audits of stock medicines and medical devices did not list the:

- amount of stock held in the clinic
- expiry date, or
- name of the medicine or medical device.

This made it difficult to determine how any actions identified for improvement would be addressed.

An audit of patient care records completed in 2022 identified an action to make sure that patients' before-and-after photographs were uploaded to their electronic patient care record. However, this had not yet been addressed in the patient care records we reviewed. We will follow this up at future inspections.

A more developed and streamlined audit programme would help the service in its quality assurance activities and drive improvement (recommendation e).

The service did not have a quality improvement plan in place. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation f).

#### **Requirement 6 – Timescale: by 12 February 2025**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

#### **Recommendation e**

- The service should further develop its audit programme and where non-compliance is identified, an improvement action plan should be developed.

#### **Recommendation f**

- 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 clinic environment was clean and patient equipment was in good condition. Patients reported good levels of satisfaction and spoke positively about their experience of the consultation and assessment process and the aftercare they received. Patient care records included a detailed assessment of patients' medical history and consent to treatment forms were signed.**

**Good medicines governance must be followed for administering medicines from stock and when using unlicensed medicines for treatment. Stock control must be improved. The clinical waste contract must be updated. A record of equipment maintenance and servicing contracts must be kept in the service. Laser safety arrangements must be updated and improved.**

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 limited self-evaluation.

During our inspection, we saw the treatment room was clean, tidy and patient equipment was in good condition.

We saw a good supply of personal protective equipment was available, such as aprons, gloves and anti-bacterial hand wash. Single use equipment such as needles and syringes were used to prevent the risk of cross-infection. A hand hygiene poster was displayed in the clinic to promote good hand hygiene and audits showed good compliance. The correct cleaning products were used in line with national infection control guidance. This included chlorine-based products for sanitary fixtures and fittings and blood or body fluid spillages. Disposable cloths and mopheads were used for cleaning.



We reviewed five patient care records stored on the service's electronic patient management system. We saw a fully completed medical history, which detailed whether patients had any:

- allergies
- medical conditions
- prescribed medicines, and
- previous treatments.

It also highlighted any areas of risk associated with the treatment, such as pregnancy or previous allergic reactions. A record of the patient's next of kin or emergency contact, along with the name and address of their GP was also documented. Consent forms included the risks associated with each treatment and patients had signed their consent-to-treatment forms in all the files we reviewed. The batch number and expiry date of medicines and the parameters used for laser treatments were also recorded in patient care records.

We were told that aftercare instructions were discussed with patients after treatment and a written copy was provided. This included the emergency contact details for the practitioner should patients experience any issues or complications from treatment.

Patients who completed our online survey said they were involved in decisions about their care and treatment and given sufficient time to reflect on their options before consenting to treatment. This helped to make sure they had realistic expectations. They also told us they were satisfied with the environment. Comments included:

- 'Super clean environment. Well taken care of and organised.'
- 'Consultation beforehand and spoken through all options.'
- '... as very professional and managed my expectations perfectly. I knew how much everything cost beforehand and any risks involved. Highly professional.'
- 'I was clearly given aftercare for my treatment. It was carried out with such professionalism. I was told the benefits and any potential side effects.'

### **What needs to improve**

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. While requested, the service had not submitted an annual return for the last 2 years (requirement 7).

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 out with 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 records we reviewed, 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 8).

During our inspection, we checked a sample of the medicines in stock. While these medicines were in-date, we identified some compliance issues that had not been highlighted in the most recent stock audit from October 2024. For example:

- A box of adrenaline, stored as part of the service's emergency kit and used for the emergency treatment of anaphylaxis was prescribed to a named patient. As this is an emergency medicine, it does not require to be prescribed before it is administered and could be held as stock. We advised the service to order a replacement supply of this medicine and remove the existing one from circulation when received.
- A box of bacteriostatic saline used to reconstitute botulinum toxin was prescribed to a named patient, which meant this medicine could not be used for any other patient treatments. We advised the service to order a replacement and remove the existing supply from circulation.

We saw some medical supplies had expired in January 2023 and March 2023, such as alcohol wipes and a spill kit for cleaning blood or body fluids (requirement 9).

We saw the service clinical waste contract did not include the correct European Waste Category (EWC) code to make sure that all hazardous waste the service produced, such as botulinum toxin was appropriately segregated in line with waste legislation (requirement 10).

A private landlord was responsible for maintaining:

- smoke detectors
- the boiler and heating system, and
- the fixed electrical wiring.

However, we saw no evidence of service contracts, electrical wiring certificates, or planned maintenance visit dates. Keeping a record of maintenance contracts, servicing visits and safety checks would help the service to demonstrate the environment remains safe, in a good state of repair and fit for purpose (requirement 11).

The service had measures in place to make sure the environment was safe for delivering laser treatments. This included a safety warning sign and a lockable treatment room door. However, we saw the contract agreement with the laser protection advisor expired on 13 July 2023 and we saw no evidence to confirm this had been renewed. We were told that the advisor had not made any compliance visits and the local rules were last updated in July 2022. During our inspection, we were told the service did not have a maintenance contract in place for the laser. The laser safety glasses used for laser treatments were also not available for inspection (requirement 12).

The service had not yet actioned a previous recommendation to obtain patient consent for sharing information with their GP or other healthcare professionals in an emergency. We also noted that patient consent for taking before-and-after photographs was obtained verbally. However, this was not recorded in patient care records or the consent form (recommendation g).

We were told the treatment room was thoroughly cleaned at the end of each clinic session, between patient appointments and deep cleaned once a week. However, the service did not keep a record of the daily and weekly cleaning tasks completed in the service (recommendation h).

During our inspection, we saw the fire extinguisher and fire blanket stored in a plastic tub on top of a tall cupboard. We advised the practitioner to remove this equipment from the container and place it where it could be easily accessed in the event of a fire (recommendation i).

#### **Requirement 7 – Timescale: by 12 February 2025**

- The provider must submit an annual return when requested by Healthcare Improvement Scotland.

#### **Requirement 8 – Timescale: immediate**

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

#### **Requirement 9 – Timescale: immediate**

- The provider must demonstrate good medicines governance for the prescribing and administration of medicines and implement a more effective stock control and monitoring system to ensure that expiry dates for medicines and medical supplies remain in-date.

#### **Requirement 10 – Timescale: immediate**

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation.

#### **Requirement 11 – Timescale: immediate**

- The provider must keep a record of servicing contracts, safety checks and maintenance visits carried out by the landlord in the service.

#### **Requirement 12 – Timescale: immediate**

- The provider must have appropriate systems, processes and procedures in place in relation to the use of laser equipment.

#### **Recommendation g**

- The service should ensure consent for sharing information with the patients' GP or other healthcare professionals in an emergency if required, and for taking pre- and post-treatment photographs is recorded in patient care records.

#### **Recommendation h**

- The service should ensure that cleaning schedules are available to verify that cleaning tasks have been carried out appropriately.

#### **Recommendation i**

- The service should ensure that firefighting equipment is stored where it can be easily accessed in the event of a fire.

## 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](mailto: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  
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