

# Announced Inspection Report: Independent Healthcare

**Service:** Luceo Aesthetics Limited, Angus

**Service Provider:** Luceo Aesthetics Limited

8 February 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2023

First published April 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>What we found during our inspection</b>	<b>7</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>14</b>
	<b>Appendix 2 – About our inspections</b>	<b>15</b>
<hr/>		

## 1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

### About our inspection

We carried out an announced inspection to Luceo Aesthetics Limited on Wednesday 8 February 2023. We spoke with the manager (practitioner) during the inspection. We received feedback from 27 patients from an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

### What we found and inspection grades awarded

For Luceo Aesthetics Limited, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback from patients was gathered, reviewed and used to further improve the service. Information about how to make a complaint was easily accessible.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Patients were cared for in a clean and well maintained environment. Policies and procedures helped manage risks and maintain a safe environment. A comprehensive audit programme helped to make sure that care and treatment was in line with best practice guidelines.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national organisations and support from other peers. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patient care records showed that comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments.

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:

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at:

[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Luceo Aesthetics Limited to take after our inspection**

This inspection resulted in no requirements and no recommendations.

We would like to thank all staff at Luceo Aesthetics Limited for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

#### Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

---

**Patients were satisfied with the quality of care and treatment. Patients were fully consulted before a care plan was agreed. Feedback from patients was gathered, reviewed and used to further improve the service. Information about how to make a complaint was easily accessible.**

The service was provided from the practitioner's own home. The treatment room door was lockable and patients were escorted straight into the room for consultations and appointments. This helped to make sure that patients' privacy and dignity was maintained.

The service had a participation policy and patients were encouraged to complete feedback forms, give verbal feedback to the practitioner, complete an electronic survey or leave reviews on social media. We saw patient feedback given to the service on the day of our inspection. The practitioner collated all feedback received and used it to evaluate and review the service. This feedback was documented and was included in the service's quality improvement plan to show where improvements had been made as a result of patient feedback. The practitioner was able to view and reference this information when carrying out improvement activity. For example, the practitioner was expanding skin treatments available as a result of patient feedback.

We saw feedback the service had received, and also from our own online survey, showed that patients were satisfied with their treatment and the service had met their expectations. Patients were pleased with the service and were fully involved in decisions reached about their care. Patients told us that treatment options were discussed and agreed at their initial consultation. They also said they had time to consider the options available to them before they agreed to go ahead with treatment.

Comments from our online survey included:

- 'Everything was well explained and in full so I had total understanding of what to expect.'
- 'Open joint discussions took place prior to treatment.'
- 'Explained everything, never felt pressurised in making commitment to treatment.'

The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in April 2021. We noted the service's complaints policy, which was available on the service's website, made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We saw that the service produced a yearly duty of candour report. The service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland.

- No requirements.
- No recommendations.

## Service delivery

This section is where we report on how safe the service is.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

**Patients were cared for in a clean and well maintained environment. Policies and procedures helped manage risks and maintain a safe environment. A comprehensive audit programme helped to make sure that care and treatment was in line with best practice guidelines.**

The environment and equipment were clean and in good repair. Good systems were in place to maintain this, including:

- completed cleaning schedules
- regular internal checks, such as fridge temperature monitoring, and
- servicing and maintenance contracts for equipment.

The service followed Health Protection Scotland's national guidance to reduce infection risks for patients, in line with its infection prevention and control policy.

All equipment used, including personal protective equipment, was single-use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the safe disposal of sharps and other clinical waste.

Patients who responded to our online survey were very satisfied with the standard of cleanliness. Comments included:

- 'Very clean and clinical. Top of the range equipment and treatment room.'
- 'Very clean hygienic area.'
- 'Lovely, bright and airy salon and scrupulously clean. A very pleasant place to have treatment.'

The practitioner was responsible for building maintenance, fire safety equipment and building security. The service had completed a fire risk assessment. Appropriate insurance cover was in place.

The medical fridge had a built-in thermometer. A daily temperature log was kept to make sure temperature-sensitive medicines were stored at a safe temperature. Other non-refrigerated medicines, such as dermal fillers, were stored appropriately. A small stock of emergency medicines was available in the treatment room to respond to complications or adverse reactions to treatment.

The practitioner was solely responsible for the safe procurement, prescribing, storage and administration of medicines. The medicine management policy contained information to demonstrate the safe:

- administration
- prescribing
- procuring, and
- storage of medicine.

The service had a system in place for documenting accidents, incidents and for reporting notifiable incidents or adverse events to the appropriate regulatory authorities. No accidents, incidents or adverse events had occurred in the service since it was registered with Healthcare Improvement Scotland.

We saw a comprehensive programme of audits regularly carried out on infection prevention and control, health and safety (risk register), medicine management, cleaning and maintenance of the environment, and patient care records.

- No requirements.
- No recommendations.

### Quality indicator 5.2 - Assessment and management of people experiencing care

---

**Patient care records showed that comprehensive patient assessments were carried out before a treatment plan was agreed and consented. Patients were fully included and well informed about their treatments.**

We reviewed five electronic patient care records and found all were comprehensive, including information for patients' GPs and emergency contact details. Patients completed an initial online consultation form, including a medical history questionnaire and COVID-19 wellness screening. This was discussed with the patient during their initial consultation to make sure patients had realistic expectations of the proposed treatment plan. Risks and benefits of the treatment were explained before treatment. Treatment plans included a description of the treatment and diagram of the areas treated, batch numbers and expiry dates of the medicine used. The treatment plans were reviewed and updated at each treatment.

Patients were asked to give their consent to treatment, sharing information with their GP if required and consent to have their photograph taken.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Electronic patient care records were stored securely on an electronic device. Access to any electronic information was password-protected to maintain the confidentiality of patient information, in line with data protection legislation.

The service regularly audited patient care records and developed action plans where appropriate.

Patients stated they were very satisfied with the service and the treatments they had received. Comments from our online survey included:

- 'I was emailed information and consent forms prior to my treatments and I was able to take my time.'
- '[...] explained the process fully and in clear detail.'
- 'I have allergies so [...] carried out a patch test prior to my treatment to ensure safety, [...] also showed me her anti-allergy epi pens, stored correctly in case of a reaction.'

Patients could contact the practitioner out of hours if they had any concerns following their treatment. Verbal and written aftercare was provided to patients, and this was documented in the patient care records.

- No requirements.
- No recommendations.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

---

**The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through membership with national organisations and support from other peers. A quality improvement plan helped measure the quality, safety and effectiveness of the service delivered.**

The sole practitioner of the service was a registered nurse with the Nursing and Midwifery Council (NMC) and completed mandatory revalidation with the NMC. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

The practitioner was also a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

The practitioner attended regular training and conferences in the aesthetic industry to help continue their professional development. This helped them keep up to date with best practice and delivery of treatments in line with evidence-based research.

We saw evidence of quality assurance systems to review the quality of care and treatment provided. Formal and informal reviews of patient feedback and outcome from audits helped to make sure the quality of the service delivered met patient needs. A quality improvement plan helped to inform continuous quality improvement activities and described how the service was committed to continuous improvement.

- No requirements.
- No recommendations.

## Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.
---

## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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](http://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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)

## Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](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  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

#### Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)