

# Announced Inspection Report: Independent Healthcare

**Service:** LUXE, Glasgow

**Service Provider:** Ann Louise McCabe

14 November 2022

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 January 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>17</b>
	<b>Appendix 2 – About our inspections</b>	<b>20</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 LUXE on Monday 14 November 2022. We spoke with the service owner, who is also the practitioner during the inspection. We received feedback from 11 patients through 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 two inspectors.

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 satisfactory self-evaluation.

### What we found and inspection grades awarded

For LUXE, 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 well-informed about treatments, side-effects and aftercare. The complaints policy should be easily available to patients. A more formal approach to obtaining patient feedback would help improve the quality of the service.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The environment and equipment were well maintained. Policies and procedures were up to date and regularly reviewed. An audit programme should be implemented and fire extinguishers should be serviced every year.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service manager kept up to date with best practice through training from the treatment providers and is a member of Complications in Medical Aesthetics Collaborative. A quality improvement plan should be developed and implemented.	✓ Satisfactory

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Quality indicator	Summary findings
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	Patients were comprehensively assessed before their treatments. Patient care records were stored electronically and the service was registered with the Information Commissioner's Office. Patient care records must include all discussions about patients' care and regular patient care record audits should be carried out.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A prescriber works with the service under a practicing privileges agreement. Staff files must contain all appropriate information.

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 Ann Louise McCabe to take after our inspection**

This inspection resulted in three requirements and eight recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Ann Louise McCabe, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at LUXE 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 well-informed about treatments, side-effects and aftercare. The complaints policy should be easily available to patients. A more formal approach to obtaining patient feedback would help improve the quality of the service.**

The service was provided from inside a salon, which had a waiting area that patients could use. We were told that patients usually went straight to the treatment room when they arrived at the clinic.

The service had a participation policy in place. From patient care records we reviewed, we saw that patients were asked to complete a questionnaire before their initial consultation to help inform their assessment. The questionnaire included questions about their:

- allergies
- medical history, and
- medications.

Patient care records showed that treatments were discussed during face-to-face consultations, including the risks and benefits of treatments and the patient's expectations. Patients were given the option of a cooling-off period after the consultation to consider whether to go ahead with their treatment. We were told that the service had refused some treatments in some cases, such as when the patient had asked for a high volume of lip filler. We were told that patients were asked to complete a patient experience-feedback form after their treatment.

Results from our online survey showed that patients felt they had received enough information to make an informed decision. They also told us they were satisfied with their participation in treatment and the aftercare received. Comments included:

- 'Everything was gone over in detail before the treatment being carried out.'
- 'Informed me of all risks. Explained procedures and how the treatment would be carried out. She gave me fantastic aftercare advice.'
- '[The practitioner] is very professional and thorough with procedures and the information surrounding them. Attention to detail is superb.'

From patient care records we reviewed, we saw that consent to share the patient's information was asked for as part of the consent form patients were asked to complete. We saw that patients' emergency contact details were also asked for.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had a duty of candour policy in place. We were told that the service had not had any instances where duty of candour had to be implemented.

### **What needs to improve**

The service had a complaints policy in place, which was available to patients on request. However, it was not easily accessible (recommendation a).

While the service had a duty of candour policy in place, it had not produced a yearly report. This is to be produced even when no instances had occurred which required the policy to be implemented (recommendation b).

The consent form mentioned a brand name of a medication that was then not used in the service's treatments. The consent form should use generic terms for the medicines used, or use the correct brand name so patients can give informed consent (recommendation c).

### **Recommendation a**

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

### **Recommendation b**

- The service should publish the annual duty of candour report.



### **Recommendation c**

- The service should make sure consent forms for treatment use generic wording or accurately refer to brand names of medicines used.

## 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

---

**The environment and equipment were well maintained. Policies and procedures were up to date and regularly reviewed. An audit programme should be implemented and fire extinguishers should be serviced every year.**

The room that the service operated from was lockable, private and ventilated. The environment was clean and well maintained. All equipment was in a good state of repair. Single-use equipment was used for clinical procedures to prevent the risk of cross-infection. We saw a good supply of personal protective equipment available, such as face masks, disposable gloves and aprons. This was being stored safely in the treatment area. Clinical waste, including sharps, was managed appropriately and a waste management contract was in place. We saw maintenance contracts in place and regular servicing was carried out, such as portable appliance testing (for electrical appliances and equipment to make sure they are safe to use).

The service had a medicines management policy in place to help make sure medications were procured, stored, prescribed and disposed of safely.

The practitioner worked with a colleague registered with the General Dental Council (GDC) to prescribe medicines to patients. The prescriber consulted the patient separately, face-to-face before prescribing.

A first aid kit was available and the service had an emergencies policy in place. The policy described:

- emergency medicines held
- emergency procedures to follow
- first-aid kit contents, and
- first aid training completed.

The policy also stated the location of the nearest defibrillator.

A range of written policies and procedures were available to support the service's operation. We saw that these had been regularly reviewed and updated. While the service had not had any incidents or accidents since its registration, systems were in place to record accidents and incidents. The registered manager was aware of the responsibility to report incidents to Healthcare Improvement Scotland and under health and safety legislation.

### **What needs to improve**

A thermometer in the fridge used to store temperature-sensitive medications did not monitor daily temperatures or maximum and minimum temperatures (requirement 1).

While we were told that audits were carried out, audit results were not recorded (recommendation d).

The service had two fire extinguishers. The dates on the service labels of both indicated the last check had been carried out in 2019. Fire extinguisher safety checks must be done every year (recommendation e).

### **Requirement 1 – Timescale: by 30 April 2023**

- The provider must ensure a suitable fridge thermometer is used to monitor the temperature for safe storage of medicines.

### **Recommendation d**

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

### **Recommendation e**

- The service should ensure that fire extinguishers are subject to a suitable system of maintenance.

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

---

**Patients were comprehensively assessed before their treatments. Patient care records were stored electronically and the service was registered with the Information Commissioner's Office. Patient care records must include all discussions about patients' care and regular patient care record audits should be carried out.**

Patients received a comprehensive assessment and consent was obtained before any treatments. The service used different assessment forms for each treatment. The consent forms are part of a wider document that also captures patient details, medical history and medications. These are held electronically.

From the three patient care records we reviewed, we saw that patients provided medical details and medication details before consultation and these were then discussed at the consultation. Aftercare advice was given and patients were emailed after the treatment with relevant information.

Patients were asked to re-consent for follow-up treatments and asked to give updates to medical history and medications. Part of that process included a facial plan where batch numbers of treatments were saved.

The service was registered with the Information Commissioner's Office (ICO) (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information.

The feedback from our online survey demonstrated that patients agreed they had received sufficient information before, during and after their treatments.

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

We found that the patient care records we reviewed were not always fully completed. For example:

- Patients' GP details and emergency contact details were not always recorded even after the patient had given consent for them to be recorded.
- Some verbal discussions about patient care during consultations were not recorded.

Regular audits of patient care records would help make sure appropriate information is recorded (recommendation f).

The service's information management policy did not include the general data protection rules (recommendation g).

#### **Recommendation f**

- The service should carry out regular audits of patient care records.

#### **Recommendation g**

- The service should update its information management policy to include reference to General Data Protection Regulation (2018).

### **Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

#### **Our findings**

#### **Quality indicator 7.1 - Staff recruitment, training and development**

**A prescriber works with the service under a practicing privileges agreement. Staff files must contain all appropriate information.**

Practicing privileges is where staff are not employed directly by the provider but given permission to work in the service. The practitioner has to meet the standards expected of the service, such as:

- proof of indemnity insurance
- proof of professional registration if needed
- proof of training, and
- right to work in the UK.

The prescriber had a signed practicing privileges agreement in place, was on the GDC register and had a Protecting Vulnerable Groups background check carried out. PVG checks were planned to be carried out every 2 years.

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

We did not see evidence that the service checked the prescriber's professional registration with the GDC every year (requirement 2).

Staff files were missing information we would expect to see. For example:

- continuous development records
- indemnity documents
- qualifications
- training certificates
- training records, and
- two references (requirement 3).

**Requirement 2 – Timescale: by 30 April 2023**

- The provider must ensure annual receipt of all relevant documentation for practitioners with practicing privileges.

**Requirement 3 – Timescale: by 30 April 2023**

- The provider must make sure that all staff files contain up to date qualifications, registration and training certificates for all staff, including medical staff, working in the clinic.

## 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 manager kept up to date with best practice through training from the treatment providers and is a member of Complications in Medical Aesthetics Collaborative. A quality improvement plan should be developed and implemented.**

The service kept up to date with changes in the aesthetics industry, legislation and best practice through attending training days provided by pharmaceutical companies. The service engaged in regular continuing professional development. This is managed through Nursing and Midwifery Council (NMC) registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body.

The practitioner was also a member of the Complications in Medical Aesthetics Collaborative, a peer network where best practice and management of complications with colleagues.

We saw evidence that the service had made improvements and were told of plans to improve the service in the future.

### What needs to improve

While we were told about improvement plans, the service did not have an overarching quality assurance system or improvement plan in place. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation h).

- No requirements

#### **Recommendation h**

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



## 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.

Domain 2 – Impact on people experiencing care, carers and families	
Requirements	
None	
Recommendations	
<b>a</b>	<p>The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
<b>b</b>	<p>The service should publish the annual duty of candour report (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>
<b>c</b>	<p>The service should make sure consent forms for treatment use generic wording or accurately refer to brand names of medicines used (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

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

### Requirement

- 1** The provider must ensure a suitable fridge thermometer is used to monitor the temperature for safe storage of medicines (see page 11).

Timescale – by 30 April 2023

*Regulation 3*

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

### Recommendations

- d** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.23

- e** The service should ensure that fire extinguishers are subject to a suitable system of maintenance (see page 11).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

- f** The service should carry out regular audits of patient care records (see page 13).

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

- g** The service should update its information management policy to include reference to General Data Protection Regulation (2018) (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Domain 7 – Workforce management and support	
Requirements	
<b>2</b>	<p>The provider must ensure annual receipt of all relevant documentation for practitioners with practicing privileges (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 12</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
<b>3</b>	<p>The provider must make sure that all staff files contain up to date qualifications, registration and training certificates for all staff, including medical staff, working in the clinic (see page 14).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>h</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).</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>

## 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)