

Announced Inspection Report: Independent Healthcare

Service: Joelle Aesthetics and Beauty, Glasgow

Service Provider: Joelle Aesthetics and Beauty Ltd

13 May 2025

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Joelle Aesthetics and Beauty on Tuesday 13 May 2025. We received feedback from 11 patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection of this service.

Based in Glasgow, Joelle Aesthetics and Beauty is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Joelle Aesthetics and Beauty, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
A clear vision and purpose statement was shared with patients. A process to assess the service against its identified aims and objectives would show how well the service was performing. Formalising team meetings would help to ensure all areas of clinical governance are regularly discussed.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were encouraged to provide feedback about their experience of the service. Policies and procedures were in place to help deliver safe patient care. Staff kept up to date with developments in the aesthetics industry. A quality improvement plan showed a proactive approach to improving the service.</p> <p>Implementing an audit programme, and assessing clinical and business risks, would provide assurance of appropriate clinical governance and oversight of the service.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The environment was clean and well equipped. All patient consultations, including with the prescriber, must be documented in patient care records. Appropriate background safety checks on all staff must be regularly carried out.		✓ Satisfactory

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Joelle Aesthetics and Beauty 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 three requirements and three recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure a system is in place to review how well its identified aims and objectives are being achieved (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 4.19</p>
b	<p>The service should formalise its team meetings, with an agenda and record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions (see page 10).</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	
Requirement	
1	<p>The provider must ensure that its quality assurance system is implemented to provide monitoring and oversight of safe patient care and the management of risks to staff and patients (see page 15).</p> <p>Timescale – by 13 August 2025</p> <p><i>Regulation 13(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
c	<p>The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (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 4.14</p>

Results	
Requirements	
2	<p>The provider must ensure that every consultation with both the practitioner and the prescriber is documented in the patient care record (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Requirements	
3	<p>The provider must implement a system to ensure staff background checks are carried out at regular intervals to confirm staff remain safe to work in the service (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Joelle Aesthetics and Beauty 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 Joelle Aesthetics and Beauty for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

A clear vision and purpose statement was shared with patients. A process to assess the service against its identified aims and objectives would show how well the service was performing. Formalising team meetings would help to ensure all areas of clinical governance are regularly discussed.

Clear vision and purpose

The service's vision and purpose statement stated that it aimed to provide:

- ethical, person-centred aesthetic care, and
- safe, high-quality aesthetic and beauty treatments.

The statement was displayed in the clinic helping to ensure patients were aware of the service's vision and purpose.

What needs to improve

The service had recently developed detailed aims and objectives and key performance indicators to measure and evaluate how well it was performing. These included regulatory compliance, safe and quality care, patient satisfaction and business development. However, the service had not yet assessed its performance against these indicators (recommendation a).

- No requirements.

Recommendation a

- The service should ensure a system is in place to review how well its identified aims and objectives are being achieved.

Leadership and culture

The service was managed by a registered nurse who was a director of the company. The two other directors of the company were a registered nurse and a beauty therapist. All three directors delivered treatments in the service. The clinical practitioners were registered with the Nursing and Midwifery Council.

There were no employed staff. One additional member of staff worked under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service). A practicing privileges policy and signed agreement identified the responsibility and accountability of both the service and the staff member to ensure safe delivery of care.

What needs to improve

We were told that no formal meetings took place as the three practitioners were family members and that discussions occurred between them every day. An online chat group had also been set up that included the practicing privileges staff member (recommendation b).

- No requirements.

Recommendation b

- The service should formalise its team meetings, with an agenda and record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any actions.

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 were encouraged to provide feedback about their experience of the service. Policies and procedures were in place to help deliver safe patient care. Staff kept up to date with developments in the aesthetics industry. A quality improvement plan showed a proactive approach to improving the service.

Implementing an audit programme, and assessing clinical and business risks, would provide assurance of appropriate clinical governance and oversight of the service.

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

We were told the service's website was under development and, when ready, would provide information on the types of treatments available, the procedures, risks and benefits, and costs. In the meantime, information leaflets were available in the service and information was also emailed to patients about the treatment they had booked.

A patient feedback survey had recently been sent to a random selection of patients. The survey asked patients' opinions of their experience of the service including:

- the cleanliness and comfort of the clinic environment
- explanations of the treatments and procedures by the practitioner, and
- whether their expectations of the treatment outcome were met.

We saw that the service had received a number of completed surveys which were all positive, with no suggestions for improvement.

This was the first time that a structured method for obtaining patient feedback had been used. We were told the service planned to ask a selection of patients to complete the survey every 3 months.

Patients also submitted feedback through a review website specifically for aesthetic services. Staff received a notification when new feedback was submitted and this was reviewed at the time of submission. All feedback received was positive.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland, as detailed in our notifications guidance.

An infection prevention and control policy detailed the standard precautions that would be taken to reduce the risks of infection, such as hand hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks).

A health and safety policy described how the service would meet its responsibilities to ensure the health, safety and welfare of its employees, patients and the public.

A process was in place to document and report any accidents and incidents that occurred in the service. We were told none had taken place to date.

A yearly fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was regularly checked. The fixed electrical wiring and portable electrical appliances had received appropriate safety checks.

Medicines and medical devices were stored in locked cupboards. Emergency medicines were easily accessible and checked every month. We saw a checklist that staff completed for emergency medicines to check expiry dates and stock levels. A management of emergencies policy was in place and staff had received training in life support. Protocols for how to deal with medical and aesthetic emergencies, as well as protocols for all procedures, were available in the treatment room for clinical practitioners to follow. The practicing privileges staff member only prescribed for the service and did not provide treatments to patients. We were told that a clinical practitioner was also present during prescribing appointments. The prescriber was also present during certain

procedures, for example dermal fillers that have a risk of vascular occlusion (blockage of a blood vessel) that would require a prescription medication treatment.

Once a treatment was booked, patients received a treatment-specific consent form, medical history form and aftercare information. All were reviewed and discussed with the patient before their procedure. A consent policy detailed how consent would be obtained from patients. Patients received a face-to-face consultation with both the prescriber and a clinical practitioner. A cooling-off period allowed patients to fully consider the information they had been given during the consultation before going ahead with the procedure, if required. Discussions at the consultation included:

- expected outcomes of treatment
- medical and aesthetic treatment history
- risks and side effects, and
- aftercare.

All patients who responded to our online survey told us they had received adequate information about their procedure and felt involved in the decisions about their care. They also confirmed they were given time to consider all the provided information before having a procedure. Comments included:

- 'I was able to ask as many questions as I wanted and felt fully involved and listened to in what I wanted to achieve and that was important to me.'
- 'Very positive experience, procedure explained in depth and all of my questions answered thoroughly.'
- 'I was given advice and recommendations and then given the choice of what I felt comfortable with.'

Aftercare information given to patients included contact details for the service, if they had any queries or concerns following their treatment. Patients also received a follow-up text following treatment to ensure they were not experiencing any side effects and to check they had no concerns. Depending on the treatment received, or the patient's response, an additional follow-up call or appointment would be made.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). An annual duty of candour report was displayed in the waiting area. We were told there had been no incidents requiring duty of candour.

The service's complaints management process was displayed in the waiting area. The complaints information included our contact details and made clear that patients could make a complaint to Healthcare Improvement Scotland at any time. The service told us no complaints had been received since registering with Healthcare Improvement Scotland in May 2023, and we had not received any complaints about the service. The clinical practitioners had received duty of candour training and complaints management training as part of their NHS roles.

A safeguarding (public protection) policy included details of the local safeguarding contact and made sure that a clear protocol was in place for staff to respond to any adult protection concerns.

Staff attended aesthetic workshops and training events and were part of online aesthetic peer groups. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. All patients who responded to our online survey confirmed that they had confidence in the staff:

- '... very knowledgeable and confident. I felt in very good hands.'
- 'You're in safe hands with the high professionalism and knowledge of the staff.'

- No requirements.
- No recommendations.

Planning for quality

Appropriate insurances were in-date, such as public and products, and medical malpractice.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service had improvement activities documented in a quality improvement plan, with current improvements including considering installing a coffee machine in the waiting area. Some improvement activities had already been completed such as providing bottled water for patients.

A detailed quality assurance system policy had recently been produced by the service. This described how a clinical governance framework would provide oversight of the quality and safety of the service. The framework included activities such as:

- audits and clinical review
- risk assessments, and
- regulatory compliance monitoring.

An audit template described how audits would take place every 3 months of:

- infection prevention and control
- patient care records
- patient feedback, and
- staff training.

What needs to improve

The quality assurance system had not yet been implemented and, as a result, no auditing was taking place and there was no evidence of the management of risks (requirement 1).

We were told that other Healthcare Improvement Scotland registered clinics had been identified that the service could refer patients to in case of emergencies, such as:

- flood
- power failure, or
- staff sickness.

However, no formal arrangement was in place to provide patients with an option to continue their treatment plans with an alternative practitioner (recommendation c).

Requirement 1 – Timescale: by 13 August 2025

- The provider must ensure that its quality assurance system is implemented to provide monitoring and oversight of safe patient care and the management of risks to staff and patients.

Recommendation c

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

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and well equipped. All patient consultations, including with the prescriber, must be documented in patient care records. Appropriate background safety checks on all staff must be regularly carried out.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment was modern, clean and well-equipped. Equipment was in good condition. Cleaning of equipment took place between patient appointments, and the environment was cleaned every day and recorded in a cleaning schedule when completed. The clinic was also deep cleaned every week. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The clinic was immaculate, welcoming and inviting.’
- ‘Clinic was very well ran and environment was very clean and clinical.’

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment, alcohol-based hand gel and appropriate cleaning products. A waste contract was in place to make sure that clinical waste was disposed of appropriately.

The three patient care records we reviewed showed that comprehensive assessments and consultations were carried out by the clinical practitioner before treatment started. These included taking a full medical history with details of any health conditions, medications, allergies and previous treatments.

Records were kept of each treatment session, including before and after digital images. Dosage and medicine batch numbers were also recorded for each treatment. We saw that the clinical practitioner documented that aftercare advice had been given.

What needs to improve

We reviewed the online prescription system used by the prescriber. All prescriptions had a check box where the prescriber confirmed that a face-to-face consultation had been carried out. However, the service's electronic patient care record system did not allow for the recording of separate consultations by both the prescriber and the clinical practitioner for the same treatment episode. The clinical practitioner signed the patient care record to confirm that a consultation had taken place but the prescriber could not. The prescriber did not keep their own separate patient care records. Therefore, there was no evidence in the patient care record of the discussion between the prescriber and patient during their consultation (requirement 2).

We saw evidence that initial background safety checks had been carried out on all practitioners and the prescriber. This included checking their registration with their professional body, insurance and their Protecting Vulnerable Groups (PVG) scheme status. However, we could not be assured that these checks were then repeated at relevant intervals (requirement 3).

Requirement 2 – Timescale: immediate

- The provider must ensure that every consultation with both the practitioner and the prescriber is documented in the patient care record.

Requirement 3 – Timescale: immediate

- The provider must implement a system to ensure staff background checks are carried out at regular intervals to confirm staff remain safe to work in the service.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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