Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: CC Estetica, Coatbridge

Service Provider: Cat Costa Aesthetics Limited

23 February 2026

NHS SCOTLAND

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 23 October 2024

Requirement

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.

Action taken

The service's Healthcare Improvement Scotland registration certificate was now clearly displayed on the door to the treatment room. **This requirement is met.**

Requirement

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

Action taken

Healthcare Improvement Scotland's notifications guidance details specific events and circumstances which providers are required to report to us. All outstanding notifications identified at the October 2024 inspection had now been submitted to Healthcare Improvement Scotland. **This requirement is met.**

Requirement

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.

Action taken

A duty of candour report had been produced and was now displayed on the service's website. **This requirement is met.**

Requirement

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.

Action taken

Both the service's complaints policy and complaints procedure on the service's website had been amended and now stated that patients could contact Healthcare Improvement Scotland at any time, with the relevant contact details. **This requirement is met.**

Requirement

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.

Action taken

Tooth whitening treatments were no longer being advertised and were unavailable to book on the service's website. The provider told us tooth whitening treatments were no longer being offered. **This requirement is met.**

Requirement

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

Action taken

A register of risk assessments for both clinical, and health and safety risks was now in place. **This requirement is met.**

Requirement

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

Action taken

The latest requested annual return for year ending December 2025 had been submitted by the service. **This requirement is met.**

Requirement

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.

Action taken

We saw evidence in the patient care records we reviewed that patients were advised when unlicensed medicines were used and for what purpose. The discussion between the practitioner and patient, and patient consent, was documented. **This requirement is met.**

Requirement

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.

Action taken

A stock control and monitoring system was now in place. We saw that all medicines and medical supplies were in-date. **This requirement is met.**

Requirement

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.

Action taken

We were provided with evidence that an appropriate clinical waste contract was now in place. This included the appropriate disposal arrangements for hazardous waste, such as botulinum toxin, produced by the service. **This requirement is met.**

Requirement

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

Action taken

We were provided with appropriate safety check documents for the premises, including an electrical installation condition report, gas safety certificate and evidence of testing of portable electrical appliances. **This requirement is met.**

Requirement

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

Action taken

Appropriate control measures were in place, such as safety signage and eye goggles. A laser safety risk assessment report had been produced, and the laser equipment was serviced every year. However, the local rules (the local arrangements developed by a laser protection advisor to manage laser safety), which were valid until July 2023, had not been updated. **This requirement is not met** and is reported in Domain 4 (Quality improvement) (see requirement 1 on page 21).

What the service had done to meet the recommendations we made at our last inspection on 23 October 2024

Recommendation

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.

Action taken

Although key performance indicators had now been identified, a formal process for evaluating performance against these was not in place. **A new recommendation has been made** and is reported in Domain 1 (Clear vision and purpose) (see recommendation a on page 16).

Recommendation

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.

Action taken

The participation policy had been reviewed and updated to include a patient questionnaire as a method for obtaining more structured feedback. However, this had not yet been implemented. **A new recommendation has been made** and is reported in Domain 3 (Co-design, co-production) (see recommendation b on page 17).

Recommendation

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.

Action taken

We were shown the service's new website that was currently under development and were told it would be clear what treatments were carried out and the location. In the meantime, some amendments had been made to the service's current website to remove treatments not offered and make clear that some treatments were delivered in a clinic in England, meaning they were not being carried out in the Healthcare Improvement Scotland registered clinic.

Recommendation

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

Action taken

As well as being available in the service, the service's complaints procedure was also now available on its website and, therefore, was easily accessible to patients.

Recommendation

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

Action taken

An updated audit programme was now in place, with action plans now completed when required.

Recommendation

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

Action taken

A quality improvement plan was now in place.

Recommendation

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.

Action taken

Appropriate consents were asked of patients and documented in the patient care records. If a patient refused to provide this information, this was also documented.

Recommendation

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

Action taken

A cleaning schedule detailed what would be cleaned, both daily and weekly. Completed cleaning checklists documented that the cleaning tasks had been completed.

Recommendation

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

Action taken

Firefighting equipment, including a fire extinguisher and fire blanket, was now visible and easily accessible.

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 Monday 23 February 2026. We spoke with the owner/practitioner during the inspection. 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.

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.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service shared its vision statement with patients. The process for evaluating progress against the key performance indicators should be formalised.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Policies and procedures set out the way the service delivered safe care. Patients felt involved in decisions about their care and had confidence in the practitioner. An audit programme, risk assessments and a quality improvement plan helped to ensure the safe delivery and quality of the service. Laser safety management local rules must be updated and the competencies of performing the role of a laser protection advisor reviewed against national guidance. A structured method of obtaining patient feedback would help the service to continually improve and develop.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and maintained. Appropriate infection prevention and control practices were in place. Patients were satisfied with the facilities. Patient care records must include a detailed record of the consultation and assessment discussions.	✓✓ Good

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

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

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

What action we expect Cat Costa Aesthetics Limited 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 two recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should formalise a process for evaluating the service against its key performance indicators (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the October 2024 inspection report for CC Estetica.

Implementation and delivery	
Requirements	
1	The provider must have appropriate systems, processes and procedures in place in relation to the use of laser equipment (see page 21). Timescale – by 23 May 2026 *Regulation 3(d)(v)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the October 2024 inspection report for CC Estetica.
2	The provider must ensure that: a) training undertaken meets the competencies for a laser protection advisor set out in guidance from the Medicines and Healthcare products Regulatory Authority (MHRA), or b) the practitioner obtains a qualification from a recognised laser safety organisation (see page 21). Timescale – by 14 July 2026 *Regulation 3(d)(v)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
b	The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (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 This was previously identified as a recommendation in the April 2022 and October 2024 inspection reports for CC Estetica.

Results
Requirement
3 The provider must ensure that the full consultation and assessment discussion between the practitioner and the patient is documented in the patient care record (see page 24). Timescale – immediate *Regulation 4(2)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations
None

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

Cat Costa Aesthetics Limited, 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service shared its vision statement with patients. The process for evaluating progress against the key performance indicators should be formalised.

Clear vision and purpose

The service's vision statement was displayed on its website. The statement included that the service would only provide safe, evidence-based treatments using regulated products.

A number of key performance indicators had been developed to monitor and measure the quality and effectiveness of the service. While performance against these key performance indicators was not formally documented, reports were available on the service's patient booking software system that could enable the service to measure how well it was performing. These reports included:

- patient retention
- new patients
- most popular treatments, and
- patient age profile.

We were told that the service also measured its performance through patient feedback.

The service's business plan included a market analysis and strategy, and a growth strategy, which linked with actions in the service's quality improvement plan. This would help the service to plan for achieving the desired growth of the business.

What needs to improve

There was no evidence that a formal evaluation of the service's performance against the key performance indicators took place (recommendation a).

We discussed with the practitioner that the key performance indicators could be further developed to include safety indicators such as patient safety or audit results. We will follow this up at the next inspection.

- No requirements.

Recommendation a

- The service should formalise a process for evaluating the service against its key performance indicators.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Policies and procedures set out the way the service delivered safe care. Patients felt involved in decisions about their care and had confidence in the practitioner. An audit programme, risk assessments and a quality improvement plan helped to ensure the safe delivery and quality of the service.

Laser safety management local rules must be updated and the competencies of performing the role of a laser protection advisor reviewed against national guidance. A structured method of obtaining patient feedback would help the service to continually improve and develop.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Information about the treatments available was on the service's website, and leaflets were also available in the service.

The service's participation policy stated how it would proactively seek and use feedback from patients to help the service to develop. Methods used to obtain feedback included social media reviews, verbal, email and text feedback. We were shown examples of feedback from patients that the service had received through an online group messaging system it had set up with patients.

What needs to improve

The participation policy also stated that a patient feedback form would be emailed to patients following their treatment. This had not been implemented. We were told there were plans for a new online booking system that would automatically send out a link to an online review website (recommendation b).

- No requirements.

Recommendation b

- The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.

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.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care and these were regularly reviewed.

A medicines management policy and protocols were in place. Medicines were stored in a locked fridge, and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock audit for medicines and the emergency drugs kit helped to make sure all items had not passed expiry and best-before dates.

Emergency medicines were easily accessible, and a first aid kit was also available. The practitioner was a registered nurse prescriber and was therefore able to respond to emergencies, such as vascular occlusion (a blood vessel blockage). They completed resuscitation training every year.

A log book was in place to document any incidents or accidents that may occur in the service. We noted there had been no such events at the time of our inspection.

An infection prevention and control policy described the precautions in place to prevent patients and the practitioner from being harmed by avoidable infections, such as hand hygiene, and the management of sharps and clinical waste.

A fire safety policy was in place, and a fire risk assessment had been carried out. Fire safety signage was displayed, and fire safety equipment was safety checked. A safety certificate was in place for the gas boiler, fixed electrical wiring and the portable electrical equipment had been tested.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. Information on how to make a complaint was available on the service’s website. The practitioner had completed complaints management training. We were told the service had not received any complaints since it was registered with Healthcare Improvement Scotland in December 2021, and we had not received any complaints about the service.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A duty of candour report had been produced and was available on the service's website and the practitioner had completed duty of candour training.

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. The practitioner had completed information governance training.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment took place. When making an appointment on the online booking system, patients received a consent form that provided detailed information about the treatment they had booked, including the risks, a medical history questionnaire and aftercare information.

All patients who responded to our online survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- '… I was able to ask a lot of questions about my treatment.'
- 'Fully included and informed.'
- 'Procedures are thoroughly explained with mutual agreement to achieve the best outcome.'
- 'Very informative of clinical procedures treatments and aftercare.'

New patients had a face-to-face consultation with the practitioner before their treatment where information from the pre-completed forms was discussed. Patients were offered a cooling-off period and time to consider the information received before going ahead with treatment. All patients who responded to our survey said they were given enough information and time to reflect on their treatment options before giving consent.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals, if required.

Following treatment, patients were emailed the aftercare information again. If this was their first time receiving treatment, they would also be given a hard copy of the aftercare information.

The practitioner made sure they kept up to date with changes in the aesthetics industry, legislation and best practice guidance. They attended aesthetics industry conferences and were a member of an aesthetic industry forum. The practitioner also completed ongoing training to maintain their Nursing and Midwifery Council registration.

The practitioner's qualifications and experience were available to patients on the service's website, and training certificates were displayed in the clinic. We also saw evidence that the practitioner had completed safeguarding (public protection) training. In response to our survey, all patients told us they had confidence in the practitioner. Comments included:

- '… very knowledgeable in all treatments… and I feel extremely safe under [their] care.'
- 'Great service, highly informative and professional.'

The service delivered laser therapy skin treatments to patients. We saw that laser treatments were documented in the patient care records. The practitioner had completed core of knowledge training for the use of the lasers, and appropriate control measures were in place, such as safety signage and eye goggles. Laser safety had recently been risk assessed by the practitioner and a report produced.

What needs to improve

A laser protection advisor had previously been appointed by the service and had provided appropriate local rules to be followed for the safe use of lasers. These are the local arrangements typically developed by a laser protection advisor to manage laser safety. However, the local rules, which were valid until July 2023, had not been updated (requirement 1).

The practitioner provided evidence that they had completed training that the training provider had told them was sufficient to be able to maintain their own laser equipment and to act as a laser protection advisor in their own service. Therefore, the practitioner was of the understanding that they met the requirements to carry out these roles. However, it was not possible to view the course content to confirm that it covered the competencies as set out in the Medicines and Healthcare products Regulatory Authority (MHRA) document '*Lasers, intense light source systems and LEDs: guidance for safe use in medical, surgical, dental and aesthetic practices*' (September 2015). It is considered best practice for services to consult an external laser protection advisor (requirement 2).

Requirement 1 – Timescale: by 23 May 2026

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

Requirement 2 – Timescale: by 14 July 2026

- The provider must ensure that:
  a) training undertaken meets the competencies for a laser protection advisor set out in guidance from the Medicines and Healthcare products Regulatory Authority (MHRA), or
  b) the practitioner obtains a qualification from a recognised laser safety organisation.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the clinic. This included informing patients and helping them to continue their care at other Healthcare Improvement Scotland registered clinics. Appropriate insurances such as medical malpractice, and public and products liability were in place.

A range of risk assessments were in place that assessed clinical, health and safety, and governance risks such as:

- laser, dermal filler and skin peel treatment risks
- slips, trips and falls, and fire safety risks, and
- safeguarding (public protection) and data protection.

A programme of regular audits was carried out, including:

- cleanliness of the environment
- medicines management, and
- patient care records.

Action plans were available to be completed for areas identified for improvement.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan detailed improvement activities and timescales for completion. Activities included:

- moving to new premises
- offering new treatments, and
- further practitioner training.

  - ■ No requirements.
  - ■ No recommendations.

Key Focus Area: Results

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

Our findings

The clinic environment and equipment was clean and maintained. Appropriate infection prevention and control practices were in place. Patients were satisfied with the facilities.

Patient care records must include a detailed record of the consultation and assessment discussions.

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 was modern, clean and well organised. The equipment was in good condition and well maintained. Cleaning checklists showed that the daily and weekly scheduled cleaning tasks had been completed. 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:

- ‘Environment is welcoming and very comfortable.’
- ‘Comfortable and clean.’

Effective 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 (such as disposable aprons and gloves). The correct product was used for cleaning sanitary fittings, including clinical hand wash basins, and a stronger dilution was used for the management of blood contamination. A waste contract was in place to make sure that clinical waste, including hazardous waste, was well managed and disposed of appropriately.

We reviewed five patient care records and found that the practitioner had documented:

- consent
- medical history
- medicine dosage, batch numbers and expiry dates
- patient's GP and emergency contact details
- procedure, and
- the provision of aftercare information.

What needs to improve

The consultation section in the patient care records we reviewed did not provide sufficient detail to reflect the discussion between the practitioner and patient. For example, the expectations that patients wished to achieve from their treatment, the options given and the plan for ongoing treatment (requirement 3).

Requirement 3 – Timescale: immediate

- The provider must ensure that the full consultation and assessment discussion between the practitioner and the patient is documented in the patient care record.

- 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.

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

You can read and download this document from our website.
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or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot