



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Caselli Ltd, Rosehearty, Fraserburgh

Service Provider: Caselli Ltd

23 March 2026

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 22 September 2021.

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 Caselli Ltd on Monday 23 March 2026. We spoke with the service manager (aesthetics practitioner) during the inspection. We received feedback from 28 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Rosehearty, Fraserburgh, Caselli Ltd 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 Caselli Ltd, 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
<p>The service owner is the sole practitioner and an experienced independent nurse prescriber registered with the Nursing and Midwifery Council. The service's aim was easily accessible to patients on its website.</p> <p>Objectives and key performance indicators should be identified to measure how well the service is improving.</p>	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>The service gathered patient feedback and made improvements based on feedback received. Patients were informed about treatment options and aftercare and were given the opportunity to provide feedback. Key policies were in place. Appropriate risk assessments were in place to effectively manage risk in the service. The service carried out regular audits.</p> <p>Improvements made to service based on patient feedback should be shared with patients. The service's improvement plan should be further developed.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The service demonstrated high standards of cleanliness, with a well maintained clinic environment and equipment. Patient care records were comprehensive. Patients were satisfied with their care and treatment.</p>	✓✓ 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 Caselli 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 no requirements and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	The service should develop a process to communicate to patients how their feedback is used to improve the service (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery (continued)

Recommendations

- c** The service should further develop the quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).

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

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](#)

We would like to thank all staff at Caselli Ltd for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

The service owner is the sole practitioner and an experienced independent nurse prescriber registered with the Nursing and Midwifery Council. The service's aim was easily accessible to patients on its website.

Objectives and key performance indicators should be identified to measure how well the service is improving.

Clear vision and purpose

The service was owned and managed by an independent nurse prescriber registered with the Nursing and Midwifery Council (NMC). They were an experienced aesthetics practitioner and were the sole practitioner in the service.

The service's aim was to provide safe aesthetic treatments that 'enhance health and wellbeing, heighten self-esteem and rejuvenate'.

What needs to improve

No measurable objectives or key performance indicators were in place. These would help the service identify and measure the effectiveness of the quality of the service provided (recommendation a).

- No requirements.

Recommendation a

- The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered.

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

The service gathered patient feedback and made improvements based on feedback received. Patients were informed about treatment options and aftercare and were given the opportunity to provide feedback. Key policies were in place. Appropriate risk assessments were in place to effectively manage risk in the service. The service carried out regular audits.

Improvements made to service based on patient feedback should be shared with patients. The service's improvement plan should be further developed.

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

Patients could contact the service in a variety of ways, including over the telephone, through email or text message.

The service's website had information available about the treatments available and pricing. Information was also available on the service's social media account.

A participation policy described how the service would gather and use patient feedback to continuously improve. Patients were actively encouraged to provide feedback verbally, as well as through online reviews and a suggestion book in the waiting area. Recent examples of actions taken as a result of patient feedback included a change to opening hours, with more evening clinics being added.

What needs to improve

While the service made improvements as a result of patient feedback, it did not routinely share the improvements made with patients (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process to communicate to patients how their feedback is used to improve the service.

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.

Healthcare Improvement Scotland's notifications guidance details specific events and circumstances which providers are required to report to us. The service manager was aware of how to submit notifications should this occur.

A range of policies and procedures were in place to help make sure that patients had a safe experience in the service. Key policies included those for:

- adult safeguarding (public protection)
- consent
- dealing with emergencies, and
- medication management.

The service also had a comprehensive infection prevention and control policy in place, which was in line with national guidance. This included information on managing sharps (such as needles and syringes) and hand hygiene.

A fire risk assessment had been carried out and fire safety signage was displayed. Fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring and portable appliance testing on electrical equipment had been completed.

Arrangements were in place to deal with medical and aesthetic emergencies, including an emergency drugs supply. All medicines were obtained from appropriately registered suppliers. Emergency medicines were stored correctly and in-date, with checks carried out on expiry dates.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was displayed in the service.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy in place and its most recent duty of candour report was displayed in the waiting area. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments through an online booking system. We were told patient consultations for treatment were always carried out face-to-face with the practitioner. A health questionnaire was completed before attending the service and reviewed at each appointment. We were told that the practitioner discussed risks, benefits and any possible side effects of treatment. On the day of treatment, patients reviewed a consent to treatment form which the patient and practitioner then signed. The patient signed that they had received written aftercare advice from the service.

We saw evidence of post-treatment aftercare instructions shared with patients following treatment. Aftercare instructions included the practitioner's out-of-hours contact numbers in case of any complications.

Patients who responded to our online survey told us:

- 'My consultation, treatment and after care discussion was of the highest standard...[the practitioner] clearly does her research and was confident in response to any questions I had.'
- '[the practitioner] is very thorough with the information she provides about the treatment....no question is left unanswered.'

All patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

The practitioner was a member of various aesthetics complications networks to ensure they kept up to date with managing risk and diagnosing and managing complications in aesthetics. This provided peer support, opportunities to learn about new treatments and training. The practitioner was actively researching training opportunities for new treatments to provide in the service.

- No requirements.
- No recommendations.

Planning for quality

Appropriate risk assessments were in place to effectively manage risk in the service and make sure that care and treatment was delivered in a safe environment. These included risk assessments for:

- electrical safety
- fire safety
- manual and handling
- sharps injuries, and
- slips, trip and falls.

The risk assessments were collated into a risk register, which was reviewed regularly. In identifying and taking action to reduce any risks to patients and the practitioner, the service helped make sure that care and treatment was delivered in a safe environment.

The service completed regular audits, such as those for:

- drug expiry dates
- fridge temperature
- health and safety
- infection prevention and control, and
- patient care records.

Any actions arising from audits were logged in the quality improvement plan. The results of the audits had identified some tasks to be completed. For example:

- completing a risk assessment required due to back pain the practitioner experienced during work
- hand hygiene posters had been removed as part of redecoration and had to be replaced, and
- introducing a consent form for sharing information with patients' GPs in line with GMC standards.

A business continuity plan detailed what steps would be taken to protect patient care in the event of the service closing for any reason, such as due to power failure or sickness.

What needs to improve

A quality improvement plan was in place that identified how the owner (practitioner) would improve. However, it did not include enough information about to how the service could be improved (recommendation c).

- No requirements.

Recommendation c

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The service demonstrated high standards of cleanliness, with a well maintained clinic environment and equipment. Patient care records were comprehensive. Patients were satisfied with their care and treatment.

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.

Effective measures were in place to reduce the risk of infection. The clinic environment appeared clean and well maintained. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. We saw that all cleaning tasks were logged as completed on a daily log. All equipment used, including personal protective equipment (such as disposable aprons and gloves), 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 disposal of sharps and other clinical waste.

Patients told us they were happy with the facilities and equipment in the service:

- 'Immaculate and stunning... and the environment is clean and tidy. Beautiful premises.'
- 'Spotlessly clean, very comfortable and warm.'
- 'Lovely clean bright beautiful facility.'

Safe management processes were in place for ordering, storing and prescribing medicines. The service's medicine fridge was clean and in good working order. We noted a daily temperature recording log was fully completed and up to date.

This was used to make sure medicines were stored at the correct temperature. Emergency medicines stored were in-date.

We reviewed five patient care records and saw that assessments and consultations were carried out before treatment started. To help plan care and treatment according to individual need, these included details of:

- completed past medical history questionnaires, which included questions about allergies and whether the patient regularly used any medicines
- consent obtained before treatments were carried out
- consent for sharing information with other healthcare professionals, if required
- consent for taking photographs
- fully documented consultation
- patient contact details, and
- patients' GP and next of kin contact details.

Medicine dosage, batch numbers and expiry dates of medicines used were logged. This would allow tracking if any issues arose with the medications used. Patient care records also recorded that patients were given verbal and written aftercare advice at the time of treatment and that the cost of treatment was discussed.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'If you are a client of [the practitioner] you are well looked after. She is so kind and gentle. Very confidential.'
 - 'The whole Caselli experience is well organised from start to finish and extremely professional.'
- No requirements.
 - 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.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email 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.scot