Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Luxe Skin by Doctor Q, Glasgow

**Service Provider:** Quvent Limited

23 July 2026

NHS SCOTLAND

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**www.healthcareimprovementscotland.scot**

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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 14 January 2026

### Requirement

*The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.*

### Action taken

An incident, accident and adverse events log was kept electronically in the new internal record system created. **This requirement is met.**

### Requirement

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

### Action taken

The service developed a risk register with a scoring matrix for all risks in the service. This register was reviewed every 3 months. **This requirement is met.**

### Requirement

*The provider must develop a cleaning schedule which includes details on cleaning products, processes and records of completion of cleaning.*

### Action taken

The service developed detailed cleaning schedules, including information on the products used for cleaning specific areas and equipment throughout the service. The person carrying out the cleaning duties signed the schedules and the owner and main practitioner reviewed the schedules. **This requirement is met.**

### Requirement

*The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent. This should be reflected in the medicines management policy.*

### Action taken

The service included this information on patient consent forms and added it to the medication management policy. This information was also included in patient care records. **This requirement is met.**

### Requirement

*The provider must demonstrate good medicine governance in line with current best practice guidelines for the prescribing and administration of emergency stock medication.*

### Action taken

The service kept limited emergency stock in an appropriate container in the treatment room for use, if required during clinic hours. This stock was a generic stock with no specific patients' details included. An online, stock-date reviewing system was in place, which included expiry dates and batch numbers. **This requirement is met.**

### Requirement

*The provider must ensure patients' GPs, next of kin or emergency contact details, as well as consent to share information with other healthcare professionals in the event of an emergency situation, are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.*

### Action taken

The service noted information on the patients' GP, next of kin or emergency contact details and consent to share information with other healthcare professionals in the electronic system. The record also identified whether the patient refused or declined to give this information. **This requirement is met.**

## What the service had done to meet the recommendations we made at our last inspection on 14 January 2026.

### Recommendation

*The service should implement a process to make sure that its aims and objectives are being met.*

### Action taken

The service developed a quality improvement framework and a quality improvement plan. This allowed the service to review whether the service was meeting its aims and objectives.

### Recommendation

*The service should review its participation policy to include how it will inform patients about how their feedback has been used to improve the service.*

### Action taken

The service had updated its participation policy to describe how it would inform patients of improvements made as a result of their feedback.

**Recommendation**

*The service should formalise its approach to reviewing and using feedback from patients to demonstrate how this is used to improve the quality of the service.*

**Action taken**

The service had a formal approach in place to review and use feedback from patients. A feedback log was in place, which detailed the feedback, an action list and improvements made as a result of feedback. The information was analysed formally every 3 months. This review stated the number of reviews and any themes identified.

**Recommendation**

*The service should implement a system to record any accidents, incidents and adverse events.*

**Action taken**

The service developed an online reporting system for accidents, incidents and adverse events. This system is cross-referenced to reporting of accidents or incidents to Healthcare Improvement Scotland.

**Recommendation**

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

**Action taken**

An annual audit programme was in place, which identified dates and months of audits taking place. Any actions identified from the audit were recorded on an action plan.

**Recommendation**

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

**Action taken**

A quality improvement framework and a quality improvement plan were in place with areas of improvement identified through patient feedback, audits, Healthcare Improvement Scotland inspections and key performance indicators.

### Recommendation

*The service should develop a contingency plan that sets out arrangements for patient aftercare and follow-up arrangements if the service ceased trading.*

### Action taken

A contingency policy and plan had been developed that set out arrangements for patient care, including who the patients would be referred to, aftercare and follow-up arrangements should the service cease to trade.

### Recommendation

*The service should ensure that the clinical environment is free from clutter at all times. This would also help to facilitate effective cleaning.*

### Action taken

The service had developed a cleaning and decluttering schedule, which helped make sure the clinic was always clean, tidy and free from clutter.

# 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 Luxe Skin by Doctor Q on Thursday 23 July 2026. We spoke with the owner and sole practitioner during the inspection. We received feedback from 13 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Luxe Skin by Doctor Q is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector conducting the inspection and one inspector observing only.

## What we found and inspection grades awarded

For Luxe Skin by Doctor Q, 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** |
| A well-defined structure and framework helped deliver safe, evidence-based, person-centred care. Clear and measurable aims and objectives were in place and available for patients to view on the service's website. Evidence of the positive impacts and good outcomes from the aims and objectives was shared with patients in a variety of ways. A quality improvement framework and plan included identified measures to make sure the service met its aims and objectives. Short and longer-term plans helped make sure the service met its aims and objectives. | ✓✓ Good |
| **Implementation and delivery** | *How well does the service engage with its stakeholders and manage/improve its performance?* |
| Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continuously improve the service. Appropriate policies, processes and training was in place for staff delivering intense pulsed light (IPL) and laser treatments and for continued personal and professional development.<br><br>Appropriate safety assurance processes included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints were in place. The quality improvement plan helped the service to implement and take forward improvements. | ✓ Satisfactory |
| **Results** | *How well has the service demonstrated that it provides safe, person-centred care?* |
| The environment and equipment were clean and well maintained. Appropriate infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were comprehensively completed. We saw a good standard of medicines management. | ✓ 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 Quvent 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 no requirements and no recommendations.

We would like to thank all staff at Luxe Skin by Doctor Q 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

**A well-defined structure and framework helped deliver safe, evidence-based, person-centred care. Clear and measurable aims and objectives were in place and available for patients to view on the service's website. Evidence of the positive impacts and good outcomes from the aims and objectives was shared with patients in a variety of ways. A quality improvement framework and plan included identified measures to make sure the service met its aims and objectives. Short and longer-term plans helped make sure the service met its aims and objectives.**

#### *Clear vision and purpose*

The service's vision of delivering 'safe, ethical and evidence-based aesthetic medicine that enhances patients' confidence and wellbeing' was displayed on its website for patients to view. The service's purpose was to provide patient-centred care and its aim to be recognised as a 'trusted, high-quality independent healthcare provider.' Information on the service's website also described how it would achieve and demonstrate its values of delivering high-quality outcomes by:

- informed decision-making
- integrity
- openness
- patient safety, and
- trust.

The service reviewed this information every 3 months, using patient feedback and audit information to assess its progress and performance.

A variety of systems and processes monitored performance against the key performance indicators (KPIs) to help improve the service. For example, the service regularly reviewing audits and data, including staff development, patient

feedback and engagement. Patient feedback and views also helped the service to plan and deliver accessible care.

A quality improvement plan was used to measure how the service was performing against KPIs. Non-clinical indicators included patient retention rate and a growing patient base. Clinical indicators, such as patient satisfaction and patient outcomes were also recorded. This information was acted on to improve the service.

The service had also identified three immediate priority areas:

- formalise quality improvement planning and documentation
- improve patient and stakeholder engagement, and
- strengthen measurement of outcomes and results.

The owner was the sole practitioner and told us the service's goal was to benchmark its annual performance review against the aims, objectives and KPIs. It also planned to benchmark its performance against other clinics to keep the clinic's services in line with patients' changing expectations and industry standards.

- No requirements.
- No recommendations.

## 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

**Patients were fully informed about treatment options and involved in all decisions about their care. Patient feedback was actively sought and used to continuously improve the service. Appropriate policies, processes and training was in place for staff delivering intense pulsed light (IPL) and laser treatments and for continued personal and professional development.**

**Appropriate safety assurance processes included a comprehensive audit programme. All appropriate risks were identified and reviewed regularly. Clear procedures for managing complaints were in place. The quality improvement plan helped the service to implement and take forward improvements.**

***Co-design, co-production*** *(patients, staff and stakeholder engagement)*
Patients could contact the service through email, text messages and online enquiries either through its website or social media pages. The service's website was comprehensive, informative and included information on the treatments available, costs and the practitioner's background, experience and qualifications.

The service actively sought informal and formal feedback from patients about their overall experience of the service using a variety of methods, in line with its patient participation policy. This included verbal feedback and online review sites, as well as bespoke patient questionnaires emailed to patients immediately after treatments. This helped to encourage patients to participate and be involved in the future direction of the service.

We saw that the service collated and regularly reviewed all feedback received and used it to inform improvement activities and its quality improvement plan. Any changes that led to improvements were monitored and evaluated through patient feedback and the service's audit programme. For example, the service had introduced tea- and coffee-making facilities for patients, as well as additional non-surgical and minor surgical treatments as a direct result of patient feedback.

The service was developing a patient newsletter and used a variety of methods to share information with patients about improvements made as a result of patient feedback, including:

- communication applications
- direct contact with the patients
- social media, and
- the service's website.

- 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 practitioner was aware of the notification process to Healthcare Improvement Scotland and the need to notify us of certain events that occur in the service. A clear system was in place to record and manage any accidents and incidents that may occur.

The service was proactive in developing and implementing policies to help make sure that patients had a safe experience in the service. Policies were reviewed every 2 years as part of the audit process or as required, to make sure they remained relevant to the service and in line with national guidance. Key policies included those for:

- emergency arrangements and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of adults.

Maintenance contracts for fire safety equipment, laser and IPL equipment and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly. The service had a clinical waste contract in place.

Infection prevention and control measures were in place to reduce the risk of infection. Equipment was cleaned between appointments and the clinic was cleaned at the end of the day. Equipment, including personal protective

equipment (such as disposable aprons and gloves), was single-use to prevent the risk of cross-infection, where appropriate.

Medicines were obtained from an appropriately registered supplier, and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). A stock control system allowed the service to monitor medicines supplies. Medical devices, such as dermal fillers were stored in a lockable cupboard. The service had no cold-chain medicines and therefore did not require a medical refrigerator.

Arrangements were in place to deal with medical and aesthetic emergencies, including mandatory staff training. Emergency medicines were available for patients who may experience aesthetic complications following treatment. We saw regular, documented checks carried out for all emergency equipment in the service.

The service's complaints policy was available in the service. This stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. At the time of our inspection, we noted that no complaints had been received by Healthcare Improvement Scotland or the service since our last inspection. We saw evidence that the practitioner had received training in complaints handling, grievances and customer service.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The most recent duty of candour report was available on the service's website. We noted that the service had no duty of candour incidents for the previous year.

Patients received information electronically before their treatment. On the day of treatment, patients received a face-to-face consultation where they completed a consent form electronically, which the patient and practitioner signed. An appropriate cooling-off period was included to allow patients time to consider the treatment options. A comprehensive assessment included a full medical history, as well as current medications. The service provided aftercare information, which included the service's contact details, where appropriate. We saw examples of aftercare instructions, such as for aesthetic procedures and treatments. If patients experienced an adverse event following treatment, they could contact the practitioner over the telephone or the social media app outside of clinic times. Emergency appointments were offered, if required.

Patient care records were stored electronically, and the system was password-protected. This protected 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 it worked in line with data protection regulations.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This is how doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice. This helped to provide confidence and assurance in their own performance. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues. The practitioner is a member of the British Association of Cosmetic Doctors and attended seminars twice a year.

The practitioner continued to work in locum roles with NHS Highland and NHS Greater Glasgow and Clyde, providing services for patients in emergency departments and out of hours services.

The practitioner had also previously published articles in cosmetic magazines and wrote an aesthetic column every 6 months for 2 years, specialising in silicone thread treatments.

We saw evidence of the practitioner's personal and professional development displayed in the service and in their online training and development file.

Intense pulsed light therapy (IPL) and laser skin treatments were provided to patients. The service had a registered laser protection advisor and local rules were in place to ensure patient and staff safety. All safety measures were in place when this treatment was being carried out, including safety warning signs on the locked treatment room door. We saw evidence of up-to-date core of knowledge training completed by the practitioner. All safety checks on the laser equipment had been carried out and were documented.

- No requirements.
- No recommendations.

### *Planning for quality*

Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- contingency planning
- data protection
- environmental assessments, including slips, trips and falls
- fire
- health and safety
- infection prevention and control, and
- waste management.

The risk assessments were easy to follow and kept in a risk register, which was reviewed regularly. We saw that all risks had been reviewed and action plans were in place detailing what action had been taken to reduce any identified risks.

The service had a contingency plan in place to make sure patients could access aesthetic treatments from peers and aesthetic colleagues should the service cease to operate.

The service completed three monthly audits, such as those for:

- complaints
- infection prevention and control
- medicines
- patient care records
- patient feedback, and
- safe management of equipment.

We saw that all results from audits were documented and actions taken if appropriate. Audit results were also reflected in the service's quality improvement plan, which was regularly reviewed and updated. Information in the quality improvement plan also included:

- clinical outcomes and patient experience
- continuing professional development
- develop quality indicators, and
- quality review and external bench marking.

The quality improvement plan also detailed improvements made to the service as a result of patient feedback. For example, providing a fridge for patients' drinks, using online applications for communicating with patients and introducing additional skin treatments.

- 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 environment and equipment were clean and well maintained. Appropriate infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service. Patient care records were comprehensively completed. We saw a good standard of medicines management.**

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. We did not request a self-evaluation from the service before the inspection.

We saw the service was clean and tidy, was of a high standard and well maintained. Cleaning schedules were fully completed and up to date. The correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment (such as disposable gloves and aprons) was readily available to staff. A clinical waste contract was in place. Clinical waste and used sharps equipment was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning that took place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘Sterile clinical area. Clean and tidy offices.’
- ‘Very clean…professional and comfortably environment.’
- ‘The clinic is very clean and lovely.’

We saw evidence of good standards of medicines management, including a safe system for the procurement and prescribing of medicines, in line with the service’s medication management policy. This included completed records of stock checks and medicines prescribed and used for treatments in the service.

We saw that the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its 'Summary of Product Characteristics' and is unlicensed. We were told this provided better pain relief for patients. We saw evidence in the patient care records that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients. Informed consent had been sought, agreed by the patient and we saw this documented in the patient care record. This information was included in individual risk assessments that were completed for every patient where bacteriostatic saline was used.

We reviewed five electronic patient care records. Patients completed an electronic form before their consultation, which contained full details of their past medical history and allergies. We saw evidence that this was then discussed and documented in the patient care record at their initial consultation with outcomes and proposed treatment plans. This included a discussion to make sure patients had realistic expectations and agree the most suitable options available to them. We were told treatment costs were discussed during the initial consultation. We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits. Consent was also obtained for taking photographs. Signatures of both patients and the practitioner were noted on all documentation. A record of treatment and batch numbers, including expiry dates for medicines used was also included in the patient care record. We saw evidence patients were given verbal and written advice after their treatments, including information about contacting the practitioner out of hours.

Feedback from our online survey was very positive about the experience patients had in the service. Patients told us they had been treated with dignity and respect. They liked the surroundings, had plenty of time for their appointments and were happy with the service provided. Some comments we received included:

- 'Making an appointment is easy and easily managed with reminders and after care.'
- 'Appointment reminders and aftercare advice emailed. Greeted at the door, staff wearing uniform.'
- 'I love the booking system, the clinic is in a perfect location, so clean and nice to visit, very happy with results.'

- ‘Everything was absolutely perfect from start to finish. I had a wonderful experience and will definitely return. The standard of service exceeded all my expectations.’

  - 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.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

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