Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Little Jules Aesthetics, Elgin

Service Provider: Little Jules Ltd

22 September 2026

NHS SCOTLAND

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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 Little Jules Aesthetics on Tuesday 22 September 2026. We spoke with the owner/manager (sole practitioner) during the inspection. We received feedback from 17 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 to this service.

Based in Elgin, Little Jules Aesthetics 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 Little Jules Aesthetics, 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 was owned and managed by an experienced nurse prescriber. The service's mission statement was available for patients to view in the service. Key performance indicators had been identified to evaluate how well the service was performing. The key performance indicators should be further developed to include monitoring the safe care and treatment of patients.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient feedback was actively gathered and used to improve the service. Key policies were in place to help deliver safe patient care. Appropriate risk assessments helped to manage risk in the service. Regular audits were carried out, and a quality improvement plan helped to demonstrate a continuous cycle of improvement. The service took a proactive approach to continually improving, such as carrying out a peer review exercise and reviewing itself against other registered services. Patients told us they were treated with dignity and respect.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
A high standard of cleanliness was demonstrated, and patients spoke positively about the cleanliness of the environment and equipment. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines. Patients' GPs, next of kin or emergency contact details must be recorded in the patient care records, as well as their consent to share information with other healthcare professionals in the event of an emergency.	✓✓ 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 Little Jules 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 one requirement and one recommendation.

Direction	
Requirements	
None	
Recommendation	
a	The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirement	
1	The provider must ensure that 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, are documented appropriately in the patient care records. If the patient refused to provide the information, this should be documented (see page 16). Timescale – immediate *Regulation 4(1)* *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

Little Jules Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Little Jules Aesthetics 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service was owned and managed by an experienced nurse prescriber. The service's mission statement was available for patients to view in the service. Key performance indicators had been identified to evaluate how well the service was performing.

The key performance indicators should be further developed to include monitoring the safe care and treatment of patients.

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 mission statement was displayed in the clinic for patients to view. This stated that the service aimed to:

- 'provide a service which delivers realistic expectations… enhances clients' wellbeing by boosting their self-confidence
- provide treatments which will enhance and not change an individual's looks, and
- be person centred, transparent and open, ensuring the client is at the core of all treatments'.

We were told the service's aim was 'to deliver safe, high-quality care and to provide aesthetic treatments that are… appropriate, safe and person centred'.

Key performance indicators help a service to monitor and measure the quality and effectiveness of the service provided. Some key performance indicators had been identified, including:

- returning patient numbers
- where and how new patients found out about the service, and
- patient feedback.

What needs to improve

The key performance indicators did not include monitoring the safe care and treatment of patients, such as adverse events and compliance with clinical audits (recommendation a).

- No requirements.

Recommendation a

- The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients.

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

Patient feedback was actively gathered and used to improve the service. Key policies were in place to help deliver safe patient care. Appropriate risk assessments helped to manage risk in the service. Regular audits were carried out, and a quality improvement plan helped to demonstrate a continuous cycle of improvement. The service took a proactive approach to continually improving, such as carrying out a peer review exercise and reviewing itself against other registered services. Patients told us they were treated with dignity and respect.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patients could contact the service in a variety of ways, including by phone, text or through the service's social media pages. Information on treatments available, including pricing, was available on the service's website.

A participation policy described how the service would gather and use patient feedback to improve the service offered. Patients were encouraged to provide feedback through several different sources, including verbally, through the service's social media or website, or by posting online reviews. Paper questionnaires were also available in the waiting area and patients were encouraged to complete these. All feedback received was evaluated and improvements or changes made when required. Some examples of actions taken as a result of patient feedback included:

- a change to opening times
- adding new treatments such as offering a different type of skin booster, and
- adding a range of skin care supplements.

Any changes or improvements made to the service as a result of patient feedback were shared with patients through the service's social media pages and a 'you said, we did' leaflet available in the waiting area. The results of any changes made were reviewed every 6 months and logged on the service's quality improvement plan.

- 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 their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance. During our inspection, we noted that the service had not experienced any events that should have been notified to Healthcare Improvement Scotland. The service used a log book to record, manage and review any accidents or incidents should they occur.

A range of policies and procedures helped to make sure that patients had a safe experience in the service. These were reviewed regularly and updated where necessary. Key policies included those for:

- adult safeguarding (public protection)
- consent
- complaints, 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 regularly 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 and stored in a locked cupboard. Emergency medicines were stored correctly and were in date, with regular checks carried out on expiry dates. We saw that the practitioner was trained in managing medical emergencies. All aftercare information included the practitioner's telephone number in the event of an out-of-hours emergency.

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. We saw that no complaints had been received by the service or by Healthcare Improvement Scotland since the service was registered with Healthcare Improvement Scotland in June 2024.

Duty of candour is where healthcare organisations have a statutory responsibility to be honest with people when something goes wrong. The service had a duty of candour policy, 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 in the previous year.

Patient information was kept securely in electronic format and access to patient care records was password protected. 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 service recognised the importance of people's dignity and respect. All consultations were face to face and by appointment only. Only one patient was treated in the service at a time, maintaining confidentiality. Controlled access to the clinic with the main front door locked during treatments meant privacy and dignity was not compromised.

Patients who responded to our survey told us they were treated with dignity and respect. Comments included:

- 'Gives the highest standards throughout… and this includes dignity and respect for me as her client.'
- 'I was made to feel safe and respected at every stage especially considering my nerves.'
- 'Is always honest with me in a respectful way.'

The practitioner maintained their annual nursing registration with the NMC and completed the mandatory revalidation process. This is when they are required to send evidence of their competency, training and feedback from patients and peers to the NMC every 3 years in order to remain a registered nurse practitioner.

The service maintained supportive professional relationships with other independent healthcare professionals who offered similar services. This allowed for shared learning, informal support and peer discussion. The practitioner also attended conferences, undertook training opportunities where available and was a member of the Aesthetic Complications Expert (ACE) group. This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions.

- No requirements.
- No recommendations.

Planning for quality

We saw that systems were in place to proactively assess and manage risk to patients and the practitioner to make sure that care and treatment were delivered safely. Risk assessments had been carried out such as moving and handling, the use of chemicals for cleaning and the use of sharps.

Regular audits were carried out, such as:

- medicines management
- infection control
- hand hygiene, and
- patient care records.

A business continuity plan included actions to be taken in the event of an emergency closure of the service, for example due to adverse weather or sickness.

We were told that, as preparation for the inspection, the practitioner had assessed the service against inspection reports of other Healthcare Improvement Scotland registered services, as well as industry guidance. As a result, they had identified some changes and improvements that could be made to the service, such as adding a blood pressure monitor to the medical emergency kit and updating the cleaning schedule. With the support of other colleagues, a peer review exercise had been carried out where the full patient journey was reviewed for a number of patients, and improvements suggested and acted upon. As a result of this exercise, we were told that the service was considering introducing a new patient management system. This would encompass the full patient journey, from making appointments to how patient treatments are documented, including the use of facial mapping. This peer review process was now planned to be carried out regularly and had been documented in the service's quality improvement plan.

We saw that the quality improvement plan was continually reviewed and updated, such as with outcomes from audits and actions to be taken forward, and included a strategic plan which highlighted priorities for the service. This included ensuring that dedicated time was taken each week for reflective practice, for example using this time to measure progress against key performance indicators, and reviewing and updating policies and documentation, as needed.

- 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

A high standard of cleanliness was demonstrated, and patients spoke positively about the cleanliness of the environment and equipment. Good medicines governance was in place, including obtaining informed consent from patients for the use of unlicensed medicines.

Patients' GPs, next of kin or emergency contact details must be recorded in the patient care records, as well as their consent to share information with other healthcare professionals in the event of an emergency.

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 comprehensive self-evaluation.

The clinic environment was clean, tidy and well maintained. The treatment room and equipment was cleaned between patient appointments and cleaning checklists were in place. Equipment, including personal protective equipment (such as disposable aprons and gloves), was single use to prevent the risk of cross-infection, where appropriate. Antibacterial hand wash and disposable paper towels were used to maintain good hand hygiene. A clinical waste contract was in place, with clinical waste safely disposed of and stored in a secure area until collection.

Patients felt comfortable in the service, and spoke positively about the cleanliness of the equipment and environment. Comments included:

- 'The room is very clean (the practitioner) always cleans the areas fully prior to treatments.'
- 'Always exceptionally clean, tidy and welcoming environment.'
- 'Clinic is a clean, friendly clinical space, that is private with no distractions.'

We reviewed five patient care records and saw that all had the following information documented:

- consent to treatment
- medical history
- medicines used, including dosage and batch number
- treatment plans, and
- aftercare advice given.

We saw that the service used bacteriostatic saline to reconstitute the vial 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 and that informed consent had been sought, agreed by the patient and we saw this documented in the patient care record.

What needs to improve

While we saw the majority of patient care records had all of the required details recorded, we found some did not have the patient's next of kin, emergency contact or GP details documented. We also found that none of the patient care records had consent to share information with the patient's GP documented (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that 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, are documented appropriately in the patient care records. If the patient refused to provide the information, this should be documented.

- 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.
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