Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: SoLuxe Aesthetics, Arbroath

Service Provider: SoLuxe Aesthetics Ltd

2 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 SoLuxe Aesthetics on Wednesday 2 September 2026. We spoke with the service 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 Arbroath, SoLuxe 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 SoLuxe 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**
Key performance indicators had been identified to measure how well the service was performing. The service's aims and objectives should be shared with patients.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were provided with information about treatment options and aftercare, felt involved in decisions about their care and had confidence in the practitioner. Policies set out the way the service delivered safe care. A structured method of obtaining patient feedback would help the service to continually improve and develop. The service's information governance policy should be updated to be in line with the use of artificial intelligence (AI) software.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and well maintained. Patients were satisfied with the standard of cleanliness in the clinic. Patient care records showed good, person-centred care. Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines. Products must be used in line with manufacturer's guidance. Patient consent for photography, sharing of information with other healthcare professionals and for the use of AI software should be consistently recorded. Appropriate personal protective equipment (gloves) should be used by the practitioner.	✓ 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 SoLuxe Aesthetics 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 two requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should share its aims and objectives with 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

Implementation and delivery

Requirements

None

Recommendations

b The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made. Patients should be informed of the changes made as a result of their feedback (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

c The service should update its information governance policy in line with the use of artificial intelligence transcribing software (see page 13).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

d The service should continue to develop its quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).

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

Results

Requirements

1 The provider must ensure that when unlicensed medicines are used appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 17).

Timescale – immediate

Regulation 3(d)(iv)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Results (continued)	
Requirements	
2	The provider must ensure that medicines are used in line with manufacturer's guidance (see page 17). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
e	The service should ensure that consent to photography, consent to share information with GPs and other relevant healthcare professionals and consent to the use of artificial intelligence (AI) transcribing software is documented in the patient care records (see page 17). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14
f	The service should ensure that treatment plans are documented in the patient care record (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
g	The service should ensure that gloves are selected in line with Health Protection Scotland's national infection prevention and control manual's glove selection policy (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

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

SoLuxe Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at SoLuxe 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

Key performance indicators had been identified to measure how well the service was performing.

The service's aims and objectives should be shared with 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 had developed aims and objectives that included providing safe non-surgical aesthetic treatments based on evidence-based practice, and ensuring patients can make informed choices about the treatments they received.

Key performance indicators help a service to monitor and measure the quality and effectiveness of the service provided. Key performance indicators had recently been identified to evaluate how well the service was performing. These included adverse events and compliance with clinical audits.

What needs to improve

The service's aims and objectives were not visible in the service and there was no evidence that they had been shared with patients (recommendation a).

- No requirements.

Recommendation a

- The service should share its aims and objectives with 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

Patients were provided with information about treatment options and aftercare, felt involved in decisions about their care and had confidence in the practitioner. Policies set out the way the service delivered safe care.

A structured method of obtaining patient feedback would help the service to continually improve and develop. The service's information governance policy should be updated to be in line with the use of artificial intelligence (AI) software.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Information about the treatments available were displayed in the service and on its social media account.

Online feedback received was displayed on the service's social media account for patients to view. We saw that all online feedback about the service was positive.

Patients who responded to our online survey told us they felt involved in decisions about their care and treatment. Comments included:

- 'I felt fully involved in the decisions about my treatment. Everything was explained clearly, and I was given the opportunity to ask questions and make an informed decision before proceeding.'
- 'I feel fully involved in my treatment plan, as… takes the time to discuss my goals and preferences with me and explains the different options available. … ensures I understand what each treatment involves, the expected outcomes and any aftercare required, allowing me to make informed decisions about my treatments. I feel listened to and included at every stage of the process.'

What needs to improve

Although a participation policy had been developed, the service did not actively seek feedback from patients. Using structured methods of obtaining feedback, such as a regular feedback survey, would help identify trends or specific areas for improvement in the service (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. Patients should be informed of the changes made as a result of their feedback.

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 was aware of how to submit notifications should this occur. A log book was used to record any accidents, incidents and drug errors that may occur in the service. We noted that the service had no such events to date.

A variety of policies and procedures were in place to help support safe care. This included:

- infection prevention and control
- safeguarding (public protection), and
- medicines management.

The service's complaints policy was displayed in the clinic. The policy included information about contacting Healthcare Improvement Scotland, including our contact details and made clear that patients could contact us at any time. The service had received one complaint since its registration with Healthcare Improvement Scotland in February 2024, which we saw had been managed appropriately in line with its complaints policy. Healthcare Improvement Scotland had not received any complaints about the service.

The service had an up-to-date duty of candour policy. This is where organisations have a statutory duty to be open and honest with patients when something goes wrong. A yearly duty of candour report was available in the clinic room. No duty of candour incidents had occurred since the service had registered with Healthcare Improvement Scotland.

Patients were involved in planning their treatment as part of the consultation process. All patients completed a pre-treatment questionnaire before they had a face-to-face consultation with the practitioner to assess their suitability for treatment.

All patients who responded to our online survey said they were fully informed of treatment options before they consented to treatment. Comments included:

- 'I am always given sufficient time to consider my treatment options and never feel rushed or pressured into making a decision. … provides me with all the relevant information, allowing me time to think things over and make an informed choice about what is right for me. I feel comfortable asking questions and discussing any concerns before deciding to go ahead with a treatment.'
- 'I feel absolutely under no obligation to make a decision right away. In fact, … encourages me to go away and think about it… .'

Before receiving treatment, patients signed a consent form to confirm they understood the risks, benefits and likely outcome of the proposed treatment. Patients received aftercare information and were provided with the practitioner's out-of-hours contact details in the event of an emergency.

All medications used in the service were ordered from appropriately registered suppliers. The service kept a small stock of medications for treatments, which were in date and stored securely in an appropriate medical refrigerator. A daily temperature log was kept to make sure medicines were being stored at the correct temperature.

The service had a first aid kit and a stock of emergency and prescription-only medicines to quickly respond to any medical emergencies or complications from treatment. The practitioner had completed anaphylaxis (allergic reactions) and life support training. Protocols had been developed and were displayed in the clinic for dealing with emergencies such as anaphylaxis and vascular occlusions (a blood vessel blockage).

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

A fire risk assessment had been carried out. Fire safety signage was displayed, and fire safety equipment was in place and regularly checked.

The practitioner made sure they kept up to date with changes in the treatments offered, legislation and best practice guidance. They were a member of an online aesthetics complications network to ensure they kept up to date with managing risk, and diagnosing and managing complications in aesthetics. They were also a member of the British Association of Medical Aesthetic Nurses and had set up formal links with other aesthetic practitioners in the area. This provided peer support, opportunities to learn about new treatments and training. They also completed ongoing training to maintain their NMC registration.

In response to our survey, all patients told us they had confidence in the practitioner. Comments included:

- '… very knowledgeable and explains everything.'
- 'I have complete confidence in… work and abilities… highly professional, knowledgeable and skilled, and always takes the time to ensure I understand my treatment and what to expect. I trust… advice and expertise and feel confident that I am receiving safe, high-quality treatments tailored to my individual needs.'

What needs to improve

The service used an artificial intelligence (AI) healthcare software programme to record consultations and transcribe them to the patient care record. However, the use of this technology was not detailed in the service's information governance policy (recommendation c).

- No requirements.

Recommendation c

- The service should update its information governance policy in line with the use of artificial intelligence transcribing software.

Planning for quality

A range of clinical and non-clinical audits were carried out, including:

- consent
- patient care records
- product batch tracking, and
- infection prevention and control.

Appropriate insurances such as medical malpractice, and public and products liability were in place.

The service had a business continuity plan. This 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 unplanned absence of the practitioner.

What needs to improve

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A quality improvement plan had only recently been created with a small number of quality improvement activities noted, such as the implementation of an audit programme. All quality improvement activities should be collated into the plan with timescales for completion. This would help to structure and record service improvement processes and outcomes and would also allow the service to measure the impact of any changes and demonstrate a continuous cycle of improvement (recommendation d).

- No requirements.

Recommendation d

- The service should continue to develop its 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 clinic environment and equipment was clean and well maintained. Patients were satisfied with the standard of cleanliness in the clinic. Patient care records showed good, person-centred care.

Good medicines governance must be followed, including obtaining informed consent from patients for the use of unlicensed medicines. Products must be used in line with manufacturer's guidance. Patient consent for photography, sharing of information with other healthcare professionals and for the use of AI software should be consistently recorded. Appropriate personal protective equipment (gloves) should be used by the practitioner.

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.

We saw that the clinic environment was clean, tidy and well maintained. Appropriate cleaning wipes were used and the clinical hand wash basin was cleaned in line with national infection prevention and control guidance. All equipment used was single use to prevent cross-infection. Personal protective equipment (such as disposable aprons) was readily available.

A clinical waste contract was in place, and clinical waste such as used sharps (needles and syringes) was handled and stored appropriately. Linen, including towels and blankets, was laundered to achieve thermal disinfection. This process is when linen is washed for a specific length of time and temperature to ensure disinfection and to reduce the risk of cross-infection.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment. Some comments we received from patients included:

- ‘The clinic is clean, warm and inviting.’
- ‘The clinic is clean spacious and comfortable.’

We reviewed three patient care records. They included consultation notes and information relating to:

- medical history
- GP practice and next of kin
- batch number and expiry dates of medicines used, and
- aftercare information given.

What needs to improve

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 fluid for injection. 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 outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients nor that informed consent had been sought before treatment was administered (requirement 1).

Excess botulinum toxin was being kept to provide a top-up treatment for patients, where required. The manufacturer’s guidance states that vials can only be retained for 24 hours. We also found that a large vial of sodium chloride (used to reconstitute vials of botulinum toxin) was being used for multiple patients rather than for single patient use. This is not in line with the manufacturer’s guidance (requirement 2).

The service did not document the various consents required for digital images, sharing information with other healthcare professionals and the recording of patient consultations using AI transcribing software (recommendation e).

Treatment plans detailing recommended products and treatment courses, including pricing, were prepared and sent to patients using an online messaging system. This information was held separately to the patient’s care record. This means that information was not being held in one place for easy access (recommendation f).

Vinyl gloves were being used in the service. These do not offer any protection against blood or body fluids. Appropriate gloves should be selected and used in line with Health Protection Scotland's glove selection policy as set out in the national infection prevention and control manual (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Requirement 2 – Timescale: immediate

- The provider must ensure that medicines are used in line with manufacturer's guidance.

Recommendation e

- The service should ensure that consent to photography, consent to share information with GPs and other relevant healthcare professionals and consent to the use of artificial intelligence (AI) transcribing software is documented in the patient care records.

Recommendation f

- The service should ensure that treatment plans are documented in the patient care record.

Recommendation g

- The service should ensure that gloves are selected in line with Health Protection Scotland's national infection prevention and control manual's glove selection policy.

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: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

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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