

Announced Inspection Report: Independent Healthcare

Service: Replenish Beauty, Edinburgh

Service Provider: Dr Jonathan Rhodes

8 May 2025

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1 Progress since our last inspection

What the provider had done to meet the recommendation we made at our last inspection on 28 January 2020

Recommendation

The service should develop and implement a continuous quality improvement plan.

Action taken

The service had a quality improvement plan in place.

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 Replenish beauty on Thursday 8 May 2025. We spoke with the registered manager (healthcare practitioner) during the inspection. We received feedback from 52 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Replenish Beauty 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 Replenish Beauty 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
The service's vision was to provide treatments to enhance beauty safely. Aims and objectives were evaluated regularly. Information about the service's vision, aims and objectives should be accessible to patients.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out how the service would deliver safe, person-centred care. A quality improvement plan was in place. Risk assessments were completed and reviewed regularly.</p> <p>Healthcare Improvement Scotland's notification guidance must be followed and notifications submitted if required. The audit programme should be further developed. The quality improvement plan should be further developed. Improvements made to the service should be evaluated and shared with patients.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The clinic environment and equipment was clean and well maintained. Good infection control measures were in place. Patients reported high levels of satisfaction and told us they felt safe and cared for in the service.</p> <p>Patient care records must document patients' GP, next of kin or emergency contact details, as well as consent for sharing information in an emergency. Patient care records must include details of consultation and assessment, treatment given and all discussions surrounding costs, risks, benefits and aftercare.</p>	✓ 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 Dr Jonathan Rhodes to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in three requirements and five recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that information about the service's vision is available to patients (see page 12).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>The service should ensure the identified aims and objectives are available for all patients to view (see page 12).</p> <p>Health and Social Care Standards: My support, my care. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery

Requirements

- 1** The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 17).

Timescale – immediate

Regulation 5(1)(b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- c** The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients (see page 14).

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

- d** The service should further develop its audit programme to include patient care record audits. Audit results should be documented, and action plans developed if required (see page 18).

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

- e** The service should further develop its quality improvement plan to ensure that all improvement activity information is recorded on one document. This should include areas for improvement identified through patient feedback, audits and complaints. Completion dates and planned timescales should be added to the documented (see page 18).

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

Results	
Requirements	
2	<p>The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment, costs and the aftercare advice given to patients by the healthcare professional. Records must be signed, dated and timed by the healthcare professional (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 4 (a)(b)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to independent Health Care services) Regulation 2011</i></p>
Recommendation	
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](#)

Dr Jonathan Rhodes, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Replenish Beauty 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's vision was to provide treatments to enhance beauty safely. Aims and objectives were evaluated regularly. Information about the service's vision, aims and objectives should be accessible to patients.

Clear vision and purpose

A medical practitioner, registered with the General Medical Council (GMC), Royal College of Anaesthetists and The Royal college of Intensive care Medicine owned and managed the service. The service offered aesthetics services to its patients.

We were told that the service's vision was to diagnose and treat distressing facial lines and volume deficiencies, to enhance beauty and mitigate the mental distress of ageing.

The service had documented aims and objectives. Key performance indicators were monitored monthly and a yearly overall report was produced. The service's key performance indicators included:

- attracting new patients
- clinic performance
- continued professional development
- maintaining returning patients
- monitoring complications, and
- staying informed about new developments in aesthetics.

What needs to improve

While the service had a vision, this information was not readily available to patients in the service (recommendation a).

The service measured its aims and objectives every year through its key performance indicators. However, progress made against the key performance indicators was not shared with patients. (recommendation b).

- No requirements.

Recommendation a

- The service should ensure that information about the service's vision is available to patients.

Recommendation b

- The service should ensure the identified aims and objectives are available for all patients to view.

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

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures set out how the service would deliver safe, person-centred care. A quality improvement plan was in place. Risk assessments were completed and reviewed regularly.

Healthcare Improvement Scotland's notification guidance must be followed and notifications submitted if required. The audit programme should be further developed. The quality improvement plan should be further developed. Improvements made to the service should be evaluated and shared with patients.

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.

Key information about the treatments offered, including risks and benefits, was available in the service's treatment room. Treatment information was also available on the service's website.

We were told that many patients were returning customers who had used the service for many years. Consultations were appointment-only and carried out face-to-face in the clinic. One patient told us:

- 'I've been seeing this consultant for over 4 years. Procedures, aftercare, potential side effects and benefits are always clearly explained without obligation. I trust this practitioner.'

The service's participation policy described how it would gather and use patient feedback to continuously improve. Patients were actively encouraged to provide feedback verbally or electronically. We saw that the service actively sought and gathered feedback and used this to inform its quality improvement plan.

The service obtained feedback from a yearly patient feedback survey. All feedback was recorded and used to inform the quality improvement plan. For

example, the service installed lighting on the pathway to the clinic after patients stated that the entrance to the clinic was dark and not well lit.

We were told that verbal patient feedback had also been used to make improvements to the service. For example, patients had told the service that one treatment it provided did not always meet patient's expectations. After this feedback, the service had adapted its consent, consultation and aftercare forms for this treatment to help make sure patients' expectations of the treatment were managed.

What needs to improve

The impact of improvements made in the service were not measured and fed back to patients (recommendation c).

- No requirements.

Recommendation c

- The service should monitor and evaluate improvements made to determine whether actions taken have led to the intended improvement. Improvements should be shared with patients.

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.

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

- adult safeguarding (public protection)
- consent to treatment
- dealing with emergencies
- infection prevention and control, and
- medication management.

Effective 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. An external cleaning company also cleaned the clinic twice a week. We saw that all cleaning tasks were logged as completed on the clinic cleaning 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.

A fire risk assessment was carried out every year. Fire safety signage was displayed and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring. 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 practitioner was trained in basic life support.

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's treatment room. At the time of our inspection, the service had not received any complaints in the last year.

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 treatment room. We noted that the service had not experienced any incidents that required it to follow the duty of candour process.

Patients booked their appointments over the telephone or through messaging the service directly. We were told patient consultations for treatment were always carried out face-to-face with the practitioner. A health questionnaire was completed in the service which included any past medical history. We were told that the practitioner discussed risks, benefits and possible side effects of treatment. On the day of treatment, patients reviewed a consent to treatment form which the patient and practitioner then signed.

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:

- 'Always a thorough consultation, with any questions answered. Professional and reassuring at all times.'
- '[The practitioner] is great with informing you on procedures and outcomes and costs. New to the area and so pleased I found a doctor who is extremely experienced.'
- '[The practitioner] went through the procedure and spoke about side effects, costs and long term and short term benefits.'

Patient care records were in paper format and held securely in a lockable storage cabinet. 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 it followed the appropriate data protection regulations.

The practitioner participated in formal appraisal under the Medical Appraisal Scotland scheme as part of their revalidation. This process 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 saw evidence that they kept up to date with their own practice and with best practice in aesthetics through continued training on procedures.

The practitioner was a professional member of:

- Aesthetic Complication Group (ACE)
- Cosmetic Redress scheme
- Joint Council for Cosmetic Practitioners (JCCP), and
- Scottish Medical Aesthetics Safety Group (SMASG).

The service had recently registered with Save Face and discussed working towards the Save Face accreditation.

What needs to improve

At the time of our inspection, we were told that the service was fully aware of the Healthcare Improvement Scotland notification guidance. However,

discussions during our inspection indicated that the service had not submitted a notification that had been required (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.
- No recommendations.

Planning for quality

The service's clinical governance process included a risk register, which was reviewed regularly. Appropriate risk assessments were in place to effectively manage risk in the service, including those for:

- clinical waste and sharps disposal
- fire, and
- slips, trips and falls.

In identifying and taking action to reduce any risks to patients and staff, the service helped make sure that care and treatment was delivered in a safe environment.

In the event that the service was unable to operate for any reason, a business contingency policy had been developed with another service registered with Healthcare Improvement Scotland.

The service completed monthly audits, such as those for:

- aesthetic complications
- emergency kit
- medicines, and
- non-prescription stock.

The service had a quality improvement plan in place. The plan was made up of a summary of tasks that had been carried out, as well as planned improvements. For example, the service planned to enquire about planning permission for private parking at the front of the clinic after patients had said they sometimes found parking at the service problematic during busier periods.

The quality improvement plan also stated that extra signage would be displayed around the property to more clearly direct patients through the residential premises and find the service.

What needs to improve

The service's audit programme did not include audits of patient care records (recommendation d).

While the service had a quality improvement plan in place, not all improvements were recorded on one document. The quality improvement plan also did not include details of why improvements were made, dates of task completion or timescales for planned tasks to be completed (recommendation e).

- No requirements.

Recommendation d

- The service should further develop its audit programme to include patient care record audits. Audit results should be documented, and action plans developed if required.

Recommendation e

- The service should further develop its quality improvement plan to ensure that all improvement activity information is recorded on one document. This should include areas for improvement identified through patient feedback, audits and complaints. Completion dates and planned timescales should be added to the documented.

Key Focus Area: Results

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

Our findings

The clinic environment and equipment was clean and well maintained. Good 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 must document patients' GP, next of kin or emergency contact details, as well as consent for sharing information in an emergency. Patient care records must include details of consultation and assessment, treatment given and all discussions surrounding costs, risks, benefits and aftercare.

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 and well maintained. We saw evidence of completed and up-to-date cleaning schedules. Personal protective equipment was readily available. Patients who responded to our online survey also told us they felt the service was kept extremely clean and tidy:

- 'Beautiful studio, extremely clean and relaxing environment.'
- 'Always, clean, clinical and professional.'
- 'Very clean and professional environment.'

Personal protective equipment (such as disposable aprons and gloves) was readily available. All equipment used 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 clinical waste contract was in place, and clinical waste and used sharps equipment was disposed of appropriately. 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. Medication stored in the fridges was in-date and was part of the small stock of prescription-only medication that the service held.

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:

- allergies
- health conditions
- medications
- pregnancy, and
- previous treatments.

We were told that treatment risks and benefits were explained. A consent-to-treatment form was completed for all new and returning patients.

Treatment plans for aesthetic procedures included facial mapping with a description of the treatment and diagram of the areas treated, including dosage, batch numbers and expiry dates of medicines used. This would allow tracking if any issues arose with the medications used. We were told that patients were given verbal and written aftercare advice at the time of treatment.

The service had many returning patients. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Comments included:

- ‘Would not consider using any other provider, this is 5 star treatment.’
- ‘Lovely experience and I will return for further treatments.’

What needs to improve

Patient care records did not document patients’ GP, next of kin or emergency contact details or consent for sharing relevant information with the patient’s GP and other healthcare professionals in an emergency (requirement 2).

Patient care records did not contain documented information about the patients’ face-to-face consultation, assessment or planned treatments. The risks, benefits of treatments, costs involved and aftercare information shared were also not documented (requirement 3).

Requirement 2 – Timescale: immediate

- The provider must ensure patients' GP, next of kin or emergency contact details and consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record.

Requirement 3 – Timescale: immediate

- The provider must improve the standard of record keeping in patient care records to ensure they contain a record of the outcome of the consultation, assessment, costs and the aftercare advice given to patients by the healthcare professional. Records must be signed, dated and timed by the healthcare professional.
- 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.
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or email his.contactpublicinvolvement@nhs.scot

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