

Announced Inspection Report: Independent Healthcare

Service: J. Rodger Aesthetics, East Kilbride

Service Provider: J. Rodger Aesthetics Limited

13 November 2025

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 25 April 2022

Recommendation

The service should develop a process of informing patients of their response to feedback.

Action taken

Patient feedback was available to view on the service's social media pages and on online review sites. The practitioner told us they replied to all online reviews to provide direct responses to each patient.

Recommendation

The service should develop a comprehensive risk register to support the management and review of identified risks.

Action taken

The service had worked with the other services being delivered from the premises to develop a combined single risk register. This covered environmental risk assessments for the building.

Recommendation

The service should carry out regular audits of patient care records.

Action taken

The service had now introduced regular audits of patient care records. This helped to ensure they were fully and accurately completed.

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 J. Rodger Aesthetics on Thursday 13 November 2025. We spoke with the owner/practitioner during the inspection. We received feedback from 33 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in East Kilbride, J. Rodger 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 J. Rodger Aesthetics, 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 had a clear vision which was easily accessible to patients on its website. Key performance indicators had been identified to measure how well the service was performing. The practitioner had undertaken additional qualifications and training to advance their knowledge and skills in aesthetics to support them to deliver high quality care to patients. The service proactively carried out an annual self-evaluation to support its continued development.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The service invited feedback from patients in a variety of ways. Feedback was consistently positive and was used to improve the patient experience, such as introducing new services or treatments. A quality improvement policy supported the service to have a culture of continuous improvement. A range of appropriate policies and procedures was in place to support safe patient-centred care. Systems were in place to help maintain a clean and safe environment. Care pathways and emergency care were well planned for. A business continuity plan would help the service to support patients in the event the service had to close unexpectedly.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The service demonstrated high standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care with particular attention given to consideration of health conditions, including body dysmorphia. Patients told us they received sufficient information at all stages of their care from initial consultation to aftercare, and found the service to be clean and professional.		✓✓ 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 J. Rodger Aesthetics 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 one recommendation.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	<p>The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

We would like to thank all staff at J. Rodger Aesthetics 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 had a clear vision which was easily accessible to patients on its website. Key performance indicators had been identified to measure how well the service was performing. The practitioner had undertaken additional qualifications and training to advance their knowledge and skills in aesthetics to support them to deliver high quality care to patients. The service proactively carried out an annual self-evaluation to support its continued development.

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 vision statement was available on its website and stated it would 'enhance your natural beauty through safe, professional aesthetic treatments'. Key performance indicators had also been identified to evaluate how well the service was performing. These included:

- patient feedback
- treatment room use frequency, and
- patient return rate.

We were told the service's focus was on continuous professional development and training to ensure it was delivering the best quality services available.

The practitioner had developed a professional development plan which was in line with how they planned to develop the service. They had undertaken additional qualifications and courses to advance their knowledge, skill and expertise in aesthetics medicine. This included:

- postgraduate diploma in cosmetic medicine
- a training course about safer injections through cadaveric dissection (using a human body to study its internal anatomy), and
- an education and teaching course.

The service proactively used Healthcare Improvement Scotland's self-evaluation every year to reflect on its performance and development over the previous year. 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. This also helped to support the service to plan future professional and service development. Key priorities the service had identified for the year ahead were to develop:

- how patient feedback was evaluated to include identifying trends and with a focus on new treatments
- a way to record service development over time, and
- a structured approach to professional development.

■ 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service invited feedback from patients in a variety of ways. Feedback was consistently positive and was used to improve the patient experience, such as introducing new services or treatments. A quality improvement policy supported the service to have a culture of continuous improvement. A range of appropriate policies and procedures was in place to support safe patient-centred care. Systems were in place to help maintain a clean and safe environment. Care pathways and emergency care were well planned for.

A business continuity plan would help the service to support patients in the event the service had to close unexpectedly.

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

The service had a transparent approach to information about the service being available to the public. The service's website had comprehensive information about the treatments available, pricing, and relevant policies and procedures.

The service's participation policy outlined how it would engage with patients. Feedback was proactively invited from patients in a variety of ways. Patients were encouraged to provide feedback verbally about their experience at their treatment outcome review or follow-up appointments. Each patient was emailed a link after their appointment to invite them to leave a review on an online review site. Patients could also provide feedback and suggestions on the service's social media accounts or anonymously using a suggestion box in the waiting area. Online reviews were available to view by the public and patient testimonials were available on the service's website and social media accounts.

We were told all patient feedback was reviewed as soon as it was received, and all online reviews were acknowledged with a reply. We were told all the feedback received had been positive, and that if improvements were required, they would be acted on immediately. The practitioner collated all patient feedback received across the different methods and reviewed this every year. The service was also developing a process to identify trends in patient feedback and separate out specific feedback about new treatments that had been introduced and patients' experience of receiving them.

We saw that the service had introduced new services based on patient needs. For example, the practitioner had advised a patient attending for a skin treatment to seek medical advice about a mole. This resulted in the patient receiving a skin cancer diagnosis. Following this experience, the service introduced a mole mapping service to be able to support patients to access specialist assessment in a timely manner if any concerns were identified.

Patients who completed our online survey told us they felt fully informed:

- ‘... detailed documentation sent before and after treatment. Detailed discussion at each consultation with photos.’
 - ‘... explained different treatment options that we could try to help with my [condition], including recovery time, risks and cost of all treatments.’
 - ‘... explained the procedure beforehand and explained it each step of the way... also explained reasons for consent forms... pictures... provided an aftercare email detailing everything... ’
-
- 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 when and how to notify Healthcare Improvement Scotland of any changes or incidents that may occur in the service, in line with our notifications guidance. Systems were in place to report any accidents, incidents and drug errors that may occur in the service. We noted the service had no such events to date.

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

- health and safety
- information management, and
- safeguarding (public protection).

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

The service's complaints policy was displayed in the clinic and on the service's website. The policy included information about contacting Healthcare Improvement Scotland and our contact details. The service had not received any complaints since its registration with Healthcare Improvement Scotland in July 2019, and we 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 duty to be open and honest with patients when something goes wrong. A yearly duty of candour report was on display in the reception area and on the service's website. No duty of candour incidents had occurred since the service had registered with Healthcare Improvement Scotland.

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.

All medications used in the service were ordered from appropriately registered suppliers. The service kept a stock of medications for treatments, as well as emergency medications. These were in date and, both medicines and the private prescription pad, were stored securely. A medication fridge was used to store medicines, with the temperature of the fridge regularly recorded to make sure medicines were stored at the correct temperature.

The service had an emergency procedure policy. In addition to emergency medications, we saw the clinic kept a defibrillator on the premises. Posters displayed in the clinic provided a visual prompt for assessing and managing vascular occlusion (blockage of a blood vessel) and anaphylaxis (allergic reaction). A range of complications guidance for different treatments was also available.

The practitioner was a member of two aesthetics complications networks to ensure they kept up to date with managing risk, and diagnosing and managing complications in aesthetics. They were also a member of multiple aesthetics online forums. This provided peer support, opportunities to learn about new treatments and training. The practitioner also had a small network of trusted aesthetics practitioners that worked together to discuss professional practice, concerns or seek advice from each other.

As well as regular training in new treatments, products and complications training, the practitioner carried out relevant mandatory training, including safeguarding, duty of candour and fire safety.

We were told patients received a free face-to-face consultation with the practitioner and had the opportunity to discuss their wishes and expectations for treatment. Patients received a health questionnaire, information on consent (including risks), general data protection regulation and aftercare when they booked a treatment appointment. This helped to ensure they were fully informed of all aspects of their care and treatment before attending for their appointment. A cooling-off period after their consultation appointment meant patients had time to consider the options available to them before going ahead with treatment.

All patients who responded to our online survey said they were given sufficient time to reflect on treatment options before they consented to treatment. Comments included:

- ‘I had a consultation before commencing treatment so that gave me time to decide what was going to work best for me and my lifestyle.’
 - ‘... are given time away to decide whether to go through with treatment.’
 - ‘I was told I could go away and think about it do research and contact... with any questions.’
-
- No requirements.
 - No recommendations.

Planning for quality

The service’s quality improvement policy described the activities and measures put in place to ensure a culture of continuous improvement. This included:

- patient feedback
- audit
- professional development, and
- service development.

An example of this policy being implemented was that the practitioner had undertaken a qualification in teaching and education to support the service to develop, including teaching aesthetics in the future.

The service proactively assessed and managed risks to patients, helping to make sure that care and treatment was delivered in a safe way and in a safe environment. Detailed standard operating procedures for all new services had been developed, including mole mapping and blood tests. This meant the care pathway was clear, could be applied consistently and that any health concerns identified could be managed effectively. Contracts were in place with reputable companies to analyse the results from these tests and assessments.

The service had worked with the other services operating from the building to develop a combined, single risk register. This included information on risk assessments such as leaks/water damage, environmental trip hazards and fire safety, and detailed the actions taken to control or reduce these risks.

A comprehensive audit programme had been implemented to monitor the quality of the service provided. This included regular audits reviewing patient care records and fridge temperatures. The practitioner also carried out an infection prevention and control audit every 3 months, which included reviewing the environment and identifying any maintenance issues.

We saw that appropriate insurances were in-date, and relevant electrical and gas safety checks were up to date.

What needs to improve

The service could describe what steps would be taken to protect patient care in case of unexpected events that may cause an emergency closure of the service or cancellation of appointments, such as power failure, a major incident or sickness. However, no documented business contingency plan was in place (recommendation a).

- No requirements.

Recommendation a

- The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

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 service demonstrated high standards of cleanliness, with a well-maintained clinic environment and equipment. Patient care records showed thorough, person-centred care with particular attention given to consideration of health conditions, including body dysmorphia. Patients told us they received sufficient information at all stages of their care from initial consultation to aftercare, and found the service to be clean and professional.

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 service submitted a comprehensive self-evaluation.

The clinic had a waiting area and a clinic room. Toilets were shared with other services in the building. The clinic environment and equipment were of a high standard, and were visibly clean, organised and well maintained. The clinic door was lockable for patient and staff safety.

Completed cleaning checklists were in place to show that appropriate cleaning was taking place. The practitioner carried out all cleaning using chlorine-based products where appropriate. They cleaned between patient appointments, and the clinic was fully cleaned at the end of the day.

All patients who responded to our online survey told us they were satisfied with the clinic environment. Some comments we received from patients included:

- 'Clinic is always immaculate and everything used comes from fresh packaging.'
- 'Premises are first class... very clean and a relaxing space.'
- 'Treatment room was spotless and comfortable.'
- 'The clinic is always clean and tidy and has a very relaxed atmosphere.'

Personal protective equipment, such as disposable gloves and aprons, was available and single-use equipment was used to prevent the risk of cross-infection. The clinic room was equipped with a wash hand basin in line with national guidance. Antibacterial hand wash and disposable paper hand towels were used to support good hand hygiene. Although the clinic room flooring was not compliant with national infection prevention and control guidance, the flooring and skirting was in good condition and had a silicone seal to reduce and control risks. Sharps bins were dated, signed and had their location recorded in line with national guidance. A clinical waste management contract was in place for the disposal of sharps and other clinical waste.

We reviewed five patient care records and found that they all demonstrated safe and person-centred care. They included comprehensive consultation notes and information relating to:

- consent to treatment, photographs and sharing information
- emergency contact and GP details
- medical history
- medicine batch numbers and expiry dates
- the aftercare information provided
- treatment plans and discussions, and
- complaints information.

We saw patients completed a comprehensive health questionnaire before their first treatment appointment. This included a questionnaire designed to identify if there were any concerns about body dysmorphic disorder (a mental health condition where a person worries excessively about perceived flaws in their appearance). Patient care would be declined, or they would be redirected to alternative treatments, if concerns were identified at the initial or subsequent appointments. Health questionnaires were updated at each appointment as was consent from patients.

We saw consent forms were countersigned by the practitioner to show the content of the forms had been discussed with the patient in person as well as being provided in writing. This meant the practitioner could be confident that the patient understood all risks associated with a particular treatment.

We saw patients were provided with comprehensive verbal and written aftercare information. This included advice to contact the practitioner in the event of any concerns or emergencies. Contact information for another aesthetics independent nurse prescriber was also provided as a back-up in the event the practitioner was not contactable for any reason.

All patients who responded to our online survey said they had received sufficient information on:

- treatment procedure
- potential risks, side effects and benefits
- expected outcome
- costs, and
- aftercare.

All patients who responded to our online survey said they found the clinic to be professional and well organised.

Some comments we received included:

- 'All details of my appointment and treatment were arranged ahead of time and the clinic was laid out well.'
 - 'Always very professional and well organised - the booking system, the layout of the clinic is very organised, certificates displayed in the clinic.'
 - '... all the kit was laid out neatly, ready to use... very professional and thorough with her medical history forms and throughout the consultation and treatment.'
-
- No requirements.
 - No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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