Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Menopause Health Highland, Inverness

Service Provider: Menopause Health Highland LLP

29 August 2025

NHS SCOTLAND

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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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 Menopause Health Highland on Friday 29 August 2025. We spoke with a number of staff during the inspection We received feedback from three 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 Inverness, Menopause Health Highland 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 Menopause Health Highland, 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's vision and purpose were available to patients. The practitioners worked well together and regularly met to discuss the service. A local governance structure was in place. The service's aims and objectives should be shared with patients.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
The service actively sought and used patient feedback to improve patient experience. We saw good levels of patient satisfaction. Systems were in place to manage risks and provide quality assurance. Policies and procedures supported the delivery of safe, compassionate and person-centred care.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and uncluttered. Patient equipment was clean, fit for purpose and regularly maintained. Patient care records were completed to a high standard. Patients were very satisfied with their care and treatment. The service should implement a cleaning checklist.	✓✓ 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 Menopause Health Highland LLP to take after our inspection

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

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

This inspection resulted in no requirements and three recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should ensure that information about the service's aims and objectives are accessible to all 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 4.8

Implementation and delivery	
Requirements	
	None
Recommendation	
b	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16). 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	
	None
Recommendation	
c	The service should develop a checklist to capture the regular cleaning of the clinic (see page 18). Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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 Menopause Health Highland 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's vision and purpose were available to patients. The practitioners worked well together and regularly met to discuss the service. A local governance structure was in place. The service's aims and objectives should be shared with patients.

Clear vision and purpose

A vision and purpose were set out on the service's website, which was to provide excellent specialist menopause care to women suffering with symptoms of the menopause. The service's vision was to deliver high level menopause to women in a holistic way, with individualised care as the key concept.

The service's clinical strategy and vision document set out its aims and objectives as:

- A focus on patient-centred care with shared decision-making and individualised care, which the British Menopause Society (BMS) highlights as the base of good menopause care.
- Delivering care to the highest clinical standard.
- Delivering evidence-based treatment in line with National Institute for Health and Care Excellence (NICE) guidance and BMS.
- Encouraging patients and staff to provide feedback, whether it is positive or negative.
- Fostering a positive and open working culture.
- Keeping up to date with practice and current guidance.
- Maintaining professionalism at all times.
- Making documentation, note-keeping, data protection and maintaining confidentiality a priority.

The clinical strategy also set out its values, which included clinical excellence, a holistic approach to healthcare and reviewing how things may be done better.

The document described the service's strengths, weaknesses and the key performance indicators (KPIs) it would use to assess its progress each year. The KPIs included:

- employee retention
- complaints review and a complaints log
- patient feedback questionnaires
- patient testimonials, and
- staff survey and report.

We saw that the practitioners reviewed the clinical strategy every year.

What needs to improve

While the service's vision and purpose were displayed in the clinic and on the website, the aims and objectives were not easily accessible for patients (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that information about the service's aims and objectives are accessible to all patients.

Leadership and culture

The service was provided by two GPs, with years of experience specialising in menopause medicine.

We saw evidence that both practitioners met regularly as well as yearly to review the service's performance, plan for the year head and review the objectives and strategy. Future training needs and outcomes from audits were also discussed at these meetings.

A governance system was in place that helped to assure safe practice and promote continuous improvement in the service, which included:

- a programme of audits
- management and staff meetings
- patient satisfaction, and
- policy and procedure reviews.

We were told that the service had regular discussions as a team and saw that staff meetings were held regularly. Staff meetings had an agenda and the meetings, including actions arising from them were documented.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

The service actively sought and used patient feedback to improve patient experience. We saw good levels of patient satisfaction. Systems were in place to manage risks and provide quality assurance. Policies and procedures supported the delivery of safe, compassionate and person-centred care.

Co-design, co-production *(patients, staff and stakeholder engagement)*
A participation policy set out how the service engaged its patients, sought their feedback and used this to improve patient experience. Patient information was provided through the service's website, patient leaflets and face-to-face consultations, as well as aftercare advice. The website detailed a variety of ways that patients could communicate with the service. Patients could also leave feedback on the service's website or social media pages, as well as over the telephone, through the service's email address or contact form. An automated email was sent out after treatment, asking patients to leave feedback and a review. We saw documented feedback received on the service's patient booking system. The feedback that we saw recorded was all positive.

Examples we saw of service improvements that had been made included:

- a booking system implemented on service's website
- the installation of a Scottish Health Technical Memorandum (SHTM)-complaint clinical hand wash basin, and
- updated frequently asked questions (FAQs) on website.

We saw evidence that the practitioners regularly reviewed all feedback during staff engagement meetings.

All patient feedback we reviewed was positive and patients who responded to our online survey told us they were very happy with their experience of using the service. Comments included:

- 'I am very impressed by the professional and helpful consultation I had with [….]. I felt supported and in very capable hands. I am looking forward to my journey with Menopause Health Highland.'
- 'An hour long session with Menopause Doctor who went through all my symptoms and history in detail. She then advised on various treatment plans and we agreed to wait until after ongoing tests were completed before selecting a way forward. Meanwhile, I was prescribed a non hormonal drug which has been successful in treating the most debilitating of my symptoms.'
- 'I have been a patient for 2 years. The clinic has been helpful, understanding and I feel non judgemental. I had gone to my own NHS doctor to discuss menopausal symptoms and I felt I wasn't listened to nor did I feel like they valued my own understanding of my body. [….] at MHH has been fantastic in helping me understand my symptoms and explaining how different medications work and the possible side effects.

The practitioners actively sought feedback from the local pharmacy and engaged with it to help improve the service.

The service provided its contact details with treatment aftercare advice, along with a reminder to provide feedback using the various methods available. The practitioners told us that all patients were offered a review appointment to assess their treatment outcomes and this was also used as an opportunity to also ask for feedback.

The service had a high patient retention rate and the practitioners told us that they took pride in building therapeutic relationships with patients. The practitioners also told us they used an individualised care approach when planning patients' treatments. This helped make sure patients were at the centre of every decision made and received the best treatment and care outcomes for them.

- 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 service manager was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accident and incident reporting, which included an accident and incident log.

Arrangements were in place to deal with medical emergencies, including up-to-date training and first aid supplies.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. The service kept a record of monthly equipment and fire safety checks. We saw that an electrical contractor had safety-tested all portable electrical devices in the service and an up-to-date electrical safety certificate was in place.

Appropriate policies and procedures set out the way the service was delivered and supported the delivery of safe, compassionate, person-centred care. This included policies for infection prevention and control, medicine management and safeguarding (public protection). All policies were written in a consistent format and had a clear review process. Policies were updated regularly to make sure they were in line with appropriate legislation, guidance and best practice.

A clear process was in place for managing complaints. Information about how to make a complaint was displayed in the service and on its website. This included our contact details and highlighted the patient's right to contact us at any time. The service had received no complaints since its registration with Healthcare Improvement Scotland in December 2022.

We saw that the service had an appropriate infection prevention and control policy and procedures in place, as well as a clinical waste contract for the disposal of clinical waste. Clinical waste was managed appropriately.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had published a yearly duty of candour report, which was available in the clinic.

A medicines management policy described how medicines were prescribed for patients. We saw that private prescriptions were written in line with best practice guidance. The service did not store or administer any medications.

No treatment complications or adverse events that required to be reported to Healthcare Improvement Scotland had occurred since the service was registered. The practitioners were able to describe what they would do in the event of an adverse event and a system was in place to record these.

We were told that a face-to-face consultation and assessment was carried out to assess patients' suitability for treatment. We were told that the initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- information about aftercare, and
- treatment costs.

Patients were given details of how to contact the practitioner out-of-hours along with aftercare leaflets, where appropriate.

Patient care records were stored securely on an electronic system. This system could be accessed using a password on a tablet computer, which only the practitioners had access to.

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.

A consent policy detailed how the service would make sure that informed consent was obtained before any treatments were carried out.

The practitioners engaged in regular continuing professional development and had recently completed their revalidation. This is managed through the GMC registration and revalidation process. Specialist revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC every 5 years. They also kept up to date with appropriate training, such as training in:

- adult support and protection
- equality and diversity, and
- infection prevention and control.

Both GPs in the service were British Menopause Society (BMS)-trained. BMS has a national improvement platform providing guidance on menopause care. The service also kept up to date with changes in the specialist area of practice, legislation and best practice guidance through subscribing to appropriate medical journals, as well as attending webinars, study days and menopause conferences.

- No requirements.
- No recommendations.

Planning for quality

A clinical governance policy was in place and we saw that the service had a risk management policy, which detailed how risk in the service was managed and mitigated. An up-to-date fire risk assessment was in place.

We saw evidence that all equipment servicing and maintenance was up to date. Examples included:

- electrical safety
- fire equipment, and
- portable electrical appliances.

Risks to patients and staff were proactively assessed and managed, helping to make sure that care and treatment was delivered in a safe way and environment. The service has a risk management document which detailed its approach to identifying and managing risk. This included risk identification and mitigating factors. Risks detailed in the document included those for:

- finance
- fire
- information management
- IT failure
- lone working
- prescribing, and
- slips, trips and falls.

We saw that the service had a business continuity plan in place in place. This described what steps the service would take to protect patient care if an unexpected event happened, such as sickness, power failure or a major incident.

The service carried out some regular audits, including those for:

- discharge letters
- e-mail responses
- patient care records, and
- patient prescriptions.

Audits were recorded and action plans developed where improvements were identified.

What needs to improve

The service had not developed a quality improvement plan. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation b).

- No requirements.

Recommendation b

- The service should develop and implement a 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 environment was clean and uncluttered. Patient equipment was clean, fit for purpose and regularly maintained. Patient care records were completed to a high standard. Patients were very satisfied with their care and treatment. The service should implement a cleaning checklist.

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.

The premises were clean, tidy and well maintained with adequate heating, lighting and ventilation. Equipment was in good condition, suitably serviced and maintained. We saw appropriate cleaning materials were used and stored appropriately. Personal protective equipment and alcohol-based hand rub was also available. A clinical waste contract was in place and waste was being disposed of correctly.

Patients who completed our online survey said they felt safe and were satisfied with the cleaning that took place to reduce the risk of infection. All patients stated the clinic was clean and tidy. Comments included:

- ‘Clean and fully equipped for what was needed.’
- ‘Clean, welcoming environment.’
- ‘Private, quiet surgery.’

We reviewed five patient care records and saw that they all included the patients' name, address, next of kin and GP details. Patient care records also included:

- a record of discussions about their treatment plan, including the risks, benefits and alternatives of each treatment offered
- dates and signatures of the patient and practitioner throughout the different parts of the process
- details of patient consultations and assessments
- documented discussions about aftercare
- the patient's consent to treatment and to sharing information with their GP or other relevant healthcare professionals, where appropriate, and
- the patient's treatment plan.

Patients who completed our online survey said they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'I was asked questions and felt listened to.'
- 'The doctor asked me my opinions on HRT and other treatments to establish my feelings on these.'
- 'Treatment options were explained clearly and I was asked to feedback so [….] knew I understood the options.'

What needs to improve

While the environment was clean, the service did not have a cleaning checklist in place to record regular cleaning of the clinic (recommendation c).

- No requirements.

Recommendation c

- The service should develop a checklist to capture the regular cleaning of the clinic.

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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