

Action Plan

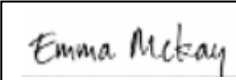
Service Name:	YourGP (Dundas Street)
Service number:	02707
Service Provider:	YourGP Group Ltd
Address:	53 Dundas Street, Edinburgh, EH3 6RS
Date Inspection Concluded:	13 November 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure botulinum toxin is used in line with the manufacturer's and best practice guidelines (see page 20).</p> <p>Timescale – immediate</p> <p>Regulation 3(d)(iv) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</p>	<p>Immediate action was taken on the day of inspection to ensure full compliance with manufacturer and best practice guidance regarding the reconstitution, storage, and use of botulinum toxin.</p> <p>A review of current protocols has been completed, and all clinicians have been reminded of and confirmed adherence to manufacturer guidance.</p> <p>Ongoing compliance will be monitored through governance processes and periodic audit.</p>	Complete	Emma McKay / Katie Cathrow

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<p>Recommendation a: The service should use its governance systems to monitor and demonstrate that the aims and objectives set out in its statement of purpose are being met (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The service will strengthen the explicit linkage between its governance framework and the aims and objectives outlined in its Statement of Purpose. This will include:</p> <ul style="list-style-type: none"> • Regular governance meetings with documented review against stated aims • Clear reporting within governance minutes demonstrating how objectives are monitored and met • Annual review of the Statement of Purpose as part of the governance cycle 	3 months	Emma McKay
<p>Recommendation b: The service should develop a process to inform patients how patient feedback has been used to improve the service (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.1</p>	<p>A formal feedback loop will be implemented to ensure patients are informed of service improvements arising from patient feedback. This will include:</p> <ul style="list-style-type: none"> • Displaying “You said – We did” summaries within the service (TV screens) • Sharing updates via patient communications where appropriate • Reviewing patient feedback trends through governance meetings and documenting resulting actions 	3 months	Emma McKay / Laurie Dunsire

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Name	Emma McKay		
Designation	Practice Manager		
Signature		Date	12 /01 /2026

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.

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- **Timescales** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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