Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: YourGP Dundas Street

Service Provider: YourGP Group Ltd

13 November 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 YourGP (Dundas Street) on Thursday 13 November 2025. We received feedback from four 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 Edinburgh, YourGP (Dundas Street) is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For YourGP (Dundas Street), 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**
service had set out its aims and objectives on a statement of purpose, which were available for patients to view. Leadership and governance processes were in place to support staff delivering care. A system should be in place to ensure the service is meeting the aims and objectives identified	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Staff and patient feedback was encouraged to improve the quality of the service. Policies and procedures set out the way the service was delivered and, alongside risk management and quality assurance processes, including an audit programme and quality improvement plan, helped the service to deliver person-centred care. A process should be implemented to inform patients of improvements made in the service as a result of feedback.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean, tidy and well maintained. Patient care records were comprehensively completed. Staff were safely recruited with ongoing professional monitoring in place. Patients were satisfied with care and treatment provided. Medicines must be used in line with manufacturers and best practice guidance.	✓✓ 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 YourGP (Dundas Street) 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 requirement and two recommendations.

Direction	
Requirements	
	None
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). 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

Implementation and delivery (continued)
Recommendation
b The service should develop a process to inform patients how patient feedback has been used to improve the service (see page 13). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results
Requirement
1 The provider must ensure botulinum toxin is used in line with the manufacturer's and best practice guidelines (see page 20). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations
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

YourGP Group Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at YourGP (Dundas Street) 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 had set out its aims and objectives on a statement of purpose, which were available for patients to view. Leadership and governance processes were in place to support staff delivering care.

A system should be in place to ensure the service is meeting the aims and objectives identified.

Clear vision and purpose

The service outlined its aims and objectives in a statement of purpose, displayed in the clinic for staff and patients to see. These included providing safe, high-quality person-centred care that was compliant with the legal requirements of an independent healthcare service.

The service reviewed its financial performance monthly and compared it with the previous year to monitor its progress in achieving its aims and objectives. We were told that the service had implemented a membership scheme for patients after a recent review. Patients who joined would receive benefits, including:

- discounted appointments
- pathology and screening laboratory tests, and
- yearly health assessments.

What needs to improve

The service did not use its governance system effectively to monitor the aims and objectives set out in its statement of purpose (recommendation a).

- No requirements.

Recommendation a

- The service should use it governance systems to monitor and demonstrate that the aims and objectives set out in its statement of purpose are being met.

Leadership and culture

The service had a clear leadership structure with well-defined roles and responsibilities. The service directly employed the nursing and administrative staff. Medical staff worked under a practising privileges arrangement (staff not directly employed by the provider but given permission to work in the service). The service had appointed two clinical leads to provide governance and assurance of all clinical-related matters in the service.

Governance systems and processes were in place to help support staff deliver care safely and make sure the service was continuously improving. This included:

- an audit programme
- complaint reviews
- policy and procedure reviews
- staff and patient feedback, and
- staff meetings.

Staff were supported and kept informed in a variety of ways. This included staff meetings, email and an internal online communication channel.

A programme of weekly meetings provided clear communication and a reporting structure. Staff meeting attendees included:

- management
- nursing and healthcare technicians, and
- reception staff.

From the minutes we reviewed, we saw all meetings were documented, action plans were developed and the staff responsible for completing actions were identified.

We were told managers in the service promoted an ‘open-door’ policy, encouraging staff to raise any issues or concerns with them. A whistleblowing policy was also in place that described how staff could raise concerns about patient safety or practice.

As the medical staff worked under a practising privileges arrangement and had commitments to their NHS roles, it was difficult to include them in regular meetings. However, the service held a comprehensive, full-day doctors meeting to discuss:

- business developments
- future planning, and
- performance.

Medical staff were also kept regularly updated through emails and a secure online messaging group.

The service provided opportunities for staff development. For example, the service manager had been promoted from an administrative role. Two reception staff had also recently received training to carry out healthcare assistant duties, such as phlebotomy (taking blood) and patient clinical observations.

- 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

Staff and patient feedback was encouraged to improve the quality of the service. Policies and procedures set out the way the service should be delivered. Risk management and quality assurance processes, including an audit programme and quality improvement plan, helped the service to deliver person-centred care.

A process should be implemented to inform patients of improvements made in the service as a result of feedback.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service engaged and shared information with patients in a variety of ways, including its website, social media platforms and newsletter. This helped to keep patients up to date with developments in the service.

The service's website provided information on:

- costs
- medical staff working in the service, including their clinical background and experience
- referral processes, and
- treatments and services available in the clinic.

This allowed patients to make an informed decision about accessing the service for treatment.

A patient participation policy described how patient feedback would be obtained and used to help the service develop. We saw the service actively sought patient feedback in a variety of ways. This included anonymous feedback questionnaires available at reception, online testimonials and a survey link emailed to patients every year who had given their consent to receiving it. The survey asked questions about:

- appointment availability and waiting times
- staffing, and
- suggestions for additional services that could be offered.

Patient feedback was regularly reviewed and improvements made as a result. This was included in the service's quality improvement plan, such as updates to the website. We saw patient feedback was shared with staff.

Staff were actively encouraged to suggest improvements to benefit the service and patients. For example, we saw the service had developed a neurodiversity policy to support staff working in the service with neurodevelopment needs. A staff survey had recently been sent out to staff. We were told the managing director had reviewed this and the service had received positive responses from all staff who completed it. Other opportunities for staff to provide feedback included their one-to-one meeting held every 3 months with their line manager, annual appraisals and exit interviews.

The service held meetings with clients (companies who had contracts in place with the service to provide healthcare services to their employees). For example, a meeting was held every year with the local council to gather and provide feedback.

What needs to improve

While the service actively sought patient feedback and made improvements as result, it did not have a process in place to inform patients how their feedback was used to improve the service (recommendation b).

- No requirements.

Recommendation b

- The service should develop a process to inform patients how patient feedback is used to improve the service.

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 was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since the service was registered in 2023,

the service had submitted appropriate notifications to keep us informed about changes and events in the service.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A duty of candour statement and the service's yearly duty of candour report was available in the service and on the website.

A process for reporting any incidents and accidents that may occur in the service was in place. We saw these had been managed appropriately and lessons learned were shared with staff

A complaints policy detailed the process for how patients could make a complaint to Healthcare Improvement Scotland. Complaints information was displayed in the clinic and on the website for patients to view. We saw a comprehensive complaints management system. Each complaint received was logged with a detailed report, actions to be taken (if appropriate) and supporting documents.

All patient information was stored securely on password-protected electronic devices. This helped to protect confidential 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 appropriate date protection regulations.

Governance structures and comprehensive policies and procedures helped support the delivery of safe, person-centred care. Policies were reviewed regularly or in response to changes in legislation, national guidance and best practice. Staff were emailed to inform them of any changes or updates to policies. Examples of key policies include those for:

- consent
- duty of candour
- infection prevention and control
- information governance, and
- safeguarding (public protection).

Consultations and treatments were appointment-only to help maintain patient privacy and dignity. We saw patients were asked to consent to treatment, digital images and sharing information with other healthcare professionals, where necessary.

We saw patients had a face-to-face consultation with a clinical or medial practitioner before treatment was carried out. This included:

- a full medical history
- expected outcomes of treatment
- risk and benefits and
- the provision of aftercare advice.

Standard operating protocols were in place for all processes and procedures. The clinical lead reviewed the protocols yearly. Protocols are step-by-step sets of instructions that guide healthcare professionals in performing routine and critical tasks safely, consistently and in line with medical standards. This helps to make sure that every action supports quality care and patient safety.

The service had a process in place for ordering medicines in the service. All medicines were ordered from appropriately registered suppliers. A system was in place to record the temperature of the dedicated clinical fridge to make sure medicines were stored at the correct temperature.

Arrangements were in place to deal with medical and aesthetic emergencies, including mandatory staff training. Emergency medicines were available for patients who may experience aesthetic complications following treatment. We saw regular, documented checks carried out for all emergency equipment in the service.

The service's recruitment policies were in line with safer staffing guidance. This helped make sure that suitably qualified staff were recruited. We saw appropriate level of Disclosure Scotland background checks were carried out to make sure staff were safe to work in the service. This included staff working under practising privileges. The senior management team managed the recruitment process. Staff files were held on an electronic system that was password protected. This meant that information was secure, easily accessible and identifiable, as needed.

An induction process included mandatory training and covered topics, such as the service's:

- emergency procedures
- fire safety, and
- policies and procedures.

Staff also had job-specific training plans in place. For example, all clinical staff received infection control training and life-support training, including resuscitation and use of emergency equipment.

Employed staff had one-to-one meetings every 3 months and annual appraisals with their line manager. Clinical leads carried out yearly reviews for the medical staff working under a practising privileges agreement.

The service kept up to date with industry developments and best practice through ongoing training and its membership of professional bodies, including:

- Practice Index (support for GP practice managers, with weekly updates and a discussion forum)
- the British Association for Medical Aesthetic Complications, and
- the Independent Doctors Federation (which provides access to online learning, educational events and conferences, as well as peer support).

- No requirements.
- No recommendations.

Planning for quality

The provider had two clinics in Edinburgh. We were told a contingency plan was in place for events that could cause an emergency closure of the service or cancellation of appointments, such as power failure or sickness. Patients would be able to continue their treatment plans in the other clinic. Appropriate insurances were in-date, such as those for:

- employer liability
- medical malpractice, and
- public and products liability.

These insurances were displayed in the service.

Systems were in place to proactively assess and manage risk to staff and patients, including:

- a variety of staff meetings
- auditing
- reporting systems
- risk assessments, and
- risk register.

This helped to make sure that care and treatment was delivered in a safe environment. The service's risk register was regularly reviewed and covered environmental and patient safety risks.

A programme of audits helped to deliver consistent, safe care for patients and identify areas of improvement. Some examples of audits included:

- health and safety
- infection prevention and control
- medication management, and
- patient care records.

These audits were documented and reviewed with action plans developed where necessary. We saw evidence of discussions about findings in the minutes of staff meetings. For example, staff were reminded that the completion of patients' emergency contact information was mandatory after an audit of patient care records.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. The service's quality improvement plan identified areas of improvement with documented action plans and staff responsible for carrying out these actions. Examples of improvements included:

- improving processes for patients to register with the service
- neurodevelopment policy for staff, and
- processes for improving letter and report writing.

- No requirements.
- No recommendations.

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, tidy and well maintained. Patient care records were comprehensively completed. Staff were safely recruited with ongoing professional monitoring in place. Patients were satisfied with care and treatment provided.

Medicines must be used in line with manufacturers and best practice guidance.

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 environment was clean, tidy and well maintained. Staff cleaned the treatment rooms and equipment between patient appointments. A contract was also in place with an external cleaning company to clean the service at the end of each day. Cleaning schedules were in place to show that appropriate cleaning was carried out.

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons and gloves) and alcohol-based hand gel and hand hygiene posters were displayed. The correct product was used for cleaning sanitary fittings, including clinical hand wash basins. A stronger dilution was used for the management of blood contamination.

We saw that sharps disposal units were labelled correctly and not overfilled. The disposal hold for all clinical waste was secure.

We saw evidence of yearly servicing and calibration of all equipment. We saw documentation of checks staff carried out on the emergency equipment, such as the oxygen cylinder.

We reviewed four patient care records and saw that all were comprehensive. The practitioner signed and dated all entries, which were legible. We saw patients were asked for their GP and next of kin details and consented to each treatment provided. Aftercare advice was given with each treatment and evidenced in all patient care records we reviewed.

For patients receiving aesthetic treatment, a face map was completed that highlighted the areas that had been injected and the volumes used. Each patient care record we reviewed showed the batch number and expiry dates of the medicines used.

Patients who responded to our online survey told us they were treated with dignity and respect and were satisfied with the care and treatment they received from the service. Some comments included:

- 'They are very understanding and clear on treatments and diagnosis.'
- 'Great service.'
- 'I was happy with my experience…everything was efficient and I was put at ease with the professionalism of the reception team and the doctor.'

We reviewed four staff files, including two for staff granted practising privileges. Appropriate background checks and identity checks were carried out during the recruitment for employed staff and healthcare professionals appointed under practising privileges. This included:

- Disclosure Scotland background checks
- professional qualifications
- references, and
- registration with an appropriate professional register.

We saw evidence that regular checks were carried out as required, to make sure staff remained safe to continue working in the service.

What needs to improve

During our inspection, we found evidence of an opened, re-constituted vial of botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection) in the service's medicine fridge. We were told this was used to treat patients who were attending the service for 'top up' anti-wrinkle treatments. This is not in line with manufacturer's guidelines (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that botulinum toxin is used in line with the manufacturer's and best practice guidelines.

- 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.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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