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Inspections
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To drive improvement

Announced Focused Inspection Report: Independent Healthcare

Service: Jura Health Limited, Perth

Service Provider: Jura Health Limited

13 March 2026

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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 29 March 2023

Recommendation

The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

Action taken

The service displayed its complaints policy in the waiting area of the reception for all patients and potential patients to view and access if required.

Recommendation

The service should keep full employment records of all staff to include identity checks, qualifications and occupational health records.

Action taken

The service kept employment records for all staff, which included identity checks, qualifications and occupational health records.

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 a short-notice announced inspection to Jura Health Limited on Friday 13 March 2026. The purpose of this inspection was to make sure staff working under practicing privileges delivered care safely to patients. We reviewed patient care records and staffing records. We spoke with the service director, service manager and staff working under practicing privileges. Due to the nature of the inspection, we could not request that the service issue an online survey to its patients for us before the inspection.

Based in Perth, Jura Health Limited is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Jura Health Limited, 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
<p>A well-defined leadership structure and governance framework helped deliver evidence-based, person-centred care.</p> <p>Appropriate clinical governance procedures must be implemented to provide monitoring and oversight of safe patient care.</p>		Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Clear processes and procedures were in place for managing complaints. The service had safety assurance processes in place including an annual audit programme.</p> <p>Safe recruitment practices, including pre-employment checks must be in place for all staff. The service should include all patient care records in its audit programme, including those of practitioners working under practicing privileges. Feedback from patients or staff working under practicing privileges should be sought.</p>		Unsatisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care</i>	
<p>Patient care records must document all appropriate patient details and consents. Detailed patient care records, including all consultations, must be kept to evidence the safe care of patients. This must include a documented clear patient pathway from assessment to aftercare.</p>		Unsatisfactory

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 Jura Health 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 three requirements and five recommendations.

Direction	
Requirement	
1	<p>The provider must ensure appropriate governance and oversight of activities within the registered premises, including implementing appropriate governance arrangements for individuals working under a practicing privileges agreement as part of Jura Health Limited (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 13(1) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Implementation and delivery

Requirement

- 2** The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 14).

Timescale – immediate

Regulation 8

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

Recommendations

- a** The service should collate and analyse feedback from all patients and staff working under practicing privileges, and use this information to implement improvements in the service (see page 13).

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

- b** The service should ensure that information on aftercare is documented in patient care records (see page 13).

Health and Social Care Standards: My life, my support. I am fully involved in all decisions about my care and support. Statement 4.27

- c** The service should ensure a process is in place to check that staff working under practicing privileges as well as outwith the service, have their own Information Commissioner's Office (ICO) registration in place (see page 14).

Health and Social Care Standards: My life, my support. I have confidence in the organisation providing my care and support. Statement 4.11

- d** The service should update the practicing privileges policy and engagement letter to staff on practicing privileges to detail expectations in relation to patient care records being kept in the service (see page 14).

Health and Social Care Standards: My life, my support. I have confidence in the organisation providing my care and support. Statement 4.11

Implementation and delivery (continued)	
Recommendations	
e	<p>The service should further develop its audit programme to include patient care records completed by staff working under practicing privileges. Audits should be documented and improvement plans implemented (see page 15).</p> <p>Health and Social Care Standards: My life, my support. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirement	
3	<p>The provider must ensure that comprehensive patient care records which set out how patients' health, safety and welfare needs are to be met are documented by staff working under practicing privileges. This must detail a clear pathway from assessment to treatments provided (see page 16).</p> <p>Timescale – immediate</p> <p><i>Regulation 4</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
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](#)

Jura Health Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Jura Health Limited 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

A well-defined leadership structure and governance framework helped deliver evidence-based, person-centred care.

Appropriate clinical governance procedures must be implemented to provide monitoring and oversight of safe patient care.

Leadership and culture

The medical practitioner working under practicing privileges was a doctor also registered as a GP with the General Medical Council (GMC). Staff working under practicing privileges are not employed directly by the provider but given permission to work in the service.

The service had a leadership structure with well-defined roles, responsibilities and support arrangements.

We were told that the service continually reviewed its processes and governance arrangements to ensure it provided the appropriate quality of service. This included reviewing:

- audit and key performance indicators
- clinical care standards
- patient safety, and
- quality improvement.

The service's clinical governance and risk management policy detailed its processes to maintain the service to patients. This included detailed information on the process for staff performance management, including staff working under practicing privileges. Information on ending contracts for staff with practicing privileges was also included in this policy.

The service's practicing privileges policy referred to the current GP working in the service under practicing privileges. As well as the professional responsibilities of the practitioner, the policy set out the service's:

- clinical governance
- definition
- eligibility requirements
- purpose
- scope, and
- scope of practice.

Staff we spoke with told us that the service was a good place to work. They told us they felt valued and that senior management listened to them. Staff were able to make suggestions and share ideas for improvements to the service. They also felt that senior management had an 'open door' policy where they could approach managers with any concerns or issues.

What needs to improve

We saw evidence of appropriate clinical governance policies and procedures in place for staff working in the service, including staff working with a practicing privileges agreement. However, the processes described in these documents were not implemented when we reviewed the care and treatment patients received or from the patient care records that staff with practicing privileges maintained (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure appropriate governance and oversight of activities within the registered premises including implementing appropriate governance arrangements for individuals working under a practicing privileges agreement as part of Jura Health Limited.
- 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

Clear processes and procedures were in place for managing complaints. The service had safety assurance processes in place including an annual audit programme.

Safe recruitment practices, including pre-employment checks must be in place for all staff. The service should include all patient care records in its audit programme, including those of practitioners working under practicing privileges. Feedback from patients or staff working under practicing privileges should be sought.

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

Medication information leaflets included details about:

- how to use medication safely
- medication purposes
- the common side effects of medication, and
- the dosages of medications.

What needs to improve

The service had a patient participation policy and actively encouraged patient feedback. However, we saw no evidence that feedback was actively sought from patients or staff working under practicing privileges (recommendation a).

As part of their aftercare, we were told that patients were provided with medication information leaflets. However, this was not documented in patient care records (recommendation b).

- No requirements.

Recommendation a

- The service should collate and analyse feedback from all patients and staff working under practicing privileges, and use this information to implement improvements in the service.

Recommendation b

- The service should ensure that information on aftercare is documented in patient care records.

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's practicing privileges policy highlighted the requirements for staff working under practicing privileges. We reviewed the file for one staff member that had been granted practicing privileges and found that safe recruitment policies and processes were in place. This included relevant pre-employment checks such as:

- Disclosure Scotland background checks
- insurance
- proof of ID
- qualifications, and
- references.

The staff file contained a signed contract for employment and a record of training. We saw systems were also in place for the ongoing checks of the staff member's professional registration with their professional regulatory body, the GMC.

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.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the service's waiting area. We were told that the service had not received any complaints about its staff working under practicing privileges.

What needs to improve

We were told that the staff member working under practicing privileges used an administrative assistant to manage patient communication. However, the service had not formally employed or engaged the administrative assistant through other means and pre-employment checks had not been carried out (requirement 2).

We found that one staff member working under practicing privileges used her home computer as well as the service computer system to document patient details. The service did not have a process in place to make sure staff working under practicing privileges had their own ICO registration, if working outwith the service (recommendation c).

The service's practicing privileges policy and engagement letter did not detail its expectations around keeping patient care records in the service (recommendation d).

While the service had a process in place for obtaining appraisals for staff working under practicing privileges from their respective NHS employer, it did not carry out its own appraisal. This is deemed sufficient to meet the regulatory requirements for appraisal. However, we discussed the service carrying out its own appraisal to provide feedback on performance for those working under practicing privileges. We will follow this up at future inspections.

Requirement 2 – Timescale: immediate

- The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

Recommendation c

- The service should ensure a process is in place to check that staff working under practicing privileges as well as outwith the service, have their own Information Commissioner's Office (ICO) registration in place.

Recommendation d

- The service should update the practicing privileges policy and engagement letter to staff on practicing privileges to detail expectations in relation to patient care records being kept in the service.

Planning for quality

We were told that quality assurance systems, including carrying out regular audits to monitor the quality and safety of the care and treatments provided to patients, were in place.

What needs to improve

We found no evidence of audits carried out on patient care records for staff working under practicing privileges (recommendation e).

- No requirements.

Recommendation e

- The service should further develop its audit programme to include patient care records completed by staff working under practicing privileges. Audits should be documented and improvement plans implemented.

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

Patient care records must document all appropriate patient details and consents. Detailed patient care records, including all consultations, must be kept to evidence the safe care of patients. This must include a documented clear patient pathway from assessment to 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.

What needs to improve

We reviewed five electronic patient care records managed by staff working under practicing privileges and saw that they had not been fully completed. Information that was not documented included:

- consent to treatment
- consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency
- outcome of consultations
- patient information leaflets
- patients' GP details
- patients' medical history, with details of any health conditions, medications, previous treatments and any areas which would highlight any risks associated with the treatment (such as pregnancy or any previous allergic reactions)
- patients' next of kin details, and
- the aftercare provided (requirement 3).

Requirement 3 – Timescale: immediate

- The provider must ensure that comprehensive patient care records which set out how patients' health, safety and welfare needs are to be met are documented by staff working under practicing privileges. This must detail a clear pathway from assessment to treatments provided.

- No recommendations.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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.



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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