



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Sk:n Clinic (Edinburgh)

Service Provider: Lasercare Clinics (Harrogate) Limited

11 January 2024

*This report is embargoed until 10.00am
on **Wednesday 13 March 2024***

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 Progress since our last inspection

What the service had done to meet the recommendation we made at our last inspection on 14 February 2019

Recommendation

The service should amend its policies for protection of vulnerable people and infection prevention and control to take account of Scottish legislation and guidance.

Action taken

The service had now amended the relevant policies to reflect Scottish legislation and guidance.

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 Sk:n Clinic (Edinburgh) on Thursday 11 January 2024. We spoke with members of the management team during the inspection. We received feedback from six patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Edinburgh, Sk:n Clinic (Edinburgh) 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 Sk:n Clinic (Edinburgh), 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's clear mission statement was shared with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. There was visible leadership and staff were able to contribute to developing and improving the service.	✓✓ Good	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures set out the way the service delivered safe care. An audit programme, quality improvement plan and a structured approach to gathering patient and staff feedback helped to demonstrate a culture of continuous improvement. Medicines governance processes, including obtaining informed consent from patients, must be followed.	✓✓ Good	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment were clean and well maintained. Patients were fully consulted to enable them to make informed decisions about their treatments. Appropriate checks were carried out on all staff to ensure they were safe to work in the service. Appropriate types of personal protective equipment should be used for clinical and non-clinical tasks.	✓✓ 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:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Lasercare Clinics (Harrogate) 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 requirement and one recommendation.

Implementation and delivery	
Requirement	
1	<p>The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iv)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Results	
Requirements	
None	
Recommendation	
a	<p>The service should ensure compliance with Health Protection Scotland’s <i>National Infection Prevention and Control Manual</i> for personal protective equipment (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Lasercare Clinics (Harrogate) Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Sk:n Clinic (Edinburgh) 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's clear mission statement was shared with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients. There was visible leadership and staff were able to contribute to developing and improving the service.

Clear vision and purpose

The service's mission statement included providing a safe standard of care and patient satisfaction. This was shared on the service's website and in the reception area for patients and staff to see. Staff were made aware of the mission statement during the induction process.

Aims and objectives had been produced to help the service achieve its mission statement. These included:

- recruitment of skilled staff
- informed consent of patients
- privacy and dignity of patients
- safe equipment and environment
- listening to patients' feedback, and
- complaints management.

The service's key performance indicators were:

- patient feedback on the customer service ('reputation')
- financial such as profit, and
- safety, for example audits of compliance with relevant standards, and staff compliance with the service's training programme.

The provider used the key performance indicators to develop an individual business plan for each service which allowed for effective performance benchmarking.

- No requirements.
- No recommendations.

Leadership and culture

The service had a full-time clinic manager and was staffed by reception staff, registered nurses, practitioners and doctors. The doctors were either directly employed or working under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service). The manager completed an induction process with each new member of staff. This included supporting them in their new role, ensuring their safe practice and that they were aware of, and adhered to, the service's policies, procedures and mission statement.

There was visible leadership from the clinic manager who was supported day to day by a senior member of staff who was undertaking the provider's management programme. The manager was accountable for the service's clinical governance processes to ensure patient safety, such as:

- patient feedback and complaints management
- staff performance and management, and
- daily and weekly audits.

Various methods of communication and sharing information ensured all staff were updated and involved in the service. Daily 'huddle' meetings aimed to set the focus of the day and highlight any specific challenges or opportunities. Monthly clinic meetings took place with a set agenda. We saw minutes of these meetings included discussions of standing agenda items such as:

- key performance indicators
- regulator inspections
- new patient care record system
- staff training, and
- staff changes.

From the minutes, we saw that the clinic manager acknowledged staff's hard work, as well as evidence of staff discussing and contributing to developing and improving the service.

The clinic manager attended a regional meeting with other Sk:n Clinic managers every 3 months to share new ideas, any common issues or complaints and to learn from each other. The clinic manager was further supported by the regional manager with weekly calls and frequent visits.

The provider also had a secure online forum for staff communication. This was used for general communication such as social posts and occasions, learning and development, information about the leadership team and staff awards. Staff also received an email bulletin that included items such as highlighting changes to policies. If there was a safety issue, all staff were asked to sign to say they had read and understood the communication.

A whistleblowing policy supported staff to speak up and actively encouraged them to raise a concern about a risk of harm or wrongdoing in the service. A dedicated health and safety representative could be contacted should staff feel uncomfortable going directly to a line manager about a concern.

- 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

Policies and procedures set out the way the service delivered safe care. An audit programme, quality improvement plan and a structured approach to gathering patient and staff feedback helped to demonstrate a culture of continuous improvement.

Medicines governance processes, including obtaining informed consent from patients, must be followed.

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

Information about all the treatments offered in the service was available on the service's website, including risks and costs. Blogs written by staff on the website and social media provided information on conditions and treatments such as acne, and health information, for example skin cancer awareness. There were also links to associations where patients could find support and information such as the National Eczema Society and the British Skin Foundation. An online magazine published on the service's website included information on treatments and industry news.

The service used an online system to monitor and track feedback from patients taken from online review platforms and the service's own patient survey. Results were then compared with the industry average. This was monitored by the management team and used to assess the service's performance against one of its key performance indicators - 'reputation'. The patient survey was sent automatically to patients following each appointment to ask for feedback on their experience.

We saw that all feedback posted on online review platforms was reviewed every week and responded to by the clinic manager. We also saw that patient feedback was shared with staff during team meetings.

We saw evidence of changes and improvements being made as a result of patient feedback. A 'You said it, we did it' sign in the reception area described how patients had fed back that they did not want to call the provider's central call centre to book an appointment. As a result, patients were given direct contact to the clinic.

The provider conducted a company-wide staff survey to review areas in which improvements could be made and staff better supported with the aims of creating a better working environment, employee engagement and retention. Actions from the 2023 annual survey included a new apprenticeship programme and implementing a digital patient care record system. Feedback was also gathered from staff during team meetings and one-to-one meetings with the clinic manager. For example, as a result of staff feedback, additional assistance had been provided to medical staff to use the new patient care record system. Staff feedback was also used to help design the recent redecoration of the clinic.

We saw evidence of staff incentives and benefits as rewards for good performance and long service to the company, such as free products and prizes. Long service in the company was celebrated with a personal letter of thanks and a voucher from the chief executive officer of the company. Staff had access to an online company portal offering discounts, internal job advertisements and other special staff benefits across the wider provider group.

- 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 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 registration with Healthcare Improvement Scotland in 2017, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

The provider's medical standards team ensured the clinic was operating in line with national legislation and guidance, and that policies and standard operating procedures were up to date. Weekly medical bulletins were circulated to inform staff of any updates and changes. The provider was a member of the Joint Council for Cosmetic Practitioners. They assist members of the public who are considering non-surgical and hair restoration surgery treatments with advice on patient safety matters and how to gain access to registers of approved practitioners. The provider also holds an annual medical conference with both Sk:n and external attendees to ensure staff share knowledge and keep informed about developments in the industry.

We saw that appropriate policies, procedures and processes were in place to deliver safe, person-centred care. Safe operating procedures were documented for all treatments. Staff had access to all policies and safe operating procedures.

A safeguarding policy described the actions to take in case of an adult protection concern. The process for reporting a safeguarding concern was displayed in the reception area. All staff had received safeguarding training. Practitioners had completed the intermediate level and the service's safeguarding lead had completed the advanced level of training.

We saw that patients' privacy and dignity was respected. Treatment rooms were private with lockable doors. A sign displayed in the reception area offered patients a private room to speak with a member of staff if they wished rather than have a discussion in the public area. A chaperone policy was displayed for patients to be aware of their option to be accompanied during an appointment. A hearing loop, a system to help patients with hearing aids hear better in busy environments, was installed in reception.

A range of infection prevention and control related policies, such as managing blood and body fluid spills and decontamination (cleaning), described the precautions in place to prevent patients and staff being harmed by avoidable infections. Appropriate products were used to clean the equipment and environment, and a cleaning schedule for each room detailed the cleaning task, frequency, process and product to be used. A colour-coding system provided information for staff on the equipment that should be used for cleaning different areas. The clinic manager checked each day to ensure the clinic was set up and safe to use for patients and staff members. Clinical waste was well managed and appropriate waste transfer documents kept.

A team in the organisation was responsible for laser equipment maintenance, servicing and compliance with regulations. This included ensuring up-to-date local rules were available in each treatment room to make sure lasers were managed safely to ensure patient and staff safety. All staff involved with laser treatments had completed the appropriate laser safety training at induction. Equipment-specific laser treatment protocols were displayed in each treatment room detailing the safety parameters for use. Maintenance contracts were also in place for all other equipment and safety testing such as:

- medical appliances
- air conditioning and ventilation
- fire safety equipment
- fixed electrical wiring, and
- portable appliance testing.

A fire strategy and evacuation plan was displayed and fire evacuation drills took place twice a year. Staff completed emergency evacuation training and an annual fire risk assessment was carried out by an external contractor and the identified actions completed. Fire safety signage was displayed and fire safety equipment was in place. Weekly, documented, fire equipment checks were carried out.

Processes were in place to ensure water safety in the clinic. A water risk assessment and testing for waterborne bacteria had been carried out by an external contractor and staff regularly ran water to flush all water outlets after any period of non use.

A medicines management policy and protocols helped to make sure medicines were managed safely and effectively. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock control system for medicines and other treatment products helped make sure all items were not passed their expiry and best before dates. We saw that medicines stock was recorded, and the record was updated and signed each time a medicine was used. Prescribers worked in the service and safety processes were in place to ensure authorised and appropriate use of prescription pads. Emergency drug kits were checked and signed monthly.

The provider's medical standards team shared national patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) with the clinic. These alerts are about medicines, health products and equipment that require action to be taken to reduce the risk of death or serious harm to patients.

Protocols for managing medical emergencies were displayed in the treatment rooms, for example for resuscitation and how to manage a vascular occlusion (a blocked blood vessel sometimes caused by dermal fillers).

A service-specific emergency action plan contained information on how to evacuate and manage emergency situations, and included information related to potential specific disasters and company contacts for emergency support. An emergency 'grab box' containing items such as a first aid box, water, torch, high visibility vest and emergency management folder was checked every month.

Processes were in place to manage incidents, accidents and adverse events. We saw examples of incidents that had occurred in the service, including documentation of the incident and resulting actions taken to learn from the event. This included staff members completing a post-incident reflection for self-development.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. Information on how to make a complaint was available on the service's website and in the reception area. A flowchart in the staff office detailed the stages to follow to manage a complaint. All staff had received complaints training. The service is a member of the Independent Sector Complaints Adjudication Service (ISCAS) which provides independent adjudication on complaints about ISCAS members. We saw an example of a complaint made to the service that had followed the service's own complaints policy. The complainant had been made aware they could contact both ISCAS and Healthcare Improvement Scotland about their complaint.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) and all staff had received duty of candour training. The service had published its yearly duty of candour report on its website, and this was also available in the reception area. There had been no duty of candour incidents in the previous year.

A consent policy detailed how the service would ensure that informed consent was obtained before any treatment took place. When making an appointment on the online system, patients received a consent form giving information about the treatment they had booked, including the risks, and a medical history questionnaire to be completed before their appointment. They also received an information form that detailed any preparation required for their treatment and a description of what would happen during the appointment.

Patients had a face-to-face consultation with the practitioner before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before going ahead with treatment.

Discussions at the consultations included:

- expected outcomes of treatment
- full medical history
- risks and side effects, and
- aftercare.

Written aftercare information was given to patients after treatment, including emergency information. The aftercare information was also emailed to patients and was available on the service's website.

At the end of each package of treatments, patients were offered a review appointment to assess the outcome of the treatments received so far and to discuss a continued treatment plan. If a patient had minor surgery, they received a post-surgery call. There was a referral pathway to the NHS in place if required.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Policies were in place that detailed safe recruitment and staffing, including those working under a practicing privileges agreement.

As part of the induction process, new staff learned about the company and its mission statement, and were introduced to the company trainers and support team. There was a comprehensive list of mandatory online learning that all staff had to complete at induction that included:

- equality and diversity
- health and safety
- infection prevention and control
- capacity to consent
- record keeping, and
- risk assessments.

Some training, such as complaints management and duty of candour, was provided face to face by the Sk:n training team. Training was also provided by the manufacturers of the products used in the clinic. We were told that staff could complete training during working hours or could get time back.

All staff could securely access an online database that held their employment record, including training records and appraisal documents. Staff also had a practitioner training passport which was updated and signed off as they completed training on the various treatments offered by the clinic.

Staff received informal one-to-one meetings with the clinic manager and an annual appraisal. Staff training, individual development plans and staff's own feedback of the service was included in these discussions.

We were given examples of staff who had taken promotion opportunities in the clinic. One member of staff was undertaking a management programme and had progressed from practitioner to senior practitioner to advanced practitioner, and was currently acting as deputy manager with a view to achieving a clinic manager position.

What needs to improve

We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin; this is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outwith its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, there was no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients nor that informed consent had been sought before treatment was administered (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

- No recommendations.

Planning for quality

A risk register was in place to manage both clinical and business risks, as well as health and safety risks. The register was managed by the clinic manager and reviewed and discussed during senior management meetings.

As the clinic was one of many services in the wider provider organisation, this would allow patient care to continue in another clinic as part of a contingency plan in the event of an emergency closure of the clinic. Appropriate insurances were in-date and on display, such as public and employer liability insurance.

A comprehensive programme of audits was in place to review the safe delivery and quality of the service. This included an audit carried out by the provider's compliance team every 6 months which reviewed multiple aspects of the clinic and its processes, including:

- maintenance and condition of equipment and facilities
- infection prevention and control
- management of medicines
- health and safety/fire safety
- policies and procedures
- staff files

- patient care records and documentation
- risk assessments, and
- patient participation.

We saw that the compliance team had carried out a baseline audit at the start of the new clinic manager's employment and that a more recent audit had seen significant improvements in compliance with action taken against previous issues identified.

As well as a monthly infection prevention and control audit, the clinic manager also carried out a comprehensive audit with staff involvement every 3 months. The findings were documented, and an action plan completed, if required, which was discussed during team meetings. Audits included:

- laser rules compliance
- hand hygiene
- complaints management, and
- training compliance.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. A regularly reviewed quality improvement plan was in place which detailed improvement activities taking place in the clinic.

- 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 clinic environment and equipment were clean and well maintained. Patients were fully consulted to enable them to make informed decisions about their treatments. Appropriate checks were carried out on all staff to ensure they were safe to work in the service. Appropriate types of personal protective equipment should be used for clinical and non-clinical tasks.

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 comprehensive self-evaluation.

The clinic environment was modern, clean and well equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. We saw that cleaning checklists were completed each day. Appropriate cleaning products were used in the service. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in.

The five patient care records we reviewed included detailed information of:

- consultation
- medical history
- the procedure, and
- the provision of aftercare information.

All patients who responded to our online survey told us that they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Risks and benefits clearly considered and explained.’
- ‘Prices are online and I had time to consider my option... and was able to ask questions in my consultation with no pressure to commit.’
- ‘I am advised of proper after care, as well as being able to ask any questions I have.’

We reviewed three staff files and saw that they included evidence of relevant recruitment and ongoing checks to ensure staff were safe to work in the service. Staff had completed an induction process when starting in the service, and ongoing training. There was evidence of one-to-one meetings with the clinic manager and documented appraisals. Staff under practicing privileges agreements had provided copies of their appraisals from their NHS roles.

Patients told us that they had confidence in the service and staff. Comments included:

- ‘... wonderful, very professional and highly skilled.’
- ‘Highly professional, courteous and sympathetic approach.’

What needs to improve

Personal protective equipment available in the treatment rooms included different types of gloves, including vinyl gloves, next to the clinical hand wash basins, and nitrile and latex gloves in the cupboards. Vinyl gloves should only be used for some cleaning tasks and are not for clinical use. The service’s own infection prevention and control policy advises against the use of non-latex gloves where appropriate (recommendation a).

We found some gaps in the patient care records we reviewed. For example, one patient care record did not have a patient’s emergency contact documented and another did not have the medicine dose and batch number. We saw that this had already been identified by the service and were told this had been due to some issues transferring from paper-based records to a digital system. Actions already put in place by the service included making the data fields mandatory, so that the consultation and treatment could not proceed without the required information. Further support had also been provided to the medical staff on the new patient care record system. We will follow this up at future inspections.

- No requirements.

Recommendation a

- The service should ensure compliance with Health Protection Scotland's *National Infection Prevention and Control Manual* for personal protective equipment.

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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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