



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Allure Aesthetics, Glasgow

**Service Provider:** Allure Medical Aesthetics Ltd

28 November 2023

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](mailto:his.contactpublicinvolvement@nhs.scot)

© Healthcare Improvement Scotland 2024

First published February 2024

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>10</b>
<hr/>		
	<b>Appendix 1 – About our inspections</b>	<b>22</b>
<hr/>		

## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 4 December 2019**

#### **Recommendation**

*The service should update its adult support and protection policy to ensure a clear protocol is in place to respond to adult support and protection concerns.*

#### **Action taken**

The adult support and protection policy had been further developed to include guidance on how staff should raise a safeguarding (public protection) concern. The policy also included the contact details for reporting to the local authority.

#### **Recommendation**

*The service should record the contact details of patients' next of kin in the patient care record.*

#### **Action taken**

The patient care records system had been updated to ensure the recording of patients' next of kin or emergency contact details could now take place. All three patient care records we reviewed had the next of kin or emergency contact details documented.

#### **Recommendation**

*The service should record a summary of discussions that take place between the patient and the practitioner in the patient care record.*

#### **Action taken**

In all of the patient care records we reviewed, discussions between the practitioner and patient before, during and after treatment were documented.

## **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 Allure Aesthetics on Tuesday 28 November 2023. We spoke with the owner/manager (practitioner) during the inspection. We received feedback from 26 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Allure Aesthetics is an independent clinic providing non-surgical aesthetic treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Allure Aesthetics, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service shared a clear vision and purpose with patients and staff. Key performance indicators should include monitoring the safe care and treatment of patients. Staff were able to contribute to the development and improvement of the service through team meetings.	✓✓ Good
<b>Implementation and delivery</b>	<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 and quality improvement plan supported the continuous improvement of the service. Patients were kept updated through a monthly newsletter. A structured approach to gathering patient feedback would help to demonstrate a culture of continuous improvement. Medicines governance processes, including obtaining informed consent, must be followed. A risk register would help to manage and reduce risks in the service.	✓✓ Good
<b>Results</b>	<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 with good infection control measures in place. Patient care records were well completed. Appraisals for practicing privileges staff should take place or be obtained from their other employer.	✓✓ 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](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](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect Allure Medical Aesthetics Ltd 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 four recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients (see page 11).  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

- 1** The provider must ensure that when products are not used according to the Summary of Product Characteristics that good medicine governance processes are in place, including obtaining informed patient consent (see page 16).

Timescale – immediate

*Regulation 3(d)(iv)*

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

- 2** The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process and include our contact details (see page 17).

Timescale – immediate

*Regulation 15(6)(b)*

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

- 3** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:
- a comprehensive risk register, and
  - appropriate risk assessments to protect patients and staff (see page 18).

Timescale – by 9 May 2024

*Regulation 13(2)(a)*

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

### Recommendations

- b** The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made (see page 13).

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



Implementation and delivery (continued)	
Recommendations	
<b>c</b>	<p>The service should ensure staff have received governance procedures training including:</p> <ul style="list-style-type: none"> <li>- duty of candour</li> <li>- complaints management</li> <li>- obtaining informed consent, and</li> <li>- safeguarding (public protection) (see page 17).</li> </ul> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>

Results	
Requirements	
None	
Recommendation	
<b>d</b>	<p>The service should ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Allure Medical Aesthetics Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Allure Aesthetics 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 shared a clear vision and purpose with patients and staff. Key performance indicators should include monitoring the safe care and treatment of patients. Staff were able to contribute to the development and improvement of the service through team meetings.**

#### *Clear vision and purpose*

The service's vision and purpose statement included to provide 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.

Aims and objectives were also available on the service's website and in reception. These included to provide:

- a patient centred approach
- evidence-based treatments, and
- safety and quality.

The service's key performance indicators were:

- returning patients
- average visit revenue
- average product revenue, and
- patients pre-booking their next appointment.

We saw key performance indicators reports had been produced by the manager to enable them to identify trends and act on findings. We saw that monitoring of the key performance indicators had identified that one treatment was less popular in 2023. As a result, the service took action to actively promote the treatment on social media.

An annual business plan was produced detailing actions to meet the planned objectives for the year. This was discussed during monthly staff meetings.

### **What needs to improve**

The key performance indicators did not include monitoring the safe care and treatment of patients, such as adverse events and compliance with clinical audits (recommendation a).

- No requirements.

### **Recommendation a**

- The service should further develop the key performance indicators to include monitoring the safe care and treatment of patients.

### ***Leadership and culture***

The service was owned and managed by a registered nurse prescriber who was an experienced aesthetic practitioner. One staff member was directly employed (beauty therapist) and another member of staff was working under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service) who also carried out aesthetic treatments.

The manager was accountable for the clinical governance processes in place to ensure patient safety, such as:

- reviewing clinical procedures and policies
- patient feedback and complaints management
- staff performance and management, and
- clinical audits.

Monthly staff meetings took place with a set agenda. We saw minutes of these meetings, including discussions of agenda items including:

- future planning
- new products and treatments
- business objectives
- training required, and
- patient feedback.

There was evidence of staff discussions and contribution to the development and improvement of the service.

- 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 and quality improvement plan supported the continuous improvement of the service. Patients were kept updated through a monthly newsletter.**

**A structured approach to gathering patient feedback would help to demonstrate a culture of continuous improvement. Medicines governance processes, including obtaining informed consent, must be followed. A risk register would help to manage and reduce risks in the service.**

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

The service's participation policy stated that the service would proactively seek feedback from patients and learn from both negative and positive feedback to continuously improve. Patients were asked to leave feedback following their treatment through an online system that the service used to collate all reviews. The manager received a notification when a review was posted. We saw evidence that the service had acted on feedback, for example the service increased its opening hours to include an additional half day at the weekend following a patient suggestion. Patients were informed on social media of this change to the service's opening hours.

We saw that patients were asked on social media for their opinions on the introduction of new treatments, and the manager fed back the outcome to patients.

Patients were kept updated through a monthly newsletter which included articles such as changes in the clinic, new products and treatments, promotions and training staff had completed. The service was able to track what additional business it got as a result of the newsletter, for example increased interest in a treatment that had been included in the newsletter.

Team meetings and the staff appraisal process enabled staff to be involved in helping to improve the service and to be kept updated with any changes.

We saw evidence of a staff incentive scheme with a commission-based reward structure as well as staff being awarded extra days off for good performance.

### **What needs to improve**

While the online methods used to gather patient feedback was useful, it was difficult for the service to draw any conclusions or identify trends that could be used to help improve the service. While the service had previously asked patients to complete a structured feedback survey in the past, this had not happened for some time (recommendation b).

- No requirements.

### **Recommendation b**

- The service should implement a structured approach to gathering and analysing patient feedback to demonstrate the impact of improvements made.

### **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 April 2017, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care. Safe operating procedures were documented for all treatments.

A safeguarding policy described the actions staff should take in case of an adult protection concern.

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.

Emergency medicines were easily accessible and checked monthly. An aesthetic complication step-by-step treatment guide and a resuscitation guideline poster were available for staff to refer to. As a member of an aesthetic professional organisation, the service could access additional support if a complication occurred from cosmetic treatments. Patients received advice on what to do in the event of an emergency as part of their aftercare information.

An incidents folder contained protocols for medical emergencies, including resuscitation and aesthetic treatment complications. An accident and incident procedure gave instructions on the documenting and reporting process.

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 equipment and the environment, and a cleaning schedule for each room detailed the cleaning tasks, frequency, process and products to be used.

An annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was in place. A fire safety logbook documented all weekly and annual checks of fire equipment by contractors and clinic staff. A safety certificate was in place for the fixed electrical wiring, and portable electrical equipment had been tested.

Staff were given a health and safety handbook and induction which included what to do in the event of emergencies such as fire. The service rented out some rooms in the clinic and the tenants were also required to have an induction which included emergency procedures such as evacuation.

The service told us that it had not received any complaints. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service to the Cosmetic Redress Scheme or to Healthcare Improvement Scotland.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service had published its yearly duty of candour report on its website and this was also available in the reception area.

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).

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 that detailed information about the treatment they had booked, including the risks, and a medical history questionnaire to be completed before their appointment.

Patients also 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 a contact number for the practitioner and out-of-hours information.

The manager was a member of national groups, such as the Aesthetic Complications Expert Group. This group of practitioners regularly reported on any difficulties encountered and the potential solutions. It also provided learning opportunities and support for its members. The manager also completed ongoing training as part of their Nursing and Midwifery Council registration and attended aesthetic training events. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

The manager was a member of a peer group of colleagues that included other Healthcare Improvement Scotland registered services who provided support and shared learning with each other at a 3-monthly meeting. A referral system was also in place between these practitioners to direct patients to the most suitable practitioner for a particular treatment.

Policies were in place that detailed safe recruitment and staffing. Staff had received an appropriate level of Disclosure Scotland check to ensure they were safe to work in the service. As part of the induction process, new staff had to complete a training programme covering topics such as the service's policies and procedures, customer service standards, treatment protocols, and safety and emergency procedures. The manager also 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 vision statement.

In preparation for their annual appraisal review meeting, staff completed a self-evaluation to assess themselves on how they were performing. During the appraisal, staff training and a personal development plan was discussed.

### **What needs to improve**

The manufacturer's license for a product is awarded on the basis that the product is used according to the Summary of Product Characteristics, which is a legal document. As soon as the product is not used according to its license in any way, its use is categorised as unlicensed. If the prescriber's judgement is that unlicensed use of the medicine is in the best interest of the patient's care, good medicines governance must be followed, including the patient's consent to being treated outwith manufacturer's guidelines.

We saw the service used an alternative sterile saline solution from that recommended in the manufacturer's guidance for the reconstitution of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a fluid for injection. We were told this provided better pain relief for patients. However, there was no evidence that the off-license use of this product had been discussed with patients (when a medicine is being used in a way that is different to that described in the product license) and that informed consent had been sought (requirement 1).

The complaints information did not advise patients that they could contact Healthcare Improvement Scotland at any stage of the complaints process or provide our contact details (requirement 2).

We were told the service had not had any instances requiring the need to implement duty of candour principles. However, the service could not be assured of this as we saw no evidence that staff had completed duty of candour training. We also saw no evidence of staff training for:

- complaints management
- consent, and
- safeguarding (recommendation c).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure that when products are not used according to the Summary of Product Characteristics that good medicine governance processes are in place, including obtaining informed patient consent.



## **Requirement 2 – Timescale: immediate**

- The provider must update the complaints policy to make it clear that patients can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process and include our contact details.

## **Recommendation c**

- The service should ensure staff have received governance procedures training including:
  - duty of candour
  - complaints management
  - obtaining informed consent, and
  - safeguarding (public protection).

## ***Planning for quality***

A contingency plan was in place with another aesthetics clinic in case of events that may cause an emergency closure of the clinic. This would help make sure patients could continue their treatment plans. Appropriate insurances were in-date, such as public and employer liability insurance.

An annual audit planner with a programme of audits helped to review the safe delivery and quality of the service. Audits were carried out by the manager or a staff member, therefore peer reviewing each other's practice. The findings were documented, and an action plan completed, if required, and this was discussed during team meetings. Audits included:

- patient care records
- condition and cleanliness of the environment and equipment, and
- infection control precautions such as waste management and the use of personal protective equipment (disposable aprons, gloves and face masks).

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 with detailed improvement activities which included:

- a description of the issue requiring improvement
- how the change would be implemented, and
- how it would be evaluated.

### **What needs to improve**

The service had carried out health and safety and fire safety related risk assessments. However, risk assessments for potential clinical and business risks had not been carried out. The development of a risk register would help to record details of all risks in one place and their potential impact. A risk register would also help to make sure the risks were regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 3).

### **Requirement 3 – Timescale: by 9 May 2024**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff. This must include:
  - a comprehensive risk register, and
  - appropriate risk assessments to protect patients and staff.
  
- 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 with good infection control measures in place. Patient care records were well completed. Appraisals for practicing privileges staff should take place or be obtained from their other employer.**

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, including for sanitary fittings. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- ‘The clinic is always immaculate and very welcoming.’
- ‘Clinic is very well presented. Spotlessly clean and modern.’
- ‘Extremely clean, with good... infection control.’

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 and alcohol-based hand gel. An appropriate waste management contract was in place and sharps (needles and syringes) were well managed.

The three patient care records we reviewed had been well completed with detailed information, including documentation of:

- consultation and consents
- medical history
- medicine dosage, batch numbers and expiry dates
- the procedure, and
- the provision of aftercare information.

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

- 'I was encouraged to make the right decision for me after all information was provided.'
- 'Always... professional and gives me all information I need in advance and after.'
- 'I always... feel listened to.'

The staff files we reviewed included evidence of relevant initial 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 aesthetics training. There was evidence of one-to-one meetings with the manager and a documented annual appraisal for the employed member of staff.

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

- 'My practitioner explained in detail at our first meeting her qualifications and background.'
- '... highly professional and respectful when providing treatments. I trust her opinion.'
- '... keeps her skills up to date.'
- 'Extremely professional team.'

### **What needs to improve**

No appraisal took place for the staff member working in the service under the practicing privileges agreement. A copy of the appraisal from their NHS job had also not been obtained (recommendation d).

- No requirements.

#### **Recommendation d**

- The service should ensure a process is in place to contribute to and obtain appraisals for any staff members working under practicing privileges.

## 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](http://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](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](mailto: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.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

## Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)