



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Age Refined, Glasgow

**Service Provider:** Age Refined Limited

7 December 2023

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## 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>8</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 recommendation we made at our last inspection on 13 November 2019**

#### **Recommendation**

*The service should introduce a system to obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.*

#### **Action taken**

All Protecting Vulnerable Groups (PVG) updates were now completed for staff at regular intervals.

## **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 Age Refined on Thursday 7 December 2023. We spoke with the registered manager (practitioner) and assistant manager (practitioner). We received feedback from 25 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Age Refined is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Age Refined, 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>
<p>The service is led by a registered nurse who is an independent prescriber, with a number of employed staff and staff working under practicing privileges. The service had a clear vision and values, and defined and measurable objectives for continuous improvement. Leadership was visible and supportive, and staff felt valued and supported. Staff described the provider as a good employer and the service as a good place to work. Structured governance arrangements were in place to ensure a high standard of care was provided, including twice daily meetings, monthly minuted meetings and the use of an external human resources company.</p>	✓✓✓ Exceptional
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patient experience was regularly assessed and used to continually improve how the service was delivered. Detailed policies and procedures supported staff to deliver safe, compassionate and person-centred care. Comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, helped staff to continuously improve how the service was delivered. Patient and staff feedback was actively sought and improvements were continuously being made to improve the service. A number of initiatives had been implemented by the service to ensure good communication with patients.</p>	✓✓✓ Exceptional
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The care environment and patient equipment were clean, equipment was fit for purpose and was regularly maintained. Comprehensive employment checks ensured that all staff were safe to work in the service. Patient care records were detailed with all appropriate consents gained. Patients were very satisfied with their care and treatment and said they often recommended the service to family and friends.</p>	✓✓✓ Exceptional

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 Age Refined 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 no requirements and no recommendations.

We would like to thank all staff at Age Refined 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 is led by a registered nurse who is an independent prescriber, with a number of employed staff and staff working under practicing privileges. The service had a clear vision and values, and defined and measurable objectives for continuous improvement. Leadership was visible and supportive, and staff felt valued and supported. Staff described the provider as a good employer and the service as a good place to work. Structured governance arrangements were in place to ensure a high standard of care was provided, including twice daily meetings, monthly minuted meetings and the use of an external human resources company.

#### *Clear vision and purpose*

We saw that the service's vision and values were available for patients to view in a number of ways. This included having them displayed in the service, on the service's website and in the patient welcome pack.

The vision was a statement of how the service would provide the highest standard of patient care while working with 'industry leading products and techniques'. The service had a number of values which helped to guide its actions and decisions. These included:

- patient centred care
- safety first
- excellence in aesthetics
- patient education
- ethical and professional conduct
- continuous learning, and
- inclusivity.



Patients' wellbeing and satisfaction was the service's primary focus and its success was measured through a number of objectives set by the management team. These included:

- training
- staff wellbeing, and
- patient experience.

These objectives were measured in a number of ways, including using key performance indicators. We saw that the service regularly reviewed its performance against the key performance indicators, for example using software generated reports and training analysis logs. We also saw that the service used its patient and staff feedback as part of measuring its key performance indicators.

We saw evidence of peer review carried out by staff and discussed at team meetings, where staff reviewed and documented gaps and improvements that could be made to the service. This was identified following review of other Healthcare Improvement Scotland inspection reports, best practice guidance and national standards. Any identified improvements resulted in an action plan being developed and the service's quality improvement plan being updated.

- No requirements.
- No recommendations.

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

The service had a diverse range of healthcare and non-healthcare professionals working in the service, including:

- advanced independent prescribing nurse practitioners
- doctors and consultants
- senior aesthetician
- housekeeper, and
- medical secretary.

The service's management team consisted of a clinical director/manager and assistant manager.

The management team had well-defined roles, responsibilities and support arrangements. This helped to provide assurance of safe and consistent patient care and treatment. An independent human resources company was employed to offer support to the management team and staff.

The governance structure also set out how often staff met together. The manager led two daily handover meetings. This was protected, uninterrupted time with no patient bookings scheduled and with the service's telephone line covered by an external aesthetic response company during this time. The morning meeting discussed the patients booked in for the day, any possible challenges, allocation of safety checks and any other tasks allocated to staff for the day. The afternoon meeting discussed the patients treated and any safety concerns or reportable incidents. These meetings were also used to discuss patient and staff feedback. We reviewed recent agendas and minutes for these meetings and saw a good attendance from staff. Minutes also showed that staff could express their views freely and could make suggestions to improve the service. Staff we spoke with also confirmed this.

Monthly team meetings, peer reflection, lessons learnt sessions and training sessions were scheduled when all staff could attend in person. All meetings were documented, and minutes and action plans were distributed to staff and displayed on the staff noticeboard.

Staff told us they felt listened to by senior managers. They were often asked for feedback on how to improve their experience working in the service and any feedback that could improve patient care.

The service manager was a member of the British Association of Cosmetic Nurses and the Aesthetic Complications Expert group and actively took part in their activities. The service had also won a number of industry awards.

- 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

**Patient experience was regularly assessed and used to continually improve how the service was delivered. Detailed policies and procedures supported staff to deliver safe, compassionate and person-centred care. Comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, helped staff to continuously improve how the service was delivered. Patient and staff feedback was actively sought and improvements were continuously being made to improve the service. A number of initiatives had been implemented by the service to ensure good communication with patients.**

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

The service's participation policy detailed how it would actively engage with and encourage feedback from patients about their experience of treatment and care, and how this feedback would be used to continually improve how the service was delivered.

The service sought stakeholder involvement in a variety of different ways. Stakeholders included staff, patients and industry stakeholders.

Patients were sent a text message after every appointment requesting general feedback and were then sent a short survey of structured questions dependent on the topic the service was looking for information on. Survey results were analysed and results were made available to patients either in the service or through the service's seasonal patient newsletter. An example of this was upcoming new treatments that patients requested. The service would collect information on new treatments and reach out to treatment providers for further information. After analysis of all the results, training would be scheduled if this was felt would benefit patients, staff and the service as a whole. A more comprehensive feedback survey was also sent out every year to all patients.

Feedback received was analysed every day and results were shared with staff at daily handovers and monthly meetings. Any negative feedback received that raised a concern or issue was reviewed and the patient contacted to ask how the service could improve their patient experience. The service used a live

feedback system where all feedback from patients was published directly on the service's website with prior consent from the patient. At the time of inspection, the website stated that over 4,000 reviews had been received with an overall extremely high satisfaction rating.

We looked at recent patient feedback and patient survey results which showed a high level of satisfaction and a willingness to recommend the service to family and friends.

'You ask, We do' information was shared with patients through the patient newsletter, detailing examples of improvements made as a result of feedback. For example:

- 'You ask': For the service to provide new to the market fillers and other skin boosting injectables
- 'We do': The team have been attending training sessions hosted by these companies and will determine whether this will be beneficial to our patients

We saw other examples of improvements made as a result of patient feedback. For example, patients had stated that they had trouble contacting the service by telephone. In consultation with patients, the medical secretaries and an external aesthetic response service, a cost-based analysis was carried out. As a result, the service hired an external company to answer all telephone calls during staff handover times, lunch breaks and protected note writing time. The company also answered calls if the line was engaged or rung out. A report produced by the aesthetic response company showed that no telephone calls had been unanswered and patients had also fed back positively about this change.

The service shared information with patients in a variety of ways. Its newly upgraded website included a wide range of information on all treatments available in the service. After booking an appointment, patients received a welcome pack and information about the treatment requested. The pack clearly explained the service's vision and values, introduced all members of the team, provided before and aftercare advice, gave information on how to provide feedback or complaints and directions on how to get to the service.

Patients were emailed a seasonal newsletter providing information about the service. This included:

- new treatments available
- awards the service had been nominated for
- patient survey results

- ‘You ask... We do’ examples
- staff training, and
- information about upcoming Healthcare Improvement Scotland inspections and changes to standards.

A detailed staff survey was carried out every year, which included specific questions about the service and the management team. An example of staff feedback that was actioned by the management team included transferring working hours from a 5- to a 4-day week. Other feedback resulted in daily protected time for staff to complete their patient care records.

Staff had one-to-one meetings every 3 months carried out by the external, independent human resources consultant. This was to ensure that staff felt they could speak up and give honest, transparent feedback within the small, close-knit team. All feedback was anonymously fed back to the management team and actions taken where required.

The service recognised and rewarded its staff in a variety of ways for their commitment to the service. This included:

- thank you cards acknowledging positive feedback
- an all paid annual ‘team building’ holiday away
- private health insurance
- annual (non-performance related) financial incentives, and
- paid sickness absence and annual leave.

- 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 of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any incidents or accidents that should have been notified to Healthcare Improvement Scotland in the last year. A clear system was in place to record and manage accidents and incidents.

Policies and procedures set out the way the service was delivered, and supported staff to deliver safe, compassionate, person-centred care. Policies and procedures were updated regularly or in response to changes in legislation, national and best practice. To support effective version control and accessibility, policies were held electronically and printed out for staff to refer to. Staff received information and training on new initiatives and policy updates. Key policies included:

- adult safeguarding (public protection)
- health and safety
- infection prevention and control
- dealing with emergencies, and
- medication management.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance.

An annual fire risk assessment was carried out and the service received an annual site visit from the fire safety officer. They also provided staff with updated fire safety training. Fire safety signage was displayed, and fire safety equipment was in place and checked regularly. The service kept a log of weekly fire alarm testing. Emergency lighting was in place throughout the service. A safety certificate was in place for the fixed electrical wiring and gas boilers. Portable appliance testing on electrical equipment had been completed.

As well as a health and safety policy, the service had its own health and safety advisor who visited the service every year, or more frequently if required. Staff received face-to-face health and safety training and were updated on the service's risk assessments.

Emergency medicines were kept in an anaesthetics emergency trolley. This trolley was well equipped and contained enough medicines and equipment to deal with any foreseeable medical emergency connected to the types of treatments provided. The trolley also held operating procedures for aesthetic emergencies and had pre-typed referral letters to specialists if there was a need for specialist referral. Monthly checks on the stock held in the trolley were documented in a logbook. The defibrillator and oxygen were regularly checked and maintained.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was included on the service's

website, in the welcome pack and was prominently displayed in the service. At the time of inspection, the service had not received any complaints in the last year.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process. All staff had undertaken duty of candour training.

Patients booked their appointments using the service's online booking system. They were then sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face to face with their prescribing practitioner. A comprehensive assessment took place which included past medical history, as well as discussions on the risks, benefits and possible side-effects of treatment. Patients were offered follow-up appointments for treatment. On the day of treatment, patients reviewed a consent to treatment form which was then signed by both the patient and practitioner.

Post-treatment aftercare instructions were provided for patients at both the consultation stage and following treatment. We saw that patients were also emailed aftercare leaflets that included staff's out-of-hours contact numbers in case of any complications. Patients who responded to our online survey told us:

- 'I am always well informed regarding my treatment, cost and after-care as well as any potential risks.'
- '... always very informative before, during and after having a procedure.'
- 'Aftercare has always been fully explained to me and have been asked to repeat back to them to check my understanding, which I think is great.'

All patient information was stored securely on password-protected devices, with every practitioner having their own device. This helped to protect confidential patient 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 the service followed the appropriate data protection regulations.

The service had recruitment and practicing privileges policies in place. Practicing privileges contracts were also in place for those staff not employed directly by the provider but given permission to work in the service.

The service's recruitment policies described how staff would be appointed. Appropriate pre-employment checks were carried out for employed staff and healthcare professionals appointed under practicing privileges. Staff files contained a checklist to help make sure that appropriate recruitment checks had been carried out. All staff had to complete mandatory training before starting work in the service and the human resources company assisted with staff inductions.

We saw that the service had worked towards being a counter signatory with Disclosure Scotland. This means that the service now had a lead signatory that could sign off all Disclosure Scotland applications without having to source an external company to do this. The service had attended sessions run by Disclosure Scotland to ensure it was fully informed of the regulations and any upcoming proposed changes. The service had received updated Disclosure Scotland checks for all staff working in the service.

All staff had a training analysis record, and all training was documented and reviewed regularly. Nursing staff completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration. We saw evidence that all staff kept up to date with their own practice and with best practice in aesthetics through continued training on procedures. We saw evidence that they also participated in peer reflection and 'lessons learnt' sessions. The practicing privileges contracts made clear that these practitioners were responsible for completing their own training and education outwith the mandatory training requested by the service.

An external human resources consultant carried out one-to-one meetings and annual staff appraisals, and these were documented on an online appraisal system. Meetings included evaluating staff feedback, performance and identifying training needs. All staff were asked for anonymous feedback about the management team and continuously asked for ways that the service could improve.

It was clear that staff training was extremely important to the service. The service's aimed to keep ahead of new developments in the industry and with the most up-to-date best practice. We saw evidence of staff training provided at least every 3 months and evidence of attendance at aesthetic complications forums and conferences. The service also subscribed to monthly aesthetics journals for staff to read.

- No requirements.
- No recommendations.



### *Planning for quality*

Effective systems were in place to show that the service proactively assessed and managed risks to patients and staff. This included risk assessments detailing actions taken to mitigate or reduce risk, risk registers, auditing and reporting systems. A number of risk assessments had been carried out to help identify and manage risk. These included:

- hand wash basins
- sharps
- manual handling, and
- water system.

This helped to make sure that care and treatment was delivered in a safe environment by identifying and taking action to reduce any risks to patients and staff.

The service proactively managed its staffing complement and staff rotas were prepared every month in advance.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident. An arrangement was in place with another service registered with Healthcare Improvement Scotland to ensure patient treatment and care could continue.

We saw evidence of audits being carried out, such as:

- cleaning
- prescription-only medication, including emergency medicines
- the resuscitation trolley
- hand washing
- patient care records, and
- prescriptions.

Any results from audits were documented with an attached action plan and these were discussed at staff meetings. We were given examples of where audits had led to changes or improvements in the service. For example, regular cleaning audits had identified that the cleanliness of the environment was not to the high standard expected. A cost analysis was carried out, and a housekeeper had been employed to help ensure a high standard of cleaning. Positive feedback had been received from staff and patients as a result of this.

Audits of patient care records had shown that these were not being completed to the standard expected by the clinical director. After consultation with staff, it was found that staff were struggling to complete thorough note taking due to time constraints. As a result, daily protected time was scheduled for staff to complete their patient care records. Recent patient care record audits had shown that this action had been successful.

The service's quality improvement plan contained improvements made to the service as a result of patient and staff feedback, audits, changes to best practice and risk assessments. The quality improvement plan was reviewed and updated regularly. A recent example included in the plan was an analysis of diary management. This had resulted in time with patients being increased to ensure patients had appropriate time to discuss their desired treatments and did not feel rushed.

- 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 care environment and patient equipment were clean, equipment was fit for purpose and was regularly maintained. Comprehensive employment checks ensured that all staff were safe to work in the service. Patient care records were detailed with all appropriate consents gained. Patients were very satisfied with their care and treatment and said they often recommended the service to family and friends.**

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 clean and well maintained. Cleaning schedules were in place for all clinical areas. Equipment was cleaned by practitioners between appointments, and the clinic was cleaned at the end of the day by the housekeeper. After equipment was cleaned, 'I am clean' labels were attached. All cleaning equipment was colour coded and disposable mop heads were used daily. The service had purchased an electronic cleaning app that stored all required cleaning tasks and completed logs. Each day, cleaning tasks to be completed were displayed on individual practitioner's electronic device. Tasks were then completed and signed off throughout the day with the manager then alerted to any outstanding cleaning tasks. We saw evidence of these completed and up-to-date electronic cleaning schedules.

Personal protective equipment (such as disposable aprons and gloves) was readily available. All equipment used was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

Patients who responded to our online survey also told us they felt the service was kept extremely clean and tidy:

- ‘Clinic is maintained to the highest standards.’
- ‘The facilities are immaculate, always kept clean and tidy but also welcoming and homely.’
- ‘The clinic is relaxing, welcoming, efficient and extremely clean.’

The service’s medicine fridge was clean and in good working order. We noted a temperature recording log was fully completed and up to date. This was used to record fridge temperatures every day to ensure medicines were being stored at the correct temperature. The medicine fridge had a built-in digital memory card to alert the service if there had been a power loss. We saw evidence of annual calibration of the medicine fridge.

Medication stored in the service was in-date and was prescribed individually for patient use. A good stock control system made sure medicines and non-prescription items were always in date and helped to monitor stock balance. A stock control book was used to keep a record of every medicine ordered, the date it was received and which staff member received it. A monthly report was generated and used to cross-reference medicine stock balance with patient care records. This ensured that the prescription medicines used was consistent with any remaining stock balance logged. This kept strict control of prescription-only medications.

We saw all appropriate pre-employment checks had been completed in the five staff files we reviewed, including:

- proof of ID
- references
- training certificates
- induction
- signed contract
- the professional registration status for all clinical staff, and
- Disclosure Scotland checks.

The four patient care records we reviewed showed that patients received a face-to-face consultation about their expectations and a psychological assessment before treatments were offered. Patient care records were legible, accurate and up to date. The practitioner had signed and dated their entries. Dosage, batch

numbers and expiry dates of medicines used were also documented. The patient care records also included information on:

- consent to treatment and sharing information
- medical history
- GP details
- emergency contact
- discussion about costs
- medications, and
- treatment plans.

The service had many returning patients. Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and would recommend the service to others. The service had a waiting list for new patients to receive treatments. However, we were told returning patients were always prioritised. Patient comments included:

- ‘From start to finish I feel well cared for and treated like an individual.’
  - ‘No room for improvement when first class service is provided.’
  - ‘The clinic is first class, all the staff are incredible, pleasant, polite and treat you with respect and dignity. ... my aesthetic nurse is world class... .’
  - ‘Would highly recommend this service to anyone.’
- 
- No requirements.
  - 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.



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

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
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