

Announced Inspection Report: Independent Healthcare

Service: Fresh Inc Medispa, Dundee

Service Provider: Fresh Inc Medispa Ltd

22 November 2022

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

© Healthcare Improvement Scotland 2023

First published February 2023

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

Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	5
<hr/>		
3	What we found during our inspection	8
<hr/>		
	Appendix 1 – Requirements and recommendations	19
	Appendix 2 – About our inspections	21
<hr/>		

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 3 October 2018

Requirement

The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults' list in the Protection of Vulnerable Groups (Scotland) Act 2007.

Action taken

A risk-based Disclosure Scotland background check is now carried out for all prospective employees according to their role. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on [insert date of last inspection]

Recommendation

We recommend that the service should record in the patient care record that patients are aware of the arrangements for information sharing with GPs and other medical practitioners if required.

Action taken

The service had updated its consent to treatment form which now included asking patients for their consent to share information with their GP or other health care professionals.

Recommendation

We recommend that the service should record all interviews and obtain two references for new members of staff.

Action taken

Interview records maintained in recruitment files and two references requested for staff appointments before they start working in the service.

Recommendation

We recommend that the service should develop a yearly training plan.

Action taken

The service had developed a yearly training calendar for mandatory and other planned training.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Fresh Inc Medispa on Tuesday 22 November 2022. We spoke with the provider, the registered manager and a number of staff. We received feedback from 15 patients through an online survey we had asked the service to issue for us before the inspection, and from emails directly sent to us after the service displayed our inspection announcement poster.

The inspection team was made up of one inspector and a second inspector observing.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

What we found and inspection grades awarded

For Fresh Inc Medispa, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The service proactively sought feedback from patients to inform and direct service improvement. Its mystery shopper initiative provided further assurance and governance that patient care and treatment was delivered in line with the service's policies and procedures.	✓✓✓ Exceptional

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The clinic environment was clean, well equipped and fit for purpose. Patients told us they had confidence in staff to deliver safe care and treatment. Medicines must be secured in a lockable cupboard or suitable refrigerator when not in use. The clinical waste contract must be updated for the safe disposal of Botulinum toxin and this medicine should be used in line with manufacturer's guidance. Individual sharps disposal containers should be provided for weight loss management patients.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements. Quality assurance and governance systems helped the service to deliver safe, evidence-based, person-centred care. A comprehensive quality improvement plan supported a continuous culture of quality improvement.	✓✓✓ Exceptional

The following additional quality indicator were inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	Thorough assessments were completed to determine patients' suitability for treatment. Patient care records included a detailed account of treatment pathways, aftercare arrangements and signed consent to treatment forms.	

Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Suitable and safe recruitment practices were in place. Staff received good opportunities for training, professional development and career progression. Senior practitioners supported new staff through induction. Staff had an appraisal at least once a year.

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 Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Fresh Inc Medispa to take after our inspection

This inspection resulted in two requirements and two recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

Fresh Inc Medispa 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 Fresh Inc Medispa for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on what key outcomes the service has achieved and how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

The service proactively sought feedback from patients to inform and direct service improvement. Its mystery shopper initiative provided further assurance and governance that patient care and treatment was delivered in line with the service's policies and procedures.

The service consistently gathered feedback from its patients in a variety of ways. For example, through social media, verbal and written comments and a 'mystery shoppers' initiative in line with its participation policy. A feedback questionnaire was generated and emailed after each appointment to capture every patient's experience of the service. A paper copy of the questionnaire was available for patients who did not have access to social media or the internet. The service produced newsletters to share improvements made after patient feedback in the clinic this was shared on social media and in hard copy in the clinic.

Patients were asked to rate their overall experience using a five star system. Patient feedback was monitored daily and the service contacted patients who had given reviews with less than five stars over the telephone in the next 24 hours. We saw that feedback and analysis from 175 patient reviews in October 2022 rated the clinic as excellent and included very positive comments about patients' experience. We received similar positive comments from our online survey. Comments included:

- 'I always feel I am treated with dignity and respect when visiting the clinic.'
- 'I always feel relaxed knowing that I am in very capable hands when visiting the clinic.'
- 'The team works well together meaning the whole business runs smoothly.'

We saw that results from patient feedback were regularly discussed at staff meetings and with individual staff as part of their appraisal. For example, the service manager and marketing staff randomly selected some new and existing patients and invited them to participate in the service's mystery shopping initiative. Patients completed a set of questions anonymously after their treatment and returned these to the service manager. The data collected was used to help make sure staff delivered high quality patient care and treatment in line with the service's policies and procedures. When we reviewed the mystery shopper analysis completed for seven staff members from May–November 2022, the feedback was all very positive. We also saw evidence that the results were discussed with staff during one-to-one meetings with the service manager.

Patients received information about how to make a complaint in the service's information handbook and on its website. This included the contact details for Healthcare Improvement Scotland (HIS). We saw that a complaints and concerns log was maintained to respond to issues that patients had raised and to monitor any themes or trends. We saw that complaints or concerns patients had raised after their treatment had resulted in a satisfactory outcome. Staff had received training in complaints handling. Lessons learned from complaints were discussed at staff and management meetings and used to support learning and service improvement.

- No requirements.
- No recommendations.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The clinic environment was clean, well equipped and fit for purpose. Patients told us they had confidence in staff to deliver safe care and treatment.

Medicines must be secured in a lockable cupboard or suitable refrigerator when not in use. The clinical waste contract must be updated for the safe disposal of Botulinum toxin and this medicine should be used in line with manufacturer's guidance. Individual sharps disposal containers should be provided for weight loss management patients.

Patients were cared for in a clean and safe environment. Equipment was in a good state of repair and fit for purpose. Patients told us the clinic environment was always very clean and the treatment areas were hygienic, welcoming and comfortable.

The service had an up-to-date health and safety policy and a planned programme of preventative maintenance with independent contractors. For example, we saw evidence of regular maintenance and servicing of equipment including fire safety equipment, gas safety checks and electrical portable appliance testing. The service had up-to-date risk assessments in place for fire and the control of substances hazardous to health (COSHH) to protect patients and staff from exposure to harmful substances.

Effective infection prevention and control measures were in place to reduce the risk of infection for patients and staff. Staff completed cleaning schedules daily. Cleaning materials used between patient appointments and at the end of the clinic were in line with national infection prevention and control guidance. We saw a good supply of personal protective equipment (PPE) in use, such as disposable aprons, gloves and masks. Anti-bacterial handwash and disposable hand towels were used to promote good hand hygiene for staff and patients.

Single-use medical devices such as syringes, needles and patient equipment were used to reduce the risk of cross-infection. The service had a dedicated infection prevention and control lead who monitored compliance with the service's infection control policy. Hand hygiene audits we saw showed good compliance.

The service had a safe system in place for the procurement, prescribing and administration of medicines. Medicines cupboards and fridges were clean, tidy and not overstocked. All of the medicines we reviewed were in-date and we saw that a record of the batch numbers used for treatments was documented in all patient care records we reviewed. This would allow the service to respond to any medicine alerts or adverse events. A first aid box and an emergency medicine kit was available so staff could quickly respond to any medical emergencies, such as a complication or adverse reaction from treatment. Staff attended yearly training in basic life support and anaphylaxis in line with the service's medical emergency policy.

Risk management and an effective audit programme helped make sure the service delivered consistent, safe care and treatment for patients. A clear system was in place to record and manage accident and incident reporting. We saw individual risk assessments in place for treatments and action plans were produced to inform and direct service improvement. Audit results for patient care records, infection control practice and medicines management showed good compliance. For example, infection prevention and control audits we saw from September and October 2022 achieved 100% compliance.

A laser protection advisor visited the service every year to make sure laser safety rules and guidance were followed in line with local policy. Staff had completed laser safety core of knowledge training, which they were required to refresh regularly. The 'local rules' (the local arrangements developed by the laser protection advisor to manage laser safety) were displayed in the treatment room in line with laser safety practice.

The service reviewed its policies and procedures every year or in response to legislation changes. A duty of candour procedure set out how the service would meet its professional responsibility to be honest with patients if something went wrong. While the service had not had any duty of candour incidents, staff fully understood their responsibilities to be honest with patients when things go wrong. Staff were aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

What needs to improve

The majority of medicine management was in line with the safe administration of medicines. However, prescription-only medicines including emergency medicines were not stored securely, such as in a lockable room, fridge or cupboard. The door of the clinical treatment room we saw had no lock and the room did not have any lockable space available. While the service maintained a daily log of fridge temperatures, we saw that temperature-sensitive prescription-only medicines were stored in a domestic refrigerator without a lock (requirement 1).

The service had a clinical waste contract in place for the safe removal and disposal of clinical waste. However, this did not include the correct European waste category code (EWC 18-01-08) for the segregation and disposal of Botulinum toxin. This medicine is categorised as cytostatic and hazardous under waste legislation (requirement 2).

Botulinum toxin reconstituted (restored from a dry substance to a fluid for injection) on the day a patient presented for treatment was not always disposed of in line with manufacturer's guidance. The manufacturer will only assure the physical and chemical stability of the medicine for 24 hours if stored in a fridge, after which it should be discarded (recommendation a).

We were told that weight loss management patients did not have a dedicated sharps container to safely dispose of the medical device (needles) they used to self-administer their treatment (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must ensure that all medicines in treatment rooms are stored securely in a lockable space or a refrigerator suitable for storing temperature sensitive medicines.

Requirement 2 – Timescale: immediate

- The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation.

Recommendation a

- The service should ensure botulinum toxin is used in line with the manufacturer's guidance and update its medicines management policy to accurately reflect the processes in place.

Recommendation b

- The service should update its clinical waste contract to enable the service to provide weight loss management patients with an individual sharps container for the safe disposal of sharps. This should include the disposal of the patient's full containers.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Thorough assessments were completed to determine patients' suitability for treatment. Patient care records included a detailed account of treatment pathways, aftercare arrangements and signed consent to treatment forms.

Patients told us they felt well informed and had received a substantial amount of information about treatment options, and the risks and benefits and aftercare arrangements before going ahead with treatment. Some comments we received from patients included:

- 'Everything explained clearly.'
- 'I trust the staff's knowledge on procedures, and I find the clinic friendly and welcoming.'
- 'Yes it appeared obvious to me within the first minute that the staff were highly knowledgeable and confident. The information provided and discussions we had, made this very clear to me.'

The majority of patient care records were stored electronically in a password-protected computer. Weight loss management-patients' care records were paper-based and stored in a locked filing cabinet. This protected 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). A dedicated data protection officer was responsible for information governance to make sure the service complied with data protection regulations.

We reviewed five patient care records including two files for weight loss management patients and found all entries were legible, dated and signed. Treatment pathways were well defined and patient care records were comprehensive and well organised. All patient care records we reviewed contained a record of the initial consultation with the patient and practitioner, as well as a full assessment of each patient's past medical history. For

prescription-only treatments, such as Botulinum toxin a physical face-to-face consultation had taken place with the prescriber.

Consent-to-treatment forms included information about the risk and benefits of treatment, consent to share information with the patient's GP (general practitioner) or other health care professional in an emergency and for taking photographs. All patient care records we reviewed had consent to treatment forms that the patient and practitioner had signed and dated. As part of our review, we also looked at the additional criterion required for patients enrolled on the weight loss management programme. For example, to support their treatment patients had to:

- provide evidence of a satisfactory blood test
- consent to the service sharing information with their GP, and
- give their consent to the use of an 'off label' medicine prescribed.

An off-label use of a medicine is when a medicine is being used in a way that is different to that described in the product license.

Patients were given clear post-treatment aftercare advice, as well as the service's out-of-hours telephone number in case they had a reaction or complication following treatment. As part of the treatment plan, patients were invited to attend a follow-up appointment 2 weeks after treatment. This allowed the service to make sure patients were happy with the results or provide more treatment and advice.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Suitable and safe recruitment practices were in place. Staff received good opportunities for training, professional development and career progression. Senior practitioners supported new staff through induction. Staff had an appraisal at least once a year.

The service had effective systems and processes in place to make sure staff recruitment was safe and in line with the service's recruitment policy. The three staff files we reviewed showed that appropriate pre-employment checks were completed before staff started working in the service. For example,

- a risk-based Disclosure Scotland background check according to their job role
- proof of ID, and
- two references obtained.

A system was in place to check the professional registration of clinical staff every year.

The service had registered with Disclosure Scotland as a counter-signatory and could sign and process applications to Disclosure Scotland to carry out the relevant background checks.

Some staff in the service worked under a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service). We saw evidence of a practicing privileges policy and individual practicing privileges arrangements in place. Regular reviews and updates made sure each individual healthcare professional followed the service's requirements for mandatory training and complied with the service's policies and procedures.

An established, skilled and experienced team of clinical and non-clinical practitioners delivered the service. The clinic had a low staff turnover rate and minimal absences. New staff received a comprehensive induction which

included mentoring and support to achieve their competencies from a senior practitioner before delivering treatment to patients.

Staff told us they had good opportunities for training and career progression. For example, some staff were pursuing academic qualifications in:

- business management
- dental therapy
- independent prescribing, and
- nursing.

The service had also invested in external training sources, such as coaching facilitators and pharmaceutical companies to enhance further training opportunities for staff. A training calendar set out the key training priorities for staff every year and included completion of mandatory training, such as basic life support and first aid.

We saw that staff attended regular team and one-to-one meetings with the manager and had a yearly appraisal. Results from patient feedback, mystery shoppers and individual training needs were discussed, reviewed and actioned with staff individually and at the team meetings.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements. Quality assurance and governance systems helped the service to deliver safe, evidence-based, person-centred care. A comprehensive quality improvement plan supported a continuous culture of quality improvement.

The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements. The director was a dental hygienist registered with the General Dental Council (GDC), an experienced aesthetic practitioner responsible for the service's development and the registered Caldicott Guardian. An experienced service manager led the day-to-day management of the service. A lead nurse and independent supplementary prescriber registered with the Nursing Midwifery Council (NMC) was responsible for overseeing the safe and effective delivery of aesthetic practice. This made sure the service delivered care and treatment for patients in line with best practice supported by evidence-based research.

Staff told us the senior management team were visible, approachable and encouraged them to share their ideas to support the development of the service. Staff spoke positively about the individual support they received from managers to enhance their own professional development. This included opportunities for formal and informal training, 'in-house' peer support and mentoring. External coaching facilitators were also used to support further learning. This demonstrated the provider's commitment to helping find opportunities for staff to pursue career pathways through regular training, as stated in the self-evaluation document the service completed before our inspection.

We saw that patients were encouraged to contribute to the development of the service through their participation in quality assurance activities. For example, in partnership with a local university the service invited its patients to participate in a study on the psychological effects of Botulinum toxin treatment. A university psychology student gathered the results of the study from psychological testing, carried out in the service. We were told that patients reported a significant improvement in their self-esteem 4 weeks after their treatment.

We found well-defined systems and processes were in place to make sure the focus was on continuously improving the service. A programme of audit and regular meetings between senior management and staff were part of this system.

The service's strategic business plan placed safe practice at the forefront of its philosophy of care. To achieve this, it had a focus on staff continually reviewing and reflecting on practice, attending training and networking with other aesthetic practitioners in the industry. The service belonged to industry specific groups, such as The British Association of Cosmetic Nurses (BACN), the Aesthetic Complications Expert (ACE) group and subscribed to aesthetic journals. It also participated in forums with other aesthetic practitioners to share information and attended industry-specific conferences to keep up to date with changes in aesthetic practice and legislation.

The service had developed a comprehensive quality improvement plan which identified the key priorities, improvement initiatives introduced and documented how this benefited the service, staff and patients. The plan was reviewed and updated every 3 months. Some of the key improvements introduced in 2022 included:

- a dedicated cleanliness champion to monitor infection prevention control standards
- the development and implementation of a mystery shopper initiative, and
- the launch of two new treatments for patients.

In response to feedback from patients, the service had also extended its opening hours to give patients greater flexibility.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

- 1** The provider must ensure that all medicines in treatment rooms are stored securely in a lockable space or a refrigerator suitable for storing temperature sensitive medicines (see page 12).

Timescale – immediate

Regulation 3(d)(iv)

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

- 2** The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with the European Waste Category (EWC) 18-01-08, to ensure it complies with appropriate waste legislation (see page 12).

Timescale – immediate

Regulation 3(d)(iii)

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

- a** The service should ensure botulinum toxin is used in line with the manufacturer's guidance and update its medicines management policy to accurately reflect the processes in place (see page 12).

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

- b** The service should update its clinical waste contract to enable the service to provide weight loss management patients with an individual sharps container for the safe disposal of sharps. This should include the disposal of the patient's full containers (see page 13).

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

Appendix 2 – About our inspections

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

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

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:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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

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

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