

# Announced Inspection Report: Independent Healthcare

**Service:** Cherrybank Dental Spa, Perth

**Service Provider:** Cherrybank Dental Spa Limited

1 November 2022

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

### **What the provider had done to meet the requirement we made at our last inspection on 11 February 2021**

#### **Requirement**

*The provider must consistently use rectangular collimators for intraoral X-rays.*

#### **Action taken**

The provider was now using rectangular collimators when taking intraoral X-rays. **This requirement is met.**

### **What the service had done to meet the recommendations we made at our last inspection on 11 February 2021**

#### **Recommendation**

*The service should audit radiographic (X-ray) image quality to ensure the use of rectangular collimation does not reduce the quality of the radiographic images produced.*

#### **Action taken**

A radiographic image quality audit had been carried out since the last inspection. Staff were continuing to monitor radiographic image quality to ensure this was high quality and consistent across staff members.

#### **Recommendation**

*The service should formally record the minutes of management meetings, including actions to be taken forward and monitored.*

#### **Action taken**

Minutes of meetings were now recorded and emailed to staff. A copy of the minutes was also placed on the noticeboard in the staff room.

#### **Recommendation**

*The service should develop and implement a quality improvement plan.*

#### **Action taken**

A formal quality improvement plan had not yet been implemented. This recommendation is reported in Quality indicator 9.4.

## 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 Cherrybank Dental Spa (Perth) on Tuesday 1 November 2022. We spoke with a number of staff during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of two inspectors.

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 satisfactory self-evaluation.

### What we found and inspection grades awarded

For Cherrybank Dental Spa (Perth), 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	Patients were actively encouraged to help improve how the service was delivered. Key information about the services offered was available to patients. Patients could easily access the service's complaints procedure.	✓✓ Good
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) onsite. The	✓ Satisfactory

	majority of the criteria from the national dental combined practice and sedation practice inspection checklists were met. However, improvements are needed for servicing and replacing equipment, and ensuring equipment is safe to use. Medical emergency and life support training must be provided for sedationists.	
<b>Domain 9 – Quality improvement-focused leadership</b>		
9.4 - Leadership of improvement and change	Leadership was open, visible and supportive with the practice owner and service manager routinely present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.	✓ Satisfactory

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

<b>Additional quality indicators inspected (ungraded)</b>	
<b>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</b>	
<b>Quality indicator</b>	<b>Summary findings</b>
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out and good processes were in place to help patients understand their treatment plan options. Patient care records were of a good standard and included information about all aspects of patient care.
<b>Domain 7 – Workforce management and support</b>	
7.1 - Staff recruitment, training and development	All staff were suitably trained for their job role and were actively keeping their skills up to date. Although a recruitment policy was in place, background checks must be carried out for all visiting self-employed clinicians.

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 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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

### **What action we expect Cherrybank Dental Spa Limited to take after our inspection**

This inspection resulted in six 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Cherrybank Dental Spa Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Cherrybank Dental Spa (Perth) for their assistance during the inspection.

### 3 What we found during our inspection

#### Outcomes and impact

This section is where we report on 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**

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**Patients were actively encouraged to help improve how the service was delivered. Key information about the services offered was available to patients. Patients could easily access the service's complaints procedure.**

Key information about the services offered was available for patients on the service's website. Written information was also available in the practice. A clear patient participation process was in place. The service gathered feedback from patients in a variety of ways. Patients were asked for their verbal feedback after each visit and to complete an email survey with results collated and provided to the service by an external online provider. Patients were also encouraged to submit online reviews and testimonials on the service's website. The service responded to both positive and negative online reviews and sought resolution if a patient had reported a negative experience by encouraging them to contact the service directly. All patient feedback was reviewed regularly and shared with staff at meetings. Feedback and testimonials we reviewed were positive and complimentary about the service and its staff.

A complaints policy and procedure was displayed in the reception area along with a treatment fee guide. Patients were encouraged to communicate early if they had any queries or concerns, and the procedure made clear that patients could complain to Healthcare Improvement Scotland at any time. All staff we spoke with knew the process for dealing with a complaint.

A duty of candour procedure described how the provider would meet its responsibility to be honest with patients if things went wrong. Most clinical staff had carried out online duty of candour training with the remainder due to complete this in the near future.



### **What needs to improve**

The service's complaints policy and procedure had not been published on the service's website. We advised the service manager this would provide easy access to information for patients on how to make a complaint. We will follow this up at the next inspection.

Part of a provider's duty of candour responsibilities is to produce and publish a duty of candour report every year, even when duty of candour has not been invoked. We reminded the service manager that duty of candour reports should be produced and published every year. We will follow this up at the next inspection.

- 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

**Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) onsite. The majority of the criteria from the national dental combined practice and sedation practice inspection checklists were met. However, improvements are needed for servicing and replacing equipment, and ensuring equipment is safe to use. Medical emergency and life support training must be provided for sedationists.**

NHS dental services are inspected using the national Combined Practice Inspection and Sedation Practice Inspection Checklists to ensure the safe delivery of care. These checklists have a number of essential and best practice criteria for dental practices, including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We used the same combined practice and sedation practice inspection checklists during this inspection. All essential and the majority of the best practice criteria on this inspection were met.

Patient care and treatment was delivered from a clean and safe environment, and the fabric and finish of the building was good. Treatment rooms were clean, tidy, well designed and fully equipped for the procedures offered.

The onsite decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and

decontamination room. Staff knew the service's decontamination process and were able to show us how they safely processed dental instruments.

An X-ray machine was located in an appropriately designed, dedicated room. This meant that radiological examinations could be carried out to aid treatment planning and treatment. An up-to-date radiation protection file was in place. Electronic radiographic (X-ray) images were stored securely.

The service had a proactive approach to making sure care was delivered safely, in a way that met people's needs and minimised risk. Key risk assessments had been carried out, for example for legionella and radiation. We saw evidence of appropriate fire safety, gas safety and electrical safety checks. Infection prevention and control policies and procedures were in line with national best practice. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection. Contracts were in place to safely dispose of clinical waste. Alcohol-based hand rub was available at the entrance to the premises and patients were asked to wear face masks until seated in the dental chair.

An audit programme reviewed the safe delivery and quality of the service, and helped to maintain a good standard of care and treatment. This included infection prevention and control, patient care records and radiographic audits.

All employed staff carried out training in the management of medical emergencies every year, and all the necessary emergency drugs and equipment was available, including a defibrillator and oxygen.

The service provided some dental treatment under conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Sedation was provided by visiting sedationists who had been suitably trained in intravenous (IV) conscious sedation techniques. The service had recently undertaken an audit of its sedation processes as well as auditing all its sedation providers. Results showed that the provider was working well with its sedationists to ensure best practice was being followed.

### **What needs to improve**

The adult defibrillator pads had expired. These must not be used and must be replaced immediately (requirement 1).

There was no evidence of servicing or calibration for the dental laser. This must take place according to the manufacturer's instructions to ensure it is safe to use. The dental laser must not be used until it has been appropriately serviced and calibrated (requirement 2).

Some X-ray machine isolator switches (to be used if the X-ray machine malfunctions) were not positioned safely. The operator would have to walk through the direct X-ray beam to switch the machine off. These isolator switches must be repositioned, following advice from the service's radiation protection advisor (requirement 3).

Some surplus items were being stored in the decontamination room. Decontamination rooms are designed and intended for the specific purpose of cleaning and sterilising dental instruments only (requirement 4).

Individual members of the sedation team had received training in how to deal with emergencies. However, no sedation-related emergency training had taken place that involved the whole sedation team (requirement 5).

The service had not carried out any quality improvement activity, such as audits, for sedation-related procedures (recommendation a).

The clinical hand wash basins and taps throughout the service did not comply with national guidance for sanitary fittings, and we were told there were no plans to replace them. We spoke to the service manager about developing a refurbishment plan for replacing the basins and taps with those that are compliant with national guidance for sanitary fittings, within an appropriate timescale. We will follow this up at the next inspection.

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

- The provider must replace the expired adult defibrillator pads and implement a stock checking system to make sure the pads are always in date and ready to use.

#### **Requirement 2 – Timescale: by 17 February 2023**

- The provider must not use the dental laser until it has been suitably serviced and calibrated. Evidence of the servicing and calibration must be provided to Healthcare Improvement Scotland. Thereafter, the laser must be regularly serviced and calibrated according to the manufacturer's instructions.

#### **Requirement 3 – Timescale: immediate**

- The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions.

#### **Requirement 4 – Timescale: immediate**

- The provider must remove all unnecessary items stored in the decontamination room.

#### **Requirement 5 – Timescale: immediate**

- The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year.

#### **Recommendation a**

- The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.

### **Our findings**

#### **Quality indicator 5.2 - Assessment and management of people experiencing care**

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**Comprehensive patient assessments were carried out and good processes were in place to help patients understand their treatment plan options. Patient care records were of a good standard and included information about all aspects of patient care.**

The majority of referrals to the service were received directly from patients. A treatment co-ordinator was the first point of contact for patients and supported them through their treatment journey, from making their initial appointment to discussing treatment options, risks and benefits, and costs. Similar discussions also took place with the treating clinician but the treatment co-ordinator spent additional time summarising discussions between the patient and clinician away from the treatment room. This helped to ensure patients were involved in planning their treatment.

Consent to treatment was recorded in patient care records, and patients were given enough time and support before consenting to treatment. Patient care records also included information on:

- assessment
- treatment options and treatment plan
- radiographs (X-ray images)
- clinical photographs
- aftercare advice, and
- follow-up care.

All aspects of the patient assessment and treatment options were provided in a detailed and individualised 'story board'. This helped patients make decisions about their care before consenting to treatment. This included photographs of the patient's smile, any X-rays and scans as well as treatment costs. Patients were emailed their story board, as well as being given a printed or email copy of their treatment plan.

We found records were of a good standard with notes clearly written, electronically signed and dated. These were held securely on an electronic database and back-up systems were in place in case of failure. The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information.

- 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

**All staff were suitably trained for their job role and were actively keeping their skills up to date. Although a recruitment policy was in place, background checks must be carried out for all visiting self-employed clinicians.**

We noted the service had a consistent and long-standing staff group with a low turnover rate. Clear recruitment procedures were in place, along with an induction plan for all newly employed staff. From speaking with staff, it was clear they understood and had been suitably trained for their individual roles. They were also clear on their responsibilities and those of other team members, and knew who to contact if information was required or if an issue needed to be resolved.

Staff were encouraged to develop their knowledge and skills. The service paid for training, such as the dental nurse radiography qualification and online membership for dental nurses to access continuing professional development education and training.

### **What needs to improve**

While the service had a process for checking the background and health clearance status for permanent staff, the same process was not followed for visiting clinicians (requirement 6).

### **Requirement 6 – Timescale: immediate**

- The provider must ensure it can demonstrate evidence of appropriate background checks and health clearance status for all self-employed or visiting clinicians before they start working in the service.
  
- 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

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**Leadership was open, visible and supportive with the practice owner and service manager routinely present and available. Staff felt they could contribute positively to improving the quality of the service provided. A quality improvement plan should be developed.**

We noted a positive team culture, with staff telling us the practice owner (lead dental practitioner) and service manager were visible, approachable and actively encouraged staff to contribute to developing and improving the service.

Staff met regularly to ensure the team was updated on operational issues and to take forward any improvement work. Minutes of these meetings were recorded with actions clearly detailed and then circulated to all staff.

The practice owner attended industry training events, and was a member of several dental organisations. They often taught other dental practitioners in cosmetic dental procedures and had a good network of dental colleagues who they regularly connected with.

The service manager regularly reviewed policies, procedures and processes, and worked with the team to discuss any changes or improvements needed. Staff told us the management team was approachable and any concerns or suggestions they raised with the service manager were taken into consideration.

We noted the clinical director was very supportive of staff training and development opportunities. For example, a staff member was currently being mentored so they could carry out more management and recruitment tasks to support the service manager in their role. It was clear the management team cared about improvement in the service and were developing their own skills and knowledge in compliance.



### **What needs to improve**

Although some improvement activity had taken place since our last inspection, the service had not yet developed a quality improvement plan. This had been highlighted in the February 2021 inspection report. This would help the service structure its improvement processes, record the outcomes, measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

### **Recommendation b**

- The service should develop and implement a quality improvement plan to structure its approach to quality improvement and demonstrate a culture of continuous improvement.

## 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 replace the expired adult defibrillator pads and implement a stock checking system to make sure the pads are always in date and ready to use (see page 12).

Timescale – immediate

*Regulation 3(a)*

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

- 2** The provider must not use the dental laser until it has been suitably serviced and calibrated. Evidence of the servicing and calibration must be provided to Healthcare Improvement Scotland. Thereafter, the laser must be regularly serviced and calibrated according to the manufacturer's instructions (see page 12).

Timescale – by 17 February 2023

*Regulation 3(d)(v)*

*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)

### Requirements

- 3** The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions (see page 12).

Timescale – immediate

*Regulation 3(a)*

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

- 4** The provider must remove all unnecessary items stored in the decontamination room (see page 13).

Timescale – immediate

*Regulation 3(d)(i)*

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

- 5** The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year (see page 13).

Timescale – immediate

*Regulation 12(c)(2)*

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

### Recommendation

- a** The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Domain 7 – Workforce management and support	
Requirement	
6	<p>The provider must ensure it can demonstrate evidence of appropriate background checks and health clearance status for all self-employed or visiting clinicians before they start working in the service (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 8</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
None	

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
b	<p>The service should develop and implement a quality improvement plan to structure its approach to quality improvement and demonstrate a culture of continuous improvement (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the February 2021 inspection report for Cherrybank Dental Spa (Perth).</p>

## 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](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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://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](mailto:his.ihcregulation@nhs.scot)

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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)