

# Announced Inspection Report: Independent Healthcare

**Service:** Flossbar, Troon

**Service Provider:** DFW 55 Limited

25 August 2022

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# 1 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 Flossbar on Thursday 25 August 2022. We spoke with a number of staff during the inspection and received feedback from 19 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of three 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 limited self-evaluation.

## What we found and inspection grades awarded

For Flossbar, 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 provided with information about treatments before a plan of care was agreed. The service should develop procedures for referring patients when care cannot be provided, being honest with them if things go wrong and using their feedback to help improve the service. | ✓ Satisfactory |

| Key quality indicators inspected (continued)                                  |  |                |
|---|--|----------------|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |  |                |
| Quality indicator   | Summary findings   | Grade awarded  |
| 5.1 - Safe delivery of care   | <p>Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection checklist were met. Impressions must be disinfected in an appropriate disinfection bath and solution and all recommendations made in the recent fire risk assessment must be actioned. A regular programme of clinical audits should be introduced and safeguarding procedures should be updated to include child safeguarding.</p> | ✓ Satisfactory |
| Domain 9 – Quality improvement-focused leadership                             |  |                |
| 9.4 - Leadership of improvement and change                                    | <p>The service had good access to dental advice if it was needed. One of the dental hygienists provided regular external training. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.</p>   | ✓ Satisfactory |

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

| Additional quality indicators inspected (ungraded)                            |   |
|---|---|
| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |   |
| Quality indicator   | Summary findings  |
| 5.2 - Assessment and management of people experiencing care                   | Patients were involved in planning their treatment and patient care records contained a good standard of information. Data security procedures must be tightened and proof of registration with the Information Commissioner's Office provided.   |
| Domain 7 – Workforce management and support                                   |   |
| 7.1 - Staff recruitment, training and development                             | Despite the team being small, staff had clearly defined roles and responsibilities. Staff were motivated and enthusiastic. Staff were suitably trained for their job role and were actively keeping their skills up to date. Formal recruitment procedures must be introduced to make sure staff are recruited safely. Formal staff meetings should take place. |

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 DFW 55 Limited to take after our inspection**

This inspection resulted in four requirements and seven 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)

DFW 55 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 Flossbar for their assistance during the inspection.

## 2 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 provided with information about treatments before a plan of care was agreed. The service should develop procedures for referring patients when care cannot be provided, being honest with them if things go wrong and using their feedback to help improve the service.**

Treatments were provided in a way that protected the confidentiality of patients. Locks on doors and frosted glass windows made sure patients' privacy was not compromised.

A practice information leaflet in reception and on the service's website detailed the treatments the service offered and their costs. We were told patients regularly returned to the service for treatment. All patients who responded to our survey said they were involved in decisions about their care and treatment and treated with dignity and respect. Comments included:

- 'I was given different choices on what treatment I would want and advice on what I had questions about, making it easy to make a decision on what treatment I wanted.'
- 'I was spoken to in a professional manner in terms that I understood, never rushed or made to feel there was a time limit on my treatment.'
- 'I was consulted every step of the way.'

A complaints procedure set out how the service would respond to complaints and highlighted patient's right to complain to Healthcare Improvement Scotland at any time. The procedure for making a complaint was also detailed on the service's website.



### **What needs to improve**

Where the service may be unable to provide the appropriate care a patient needs, they would be referred to an external healthcare provider. However, no formal process was in place that detailed how the referral would take place and who with. The service also did not have a process in place for informing patients if their treating clinician was leaving the service (recommendation a).

No duty of candour procedure was in place to describe how the service would meet its responsibility to be honest with patients if things went wrong. Staff had not been trained in duty of candour principles (recommendation b).

While patient feedback was sought from patients verbally after each visit, a satisfaction survey was not provided to all patients. Staff told us the return rate was poor. We saw no formalised process for regularly seeking patient feedback or evaluating feedback results. Developing a process with different methods of asking for feedback, evaluating results and making changes would help demonstrate how patients are involved in service improvement (recommendation c).

- No requirements.

### **Recommendation a**

- The service should develop a referral protocol for referring patients to an external healthcare provider where care cannot be provided. The protocol should include the contact details of the healthcare provider where referrals will be made. It should also set out how patients will be informed if their treating clinician is leaving the service.

### **Recommendation b**

- The service should develop and implement a duty of candour procedure that demonstrates how it will meet its responsibility to say sorry to patients if things go wrong. Staff training in duty of candour principles should also be provided.

### **Recommendation c**

- The service should develop a participation policy to direct the way it engages with patients and uses their feedback to improve the service.

## 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**

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**Patient care and treatment was delivered in a safe, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection checklist were met. Impressions must be disinfected in an appropriate disinfection bath and solution and all recommendations made in the recent fire risk assessment must be actioned. A regular programme of clinical audits should be introduced and safeguarding procedures should be updated to include child safeguarding.**

NHS dental services are inspected using the national Combined Practice Inspection to make sure the care delivered was safe. This checklist has a number of essential and best practice criteria, including:

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

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

The service was delivered from spacious premises that provided a clean and safe environment for patient care and treatment. The fabric and finish of the building was good. At the time of our inspection, all areas were clean, tidy and well organised. The service had two treatment rooms, one used for carrying out treatments and the other for providing training only. The clinic environment was clean, well maintained and equipment was fit for purpose. All patients that responded to our survey said they liked the environment and felt safe.

Comments included:

- 'The equipment appears to be very up to date, resulting in comfortable and painless treatment. The treatment room is well decorated and clean.'
- 'Surgery was well equipped and very clean.'
- 'The actual surgery is modern and clean and was a very pleasant environment to be in.'

A contract was in place to dispose of clinical waste safely. Appropriate cleaning products were used to clean the environment and equipment. We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment, such as face masks, aprons and gloves were also available for staff and patients. Where possible, equipment was single-use to minimise the risk of infection. However, an on-site decontamination room was used for cleaning reusable instruments. This room was well equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment room and decontamination room. Staff knew the service's decontamination process and were able to show us how they safely processed instruments.

No medicines were used in connection with the service. However, a standard dental emergency kit was kept in case of any emergencies. All staff completed training in the management of medical emergencies every year. The service had all the necessary emergency drugs and equipment.

### **What needs to improve**

Staff were cleaning impression molds of patients' mouths with a spray disinfectant before sending them to the lab for processing. Impressions must be disinfected in a disinfection bath by immersion in an appropriate solution (requirement 1).

The fire risk assessment that an external company had carried out contained recommendations that had not been actioned (requirement 2).

We were told that the hygienist had carried out some recent clinical audits. However, we were not shown any evidence of outcomes from these. The service had no regular programme of audits in place to assure the quality of key areas of service delivery (recommendation d).

While an adult safeguarding policy was in place, it did not describe how children would be safeguarded (recommendation e).

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

- The provider must obtain a disinfection bath and appropriate disinfection solution for cleaning impressions prior to sending them to the lab. The service's operating procedures should be updated to reflect this change.

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

- The provider must action all recommendations made in the recent fire risk assessment.

### **Recommendation d**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

### **Recommendation e**

- The service should review its safeguarding procedures to include the safeguarding of children and incorporate the contact details for the local child protection team.

## **Our findings**

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

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**Patients were involved in planning their treatment and patient care records contained a good standard of information. Data security procedures must be tightened and proof of registration with the Information Commissioners Office provided.**

Patients self-referred to the service and were involved in planning their treatment and care. This included a full consultation and assessment process which enabled them to discuss their desired outcomes, costs and aftercare. All patients that responded to our survey said they were given enough information to help them make a decision about their treatment. Comments included:

- 'Very clear and concise instructions. Left me feeling comfortable about treatment.'
- 'I have been going every 3 months for 2 years now and everything is explained meticulously and at every visit.'
- 'Lots of information explained thoroughly and clearly.'

Patient care records were held in a bespoke electronic management system, along with a password-protected clinic tablet computer for taking photographs. Consent to treatment was recorded in patient care records and patients were given enough time and support before consenting to treatment. Other information in patient care records included:

- assessment
- treatment plan
- aftercare advice, and
- follow up.

### **What needs to improve**

Consent forms were scanned in to the patients electronic care record once they had been signed and then taken to a staff member's home to be stored or shredded. The provider was not registered as a data controller with the Information Commissioners Office. Records must be held securely on site and destroyed in line with relevant legislation (requirement 3).

### **Requirement 3 – Timescale: by 31 October 2022**

- The provider must review its information management procedures to make sure patient care records are stored securely on site and destroyed in line with relevant legislation. This must include the provider's registration with the Information Commissioner's Office or the provision of evidence that such registration is not required.
- 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**

**Despite the team being small, staff had clearly defined roles and responsibilities. Staff were motivated and enthusiastic. Staff were suitably trained for their job role and were actively keeping their skills up to date. Formal recruitment procedures must be introduced to make sure staff are recruited safely. Formal staff meetings should take place.**

The team was small, with five self-employed individuals and no employed staff. Preventative dental care was central to how the service was provided. Staff were motivated and enthusiastic about what they did and the difference they wanted to make to patient's oral health.

### **What needs to improve**

While we saw some evidence that partial checks had been carried out on individuals before allowing them to work from the service, we found the following gaps:

- no formal recruitment procedures
- no contracts or agreements between the provider and each self-employed person, and
- no evidence of professional indemnity insurance for the dental nurse.

This meant that the provider could not demonstrate that staff working from the service were safe to do so. The provider had also not carried out its own Disclosure Scotland checks on each staff member. The provider must be able to demonstrate that all clinical staff have been PVG checked and all non-clinical staff have at least a standard disclosure. It is not sufficient to rely on an individual's own Disclosure Scotland certificate from a different employer. This can be done by the provider registering with Disclosure Scotland to order the checks itself, or employing an umbrella company to do this on its behalf. The service also did not have a process in place for regularly re-checking key information remained valid for each individual. For example, key information would include professional registration status, professional indemnity insurance renewal and disclosure status (requirement 4).

Staff told us that informal and irregular staff meetings took place, where actions were not minuted. Most information was shared informally through 'word-of-mouth' since the team was small (recommendation f).

### **Requirement 4 – Timescale: by 15 November 2022**

- The provider must develop formal procedures for appointing self-employed individuals. This must include:
  - (a) carrying out appropriate checks to make sure individuals are safe to work from the service before allowing them to do so
  - (b) introducing a formal written agreement or contract with each individual that sets out the expectations and responsibilities for each party, and
  - (c) regular checks to make sure individuals remain safe to work from the service (see page 14).

### **Recommendation f**

- The service should hold regular staff meetings where minutes of matters discussed are recorded, actions are noted and responsibility for each action assigned.

## 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 good access to dental advice if it was needed. One of the dental hygienists provided regular external training. A quality improvement plan should be developed to help demonstrate a culture of continuous improvement.**

The service had developed good links with a local dental practice and had the option to use this practice to access dentist advice if required.

The dental hygienists kept up to date with industry standards through their membership of various professional groups and attending training and development sessions. One of the hygienists taught locally and nationally on the subject of guided biofilm therapy. They often carried out audits using the patient information they had. They attended seminars and conferences as a delegate and speaker to help them keep up to date with developments in their field.

#### What needs to improve

No system was in place for reviewing the quality of the service being delivered. A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation g).

- No requirements.

#### Recommendation g

- The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients.



## 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 2 – Impact on people experiencing care, carers and families |   |
|--|---|
| Requirements   |   |
| None   |   |
| Recommendations  |   |
| a  | <p>The service should develop a referral protocol for referring patients to an external healthcare provider where care cannot be provided. The protocol should include the contact details of the healthcare provider where referrals will be made. It should also set out how patients will be informed if their treating clinician is leaving the service (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.22</p> |
| b  | <p>The service should develop and implement a duty of candour procedure that demonstrates how it will meet its responsibility to say sorry to patients if things go wrong. Staff training in duty of candour principles should also be provided (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4</p>  |

## Domain 2 – Impact on people experiencing care, carers and families (continued)

### Recommendations

- c** The service should develop a participation policy to direct the way it engages with patients and uses their feedback to improve the service (see page 9).

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

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

### Requirements

- 1** The provider must obtain a disinfection bath and appropriate disinfection solution for cleaning impressions prior to sending them to the lab. The service's operating procedures should be updated to reflect this change (see page 12).

Timescale – immediate

*Regulation 3(d)(ii)*

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

- 2** The provider must action all recommendations made in the recent fire risk assessment (see page 12).

Timescale – immediate

*Regulation 3(a)*

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

- 3** The provider must review its information management procedures to make sure patient care records are stored securely on site and destroyed in line with relevant legislation. This must include the provider's registration with the Information Commissioner's Office or the provision of evidence that such registration is not required (see page 13).

Timescale – by 31 October 2022

*Regulation 3*

*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

- d** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 12).

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

- e** The service should review its safeguarding procedures to include the safeguarding of children and incorporate the contact details for the local child protection team (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

## Domain 7 – Workforce management and support

### Requirement

- 4** The provider must develop formal procedures for appointing self-employed individuals. This must include:
- (a) carrying out appropriate checks to make sure individuals are safe to work from the service before allowing them to do so
  - (b) introducing a formal written agreement or contract with each individual that sets out the expectations and responsibilities for each party, and
  - (c) regular checks to make sure individuals remain safe to work from the service (see page 14).

Timescale – by 15 November 2022

*Regulation 8*

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

### Recommendation

- f** The service should hold regular staff meetings where minutes of matters discussed are recorded, actions are noted and responsibility for each action assigned (see page 15).

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

| Domain 9 – Quality improvement-focused leadership |   |
|---|---|
| Requirements                                      |   |
| None  |   |
| Recommendation                                    |   |
| <b>g</b>  | <p>The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients (see page 16).</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> |

## 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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We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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