



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Optimax Clinics Ltd, Glasgow

Service Provider: Optimax Clinics Ltd

14 June 2023

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1 Progress since our last inspection

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

Recommendation

The service should develop and implement a local continuous quality improvement plan.

Action taken

While the service could demonstrate it had made some improvements since the last inspection in December 2019, a quality improvement plan had not yet been developed. 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 Optimax Clinics Ltd (Glasgow) on Wednesday 14 June 2023. We spoke with a number of staff during the inspection. We received feedback from six patients through an online survey we asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

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 Optimax Clinics Ltd (Glasgow), 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 could provide feedback about the service in a number of ways. Patients told us they were very satisfied with the quality of the service and the staff who cared for them. Information about treatments, costs, aftercare arrangements and how to make a complaint was accessible to patients in the service and on its website.	✓✓ Good

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	Good systems and processes helped the service deliver safe care and treatment for patients. The environment was clean, well equipped and fit for purpose. Patients told us they were very satisfied with the clinic environment. National guidance should be followed for cleaning sinks and toilet facilities, and additional storage provided in the theatre suite. Healthcare Improvement Scotland regulations should be referenced in the central compliance team's audit tools.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The provider's leadership structure and effective governance framework helped deliver safe, evidence-based and person-centred care. However, a quality improvement plan should be developed.	✓✓ Good

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	Comprehensive assessments took place to assess patients' suitability for treatment. Patient care records included a full account of treatment pathways, medical history, aftercare arrangements and signed consent to treatment forms. Patients told us they received detailed information about treatments and treatment options and were given time to consider this before they agreed to treatment. Patient care records must include a record of the patient's next of kin or emergency contact.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Safe and appropriate recruitment and induction processes were in place for staff, including staff with practicing privileges. Staff received good opportunities for training and development and had an appraisal every 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 Optimax Clinics Ltd to take after our inspection

This inspection resulted in one requirement and five 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

Optimax Clinics Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Optimax Clinics Ltd (Glasgow) 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

Patients could provide feedback about the service in a number of ways. Patients told us they were very satisfied with the quality of the service and the staff who cared for them. Information about treatments, costs, aftercare arrangements and how to make a complaint was accessible to patients in the service and on its website.

We saw that patients could access information about the treatments the service provided and the costs on its website. Appointments could be made online, over the telephone or in person at the clinic. Patients could request an information pack and/or attend a free of charge consultation with a member of the ophthalmology team. A series of specialised eye tests then determined their suitability for treatment and the best treatment options available for each patient.

The service made sure that patients' privacy, dignity and confidentiality was protected, and their individual needs and wishes respected. Consultations and diagnostic tests were carried out in private consulting rooms. The theatre suite could only be accessed by authorised theatre personnel using a secure door entry system. On the day of treatment, patients were able to secure their valuables in a dedicated locker and hold their own key until they were discharged from the clinic.

We saw that patients were encouraged to provide feedback about their overall experience of the service on social media sites and by completing a post-treatment satisfaction survey. The provider's central customer care team monitored feedback and escalated any complex complaints about the service to the senior management team.

The senior management team collected, analysed and discussed outcomes and any actions to be addressed from patient feedback at staff and management meetings. A patient guide available in the clinic included survey results and any actions taken as a result of patient feedback.

Results from a patient survey carried out in the service between January and December 2022 confirmed that patients were very positive about the overall quality of care they received from staff before, during and after their treatment. We received similar positive comments from patients who completed our online survey. Comments included:

- 'I was made to feel welcomed, there was no such thing as a stupid question and any concerns were put to ease in a caring and gentle manner.'
- 'Staff were really knowledgeable, patient, and was well looked after from start to finish.'

Staff we spoke with had received duty of candour training and were aware of their responsibilities to be honest with patients if something went wrong, in line with its duty of candour policy. Although we were told there had been no instances that required the need to implement this policy, the service was preparing to publish its yearly duty of candour report on its website and also have this available in the clinic.

Complaints information was displayed in the clinic and on the service's website. This included the contact details for Healthcare Improvement Scotland and made clear that patients could contact Healthcare Improvement Scotland at any time. We saw a complaints log was maintained to help the service to respond to any issues raised by patients, and to monitor any themes or trends in line with its complaints policy. This helped to support future 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

Good systems and processes helped the service deliver safe care and treatment for patients. The environment was clean, well equipped and fit for purpose. Patients told us they were very satisfied with the clinic environment. National guidance should be followed for cleaning sinks and toilet facilities, and additional storage provided in the theatre suite. Healthcare Improvement Scotland regulations should be referenced in the central compliance team's audit tools.

Patients who completed our online survey were very satisfied with the clinic environment, with one patient commenting the facilities were excellent. We saw the clinic and the theatre suite were clean, and equipment was fit for purpose and regularly maintained.

Clinic staff were responsible for the day-to-day cleaning of the theatre suite. Every 6 months, a 'deep clean' of the theatre suite was carried out by an external contractor. A separate cleaning contractor cleaned the public areas of the clinic, the consulting rooms and toilet facilities every day. Cleaning schedules were maintained and regularly audited. These included a list of the cleaning products used in each area. Dedicated single-use cleaning equipment was used in the theatre suite.

The theatre ventilation system complied with national guidance for specialised healthcare facilities. We saw the equipment used in the service had up-to-date maintenance contracts. This included maintenance of the ventilation system, fire detection and safety equipment, lasers, electricity and gas, and water testing. Policies for public and employer liability and indemnity insurance were up to date.

The service followed Health Protection Scotland's national guidance to reduce infection risks. Personal protective equipment such as disposable gloves, masks and gowns, and medical devices such as needles and syringes, were single use to prevent cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste. This included the safe disposal of hazardous medicines waste. The service had a contract with a private provider to decontaminate (clean) surgical instruments used during surgical procedures. An instrument tracking system and unique identifiable labels for lens implants were kept in the patient care records we reviewed. This enabled the service to respond effectively to medical alerts, product recalls and to trace potential sources of infection.

A safe system was in place for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in locked cupboards, and we saw these were well organised and not overstocked. The service maintained a record of all its stock medicines and their expiry dates. Temperature-sensitive medicines were stored in pharmacy fridges. We saw an up-to-date daily log of fridge temperatures was maintained to make sure these medicines were stored at the correct temperature.

Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency, complication or allergic reaction following treatment. This included mandatory staff training in basic life support, and the availability of emergency life-saving equipment, such as a defibrillator, oxygen, emergency medicines and first aid supplies. The service maintained a record of the contents of the emergency trolley, and we saw this was checked before each surgery session.

Patient care records we reviewed showed the service initiated a 'surgical pause' in line with the World Health Organization's (WHO) guidance for surgical procedures. This included confirming the patient's identity, the operation site and the procedure to be performed before each patient's surgery commenced.

A laser protection advisor visited the service regularly to make sure laser safety rules and guidance were followed, in line with local policy. We saw the recommendations from their most recent report in February 2022 were met. For example, staff authorised to operate laser equipment had undertaken core of knowledge training, which they were required to refresh at regular intervals. We saw that all training certificates were in date. The 'local rules' (the local arrangements developed by the laser protection advisor to manage laser safety) had been signed and dated by all authorised users to confirm they had read and understood them, and treatment protocols were in place for all laser treatments.

Policies, procedures and surgical directives set out the agreed ways of working to support staff to deliver safe, effective and person-centred care and treatment.

A comprehensive internal audit programme helped to ensure the service delivered consistent safe care and treatment and identified any areas that needed to be improved. The programme included:

- daily and weekly checks of equipment
- monthly stock control audits
- medicines audits every 3 months
- infection control audits including hand hygiene every 3 months
- patient care record audits every 3 months, and
- environmental audits every 6 months.

Internal audit results we reviewed showed good compliance rates and any actions identified were completed. The provider's central compliance team carried out two unannounced audits to the service every year. This made sure the service remained compliant with the standards and regulations required for registered services, and followed systems and processes in line with its own policies and procedures. Results from the most recent audit report from the compliance team in April 2023 showed the service was performing well in the majority of areas. We saw the service had to complete an improvement action plan, which showed it had addressed all the recommendations in the report in the required timescales.

An effective risk management system supported the proactive management of risk in the service, in line with its governance and risk management policy. A clear procedure was in place to record and manage accident and incident reporting. Although no accidents or serious incidents had occurred in the service, we saw that any incidents were routinely discussed at staff and management meetings to share learning and discuss any actions for improvement. Risk assessments were completed and identified the level of risk and the actions the service had taken to reduce each identified risk. The service had also developed a local risk register to support the management and review of identified risks, and ensure effective oversight of how the service is delivered.

What needs to improve

While the service was clean, we did not see any evidence that sanitary fittings, including clinical hand wash basins, were being cleaned using the correct chlorine-releasing disinfectant and detergent solution, as detailed in national infection prevention and control guidance (recommendation a).

We saw the service's infection control policy did not include reference to national guidance, such as Health Protection Scotland's *National Infection Prevention and Control Manual* and Healthcare Improvement Scotland's *Infection prevention and control standards* (recommendation b).

We saw a number of stock items were being stored in boxes on the floor of the theatre suite's clean prep room and dirty/utility room. We were told that additional storage was on order for the clean prep room. However, additional storage should also be considered for the dirty/utility room (recommendation c).

We saw that the audit tools used by the central compliance team were linked to the Care Quality Commission's regulations for registered services in England and Wales, rather than to Healthcare Improvement Scotland regulations (recommendation d).

- No requirements.

Recommendation a

- The service should comply with national infection prevention and control guidance to ensure the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins.

Recommendation b

- The service should update its infection control policy to ensure it aligns to Health Protection Scotland's *National Infection Prevention and Control Manual* and Healthcare Improvement Scotland's *Infection prevention and control standards*.

Recommendation c

- The service should ensure additional storage is provided in the theatre dirty/utility room.

Recommendation d

- The service should amend its compliance audit tools to reflect The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011.

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments took place to assess patients' suitability for treatment. Patient care records included a full account of treatment pathways, medical history, aftercare arrangements and signed consent to treatment forms. Patients told us they received detailed information about treatments and treatment options and were given time to consider this before they agreed to treatment. Patient care records must include a record of the patient's next of kin or emergency contact.

Patients who completed our online survey told us they felt well informed and received a substantial amount of information about the risks, benefits and aftercare arrangements before they agreed to go ahead with treatment. Some comments we received from patients included:

- 'Through every consultation and appointment, all of this information was explained to me in depth, making sure I fully understood what I was being told.'
- 'All information, risks and other options were clearly explained to me. Had plenty of time to think about my options before agreeing to surgery.'
- 'I never felt under any pressure to have surgery.'
- 'Consultations were always very constructive and informative and allowed me time to make an informed decision about treatment.'

Patients had an initial consultation and a thorough assessment to determine their suitability for laser or lens surgery before they received any recommendations about treatment options. This included an ophthalmic assessment to check eye health and vision, past medical history, pre-existing medical conditions and their expectations from treatment. Patients received a handbook containing information about the procedure, the consent form and aftercare arrangements. Patients were provided with an emergency contact number to call out of hours after their treatment.

The handbook also included the ophthalmic surgeon's profile with their qualifications, ophthalmology experience and details of their professional registration with the General Medical Council.

Patient care records were in paper and electronic form, and were stored securely in locked cupboards and password-protected computers. This ensured that confidential patient information was protected 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 designated data protection officer was responsible for information governance to make sure the service complied with data protection regulations.

We reviewed five patient care records and found that all entries were legible, dated and signed. Treatment pathways were well defined and patient notes were comprehensive. Consent to treatment forms included information about the risks and benefits of treatment, the surgical procedure and the aftercare arrangements. Consent to share information with the patient's GP or other healthcare professional was also documented. We saw both the patient and the surgeon had signed and dated the consent to treatment form in all of the files we reviewed.

What needs to improve

Patient care records we reviewed did not include a record of the patient's next of kin or an emergency contact. This had previously been included in the drop down menu of the electronic patient care record. We were told this information was no longer requested due to general data protection regulations. Healthcare Improvement Scotland requires all independent healthcare services to maintain a record of patients' next of kin or emergency contact in their patient care records. This information is required in the event of a medical emergency. Following the inspection, the provider confirmed this information had been re-instated in its patient care records. However, we will continue to follow this up at a future inspection (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure a record of patients' next of kin or emergency contact is documented in patient care records.

- 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

Safe and appropriate recruitment and induction processes were in place for staff, including staff with practicing privileges. Staff received good opportunities for training and development and had an appraisal every year.

The service had a small, well established, skilled and experienced surgical team. The provider's central recruitment department was responsible for ensuring that all pre-employment checks were completed for prospective staff before they could work in the service. This included staff who worked under a practicing privileges arrangement (staff not employed directly by the provider but given permission to work in the service), in line with its practicing privileges policy. A system was also in place to make sure all relevant staff had their professional registration status checked every year.

The three staff recruitment files we reviewed included evidence of an up-to-date Protection of Vulnerable Groups (PVG) Disclosure Scotland background check, employment references, proof of ID and immunisation status. We also saw completed application forms, job descriptions, employment contracts, and a record of mandatory and ongoing training in all the files we reviewed.

Staff told us they received a full and indepth induction tailored to each of their respective roles. New staff completed a 6-month probationary period to ensure they achieved their competencies and before they received a contract of employment with the service. Staff attended mandatory training, including basic life support, safeguarding (public protection) and first aid.

An annual training plan helped to make sure staff maintained their skills and knowledge. We saw that staff had individual supervision meetings and a yearly appraisal with the clinic manager. This provided an opportunity to review and action any future training needs.

Patients who completed our online survey commented that staff provided a high standard of care, and were very knowledgeable and professional. Some comments included:

- 'The standard of care is excellent and Drs and staff were very professional.'
- 'Very confident in the staff abilities to provide a high standard of care.'

- 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 provider's leadership structure and effective governance framework helped deliver safe, evidence-based and person-centred care. However, a quality improvement plan should be developed.

The service had a clear leadership structure with well-defined roles, responsibilities and effective governance arrangements. The clinic manager was responsible for the day-to-day operational management of the service. They reported to, and received support and supervision from, the provider's director of operations as well as other members of the senior management team.

The provider's Medical Advisory Board met regularly and was chaired by the chief executive. This was attended by the medical director, head optometrist, senior management team and nominated doctors. The Board approved and reviewed all applications for doctors and optometrists granted practicing privileges. It also provided medical advice to doctors and the senior management team on all clinical matters, medical procedures and about developments in clinical practice.

Staff we spoke with said they felt valued, respected and well supported. Staff told us the senior management team was visible, approachable and supportive, and encouraged them to share their ideas for improving the service. Results from the provider's most recent staff survey of all its UK clinics confirmed the majority of staff felt valued, listened to, and received good opportunities for training, development and career progression.

Minutes from staff and senior management meetings provided evidence of discussion and actions from complaints, incidents and lessons learned.

The senior management team compared audit results from its Glasgow service against the provider's UK-wide services to monitor trends, share learning and promote continuous improvement.

Since the previous inspection in 2019, the service had undergone an extensive refurbishment as part of the provider's wider business plan and overarching quality improvement strategy. This had resulted in the development of a dedicated theatre suite to enable the service to provide outpatient surgical procedures such as cataract and lens replacement surgery in addition to its laser vision correction treatments. New lens treatment pathways were produced and staffing levels were increased to ensure the service provided appropriate and safe support to patients throughout the patient journey.

What needs to improve

Although the service had quality assurance systems in place, a quality improvement plan had still not been developed. This would help to support the service to structure improvement initiatives, measure their impact and demonstrate a continuous cycle of quality improvement (recommendation e).

- No requirements.

Recommendation e

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements in the service.

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

Requirement

- 1** The provider must ensure a record of patients' next of kin or emergency contact is documented in patient care records (see page 15).

Timescale – immediate

Regulation 4(1)

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

Recommendations

- a** The service should comply with national infection prevention and control guidance to ensure the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash basins (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

- b** The service should update its infection control policy to ensure it aligns to Health Protection Scotland's *National Infection Prevention and Control Manual* and Healthcare Improvement Scotland's *Infection prevention and control standards* (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

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

Recommendations

- c** The service should ensure additional storage is provided in the theatre dirty/utility room (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

- d** The service should amend its compliance audit tools to reflect The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 (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 9 – Quality improvement-focused leadership

Requirements

None

Recommendation

- e** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements in the service (see page 19).

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

This was previously identified as a recommendation in the December 2019 inspection report for Optimax Clinics Ltd (Glasgow).

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

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or email his.contactpublicinvolvement@nhs.scot

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