

Announced Inspection Report: Independent Healthcare

Service: Precise Medical Aesthetics, Bannockburn

Service Provider: Spa@Bannockburn Limited

10 October 2023

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2023

First published December 2023

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	5
<hr/>		
3	What we found during our inspection	10
<hr/>		
	Appendix 1 – About our inspections	21
<hr/>		

1 Progress since our last inspection

What the provider had done to meet the requirement we made at our last inspection on 5 June 2019

Requirement

The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protection of Vulnerable Groups checks.

Action taken

The service had only recently registered with Disclosure Scotland, and could now carry out its own Protecting Vulnerable Groups (PVG) checks on staff. We saw evidence that the appropriate PVG checks had now been carried out. The service was waiting for confirmation of scheme numbers for its staff members. **This requirement is met**, but we will continue to follow this up at the next inspection.

What the service had done to meet the recommendation we made at our last inspection on 5 June 2019

Recommendation

The service should develop a continuous quality improvement plan.

Action taken

A quality improvement plan had now been developed which contained information on identified areas of improvement with associated timeframes in place and who was responsible for taking forward any actions.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Precise Medical Aesthetics on Tuesday 10 October 2023. We spoke with the service manager (practitioner) and one other member of staff during the inspection. We received feedback from 55 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Bannockburn, Precise Medical Aesthetics is independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Precise Medical Aesthetics, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service's well- defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Staff we spoke with said they felt valued, respected and well supported. The service had clear aims and objectives, which were available for patients to view. A short-, medium- and longer-term strategic plan included identified measures to ensure the service was meeting its aims and objectives.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought patient feedback and used this information to continually improve, in line with its participation policy. Clear systems and processes were in place to monitor and manage risk. Medication was in-date and checked regularly. Maintenance contracts were in place. The quality improvement plan helped the service to implement and drive improvements forward.</p> <p>Patients must be clear that they can contact Healthcare Improvement Scotland at any stage of the complaints process. Staff must have annual appraisals. An annual audit programme should be developed. Policies should be updated regularly or as current legislation changes with clear review dates.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service, and that the service was clean and tidy. Patient care records were well completed. Intense light therapy treatments were being delivered safely. The refrigerator must comply with current guidance for storing prescription-only	✓✓ Good

medication. Medicines should be used in line with current guidelines.	
---	--

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 Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Spa@Bannockburn Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in three requirements and four recommendations.

Implementation and delivery	
Requirements	
1	<p>The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals. This includes the manager (practitioner) (see page 15).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

- 2** The provider must ensure the correct details for patients to complain to Healthcare Improvement Scotland are included on its website and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process (see page 15).

Timescale – immediate

Regulation 15(6)(b)

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

Recommendations

- a** The service should implement a planned review process for its policies and procedures, to ensure that current legislation and best practice is always being followed (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

- b** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 17).

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

- c** The service should ensure audits of patient care records are carried out (see page 17).

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

Results	
Requirement	
3	<p>The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator (see page 20).</p> <p>Timescale – by 20 May 2024</p> <p><i>Regulation 10(2)(c)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
d	<p>The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance, and update its medicines management policy to accurately reflect the processes in place (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

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

Spa@Bannockburn 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 Precise Medical Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service's well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. Staff we spoke with said they felt valued, respected and well supported. The service had clear aims and objectives, which were available for patients to view. A short-, medium- and longer-term strategic plan included identified measures to ensure the service was meeting its aims and objectives.

Clear vision and purpose

The service had clear aims and objectives. Although these were not available on the service's website, patients were able to see the service's aims and objectives on the service's private social media group. Patients could join to become a member of this private group. They were then able to view the service's vision, purpose and short-, medium- and longer-term plans detailed in a strategic plan which was also available on the group social media pages.

The service's values were listed on its website. These included respect, trust and compassion. Information on treatments was also available, and the opportunity to sign up to receive the service's newsletter.

The service's vision and purpose for the future was to maintain a small and personal service with the continued introduction of new and up-to-date treatments, while maintaining a high quality of person centred care. The current strategic plan included:

- focusing on issues for menopausal women
- offering innovative and clinically effective treatments, and
- plans to grow the business to re-invest in treatments offered by expanding the size of the clinic and increasing current staff numbers.

The service reviewed its current strategy every year using staff and patient feedback to determine progress being made. This information was recorded in staff team meetings, and was also available for patients to view on the service's social media pages.

- No requirements.
- No recommendations.

Leadership and culture

The manager (practitioner) was a retired dentist with over 10 years' experience delivering aesthetic treatments.

Staff were encouraged to participate and contribute to the day-to-day running of the service. Team meetings took place every month, as well as daily 'catch ups' for staff. We saw evidence of minutes of team meetings which identified areas of responsibility for staff to take forward any actions. These minutes included information on patient and staff feedback reviews, staff training and development opportunities, current treatments and audit results.

Staff we spoke with told us they felt valued and listened to by the practitioner. They were able to make suggestions and voice ideas for improvements to the service, for example adding additional treatments for skin conditions. They also felt there was an 'open door' policy, and they could approach the practitioner at any time with any concerns or issues they may have identified. They also attended social events as a small group to build working relationships in the service.

The service's governance approach included:

- a risk register and risk assessments
 - an audit programme
 - gathering and evaluating patient feedback
 - reporting of adverse events
 - a complaints handling process, and
 - reviewing findings from previous Healthcare Improvement Scotland inspections.
-
- No requirements.
 - No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought patient feedback and used this information to continually improve, in line with its participation policy. Clear systems and processes were in place to monitor and manage risk. Medication was in-date and checked regularly. Maintenance contracts were in place. The quality improvement plan helped the service to implement and drive improvements forward.

Patients must be clear that they can contact Healthcare Improvement Scotland at any stage of the complaints process. Staff must have annual appraisals. An annual audit programme should be developed. Policies should be updated regularly or as current legislation changes with clear review dates.

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

Patients could contact the service in a variety of ways, including telephone calls, email enquiries, text messages and online enquiries either through the service's website or social media pages.

Many of the patients were returning patients who had used the service for many years. New patients were usually patients who had been referred by existing patients or by word of mouth, including social media reviews. All consultations were by appointment only.

The service's website contained information on treatments available, the booking system and treatment costs, as well as detailed information on staff working in the service, including their qualifications.

Patients could also access information about treatments and general information about the service through online videos, blogs, posters and leaflets in the service. Weekly newsletters were also emailed to patients.

The service actively sought feedback from patients about their overall experience of the service using a variety of methods, in line with its patient participation policy. For example, patients were asked to complete a feedback

survey which was emailed automatically after their appointment. Informal feedback was also gathered from through social media.

We saw that the service collated feedback received and this was regularly reviewed with information gathered used to inform the service's improvement activities. We saw improvements that the service had made as result of feedback included introducing a variety of new treatments for patients which were no longer available to NHS patients, for example cryotherapy (using extreme cold to freeze and remove abnormal tissue, such as skin tags). Patients were consulted and asked to comment on improvements made in the service.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The manager was aware of the notification process and what they should notify Healthcare Improvement Scotland about. A clear system was in place to record and manage accident and incident reporting. For example, we noted that staff had two needlestick injuries in 2022, but the service's processes, procedures and guidelines had been followed to ensure staff safety. Additional training on the safe use of sharps was undertaken by staff to minimise future risk of this type of incident re-occurring.

We saw policies and procedures in place to deliver safe, person-centred care, including:

- information management
- infection prevention and control
- health and safety
- emergency arrangements, and
- medication.

Maintenance contracts for fire safety equipment, oxygen therapy and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly.

Arrangements were in place to deal with medical and aesthetic emergencies. This included up-to-date training, an emergency kit which included oxygen

therapy and a recently purchased defibrillator. Emergency medicines were also available for patients who may experience aesthetic complications following treatment. We saw regular checks being carried out and documented for all emergency equipment in the service.

Complaints information was clearly displayed at the reception area and was available on the service's website. The service had received no formal complaints from patients. Healthcare Improvement Scotland had received no formal complaints about the service since the service was registered in May 2017. Staff members had received training in complaints handling.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. Staff fully understood their duty of candour responsibilities and the service had published a yearly duty of candour report on its website. Staff were aware of the service's safeguarding (public protection) policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which was signed by both the patient and practitioner. The service shared a variety of aftercare leaflets with patients after their treatment.

Patient care records were electronic and password-protected. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

Staff members were recruited in line with the service's recruitment policy. The service had a continuous learning culture. Staff had a personal development plan which they agreed with the manager (practitioner), identifying areas or potential gaps in their knowledge. They were encouraged to attend or pursue education or training which would enhance their current skills.

The manager (practitioner) had an up-to-date training plan in place, attending a variety of training sessions and conferences. They also attended local peer training sessions for additional training, and for aesthetic treatment support and advice.

The manager (practitioner) was a member of a number of national aesthetic organisations, including the Aesthetics Conference UK Group and the British College of Aesthetic Medicine (BACM). They also had peer support from another

service and was part of several online aesthetic practitioners' groups. These provided information on complications and adverse reactions from aesthetic treatment.

What needs to improve

Although the service had a staff induction programme and staff had a personal development plan, there was no evidence staff received an annual appraisal. This would ensure staff were given the chance to review the previous year's aims and objectives and whether there were any outstanding issues which may be addressed or could be carried over into the forthcoming year. The manager (practitioner) should also ensure they receive an annual appraisal review (requirement 1).

Although information about making a complaint was available on the service's website, Healthcare Improvement Scotland's contact details were incorrect. It was also not clear that patients could contact Healthcare Improvement Scotland at any stage of the complaint process (requirement 2).

We saw the service had an extensive range of up-to-date policies in place. However, there was no planned process to review and update policies on a regular basis or when changes in legislation occurred (recommendation a).

Requirement 1 – Timescale: immediate

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals. This includes the manager (practitioner).

Requirement 2 – Timescale: immediate

- The provider must ensure the correct details for patients to complain to Healthcare Improvement Scotland are included on its website and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

Recommendation a

- The service should implement a planned review process for its policies and procedures, to ensure that current legislation and best practice is always being followed.

Planning for quality

The service had a proactive approach to managing risk. Appropriate risk assessments were in place to effectively manage risk in the service, including:

- COVID-19
- fire, and
- environmental assessments, including slips, trips and falls.

The service had a risk register in place. Risk assessments were easy to follow, and we saw that each risk had been regularly reviewed and that all necessary action plans were in place.

In the event that the service was unable to operate, we were told an arrangement was in place that patients would be referred to another service.

The service's quality improvement plan was included as part of its strategic plan. Information in this plan included:

- how the service planned to expand by adding an additional treatment room
- further planned improvements and some examples of improvements already implemented, for example an updated website
- recruiting an additional aesthetics practitioner, and
- introducing an online option for patients to purchase additional skincare products directly from the service.

It also detailed improvements made to the service as a result of patient feedback. This included:

- delivering skin products to patients during the COVID 19 pandemic while adhering to social distancing guidance, and
- employing a beauty skin technician to facilitate the increased demand for facial skin treatments.

The service carried out several audits in key areas of care and treatment, including infection prevention and control, waste management, disposal of sharps, medicine management and the environment.

What needs to improve

Although the service carried out several audits, there was no formal audit programme to determine what and when audits would take place. This will ensure the service covers all key aspects of care and treatment (recommendation b).

The service did not carry out an audit on patient care records to ensure they were being fully and consistently completed (recommendation c).

- No requirements.

Recommendation b

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

Recommendation c

- The service should ensure audits of patient care records are carried out.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service, and that the service was clean and tidy. Patient care records were well completed. Intense light therapy treatments were being delivered safely. The refrigerator must comply with current guidance for storing prescription-only medication. Medicines should be used in line with current guidelines.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

We saw the service was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place, and were fully completed and up to date. All equipment for procedures was single use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. A clinical waste contract was in place, and clinical waste and used sharps equipment was disposed of appropriately.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'The premises and facilities are always spotless. The staff appropriately dressed. The equipment up to date and well explained.'
- 'Comfortable surroundings in a clean and sterile environment. Very modern equipment.'
- 'The facilities are of a high standard and I always feel safe, relaxed and comfortable in the environment.'

The refrigerator was clean and in good working order. A temperature recording log book was used to record fridge temperatures every day. This made sure medicines were being stored at the correct temperature. The log book was fully completed and up to date. We noted the service kept a stock of prescription-only medication, for example botulinum toxin. All stock had individual patient names and were all in date. We saw a safe system for the procurement and prescribing of medicines.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'I was treated with person centred care. I was included in the treatment plan and my thoughts/feelings mattered.'
- 'I felt no pressure at all and would have been comfortable taking some time out to think about my decision.'
- 'Provision of a friendly, confident and knowledgeable service. Whilst enabling me to feel relaxed at all times.'
- 'A first class service that not only provides great results but the whole experience is beneficial to providing a positive health and wellbeing experience.'

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as risks, benefits and side effects of treatments. Patient care records were legible, accurate and up to date. Details of patients' next of kin, GP and emergency contact were documented, as well as consent to share information with other healthcare professionals, as needed. The practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

The service implemented and worked in line with its medicines management policy. The practitioner completed a risk assessment for every patient where bacteriostatic saline was used to reconstitute botulinum toxin. This is when a liquid solution is used to turn a dry substance into a fluid for injection. Use of this type of saline was included as information in the consent documentation for patients to consider before treatment. The practitioner had also carried out a short survey for all patients who had received this treatment. The results of this survey showed that patients preferred (and agreed) to the use of the off-license medication when receiving treatments.

Staff files we reviewed had evidence of mandatory training completed, training opportunities and the majority of checks required for staff to work in the service.

The service delivered intense pulsed light therapy (IPL) skin treatments to patients. The service had a registered laser protection advisor and local rules were in place to ensure patient and staff safety. All safety measures were in place when this treatment was being carried out, including safety warning signs on the locked treatment room door. We saw evidence of core of knowledge training completed by the practitioner. We also saw dates for the practitioner to attend an online knowledge update session. All checks on the laser equipment had been carried out and documented. Details of patch testing and treatments for patients were available in the patient care records we reviewed.

What needs to improve

Medicines requiring refrigerated storage were being stored in a non-pharmaceutical refrigerator. To make sure medicines equipment used are safely stored, the refrigerator must be designed for the storage of medicines and conform to current guidance (requirement 3).

The use of bacteriostatic saline to reconstitute botulinum toxin was not in line with current guidance. When using a medicine off-license, prescribers should be satisfied that there is suitable evidence to support the safe use of this medicine. Any prescribing decision should be in the best interest of patients (recommendation d).

The service had only recently registered with Disclosure Scotland, and could now carry out its own Protecting Vulnerable Groups (PVG) checks on staff. We saw evidence that the appropriate PVG checks had now been carried out. At the time of our inspection, the service was waiting for confirmation of scheme numbers for its staff members. We will follow this up at the next inspection.

Requirement 3 – Timescale: 20 May 2024

- The provider must ensure that medicines requiring refrigerated storage are stored in a pharmaceutical refrigerator.

Recommendation d

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

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

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

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

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:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org