

# Announced Inspection Report: Independent Healthcare

**Service:** Southside Aesthetics, Glasgow

**Service Provider:** Southside Aesthetics Limited

11 January 2023

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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 Southside Aesthetics on Wednesday 11 January 2023. We spoke with the manager during the inspection. We received feedback from 12 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 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 limited self-evaluation.

### What we found and inspection grades awarded

For Southside Aesthetics, 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 told us they were fully informed about the treatment options available. Although a participation policy was in place, a more formal method of analysing patient feedback would help identify any actions needed to improve the service. A duty of candour policy and report should be produced, and information on how to make a complaint should be easily available for patients.	✓ 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	The environment and equipment were clean and well maintained, and medicines were managed safely. Appropriate policies were in place to ensure the service delivered care safely. However, risk assessments and a risk register must be developed to monitor the quality and safety of the service. The clinical audit programme should be further developed. Processes should be in place to access a prescriber in the event of a complication following treatment.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, continued learning, and membership of peer and professional groups. A quality improvement plan should be developed to demonstrate ongoing improvement of the service. Staff meetings should be formalised.	✓ 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	Patient care records included detailed consent forms and treatment plan checklists. However, patient care records should be fully completed and include all relevant information, including the prescriber's assessment information. Patients' GP and next of kin contact details should be requested, in case of an emergency.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Although a practicing privileges policy was in place, practicing privileges contracts are needed for all staff working in the service. A thorough process of staff checks should be completed for each staff member. Staff files should be available for both healthcare and non-healthcare staff.

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 Southside Aesthetics Limited to take after our inspection**

This inspection resulted in three requirements and 11 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)

Southside Aesthetics 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 Southside Aesthetics 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 told us they were fully informed about the treatment options available. Although a participation policy was in place, a more formal method of analysing patient feedback would help identify any actions needed to improve the service. A duty of candour policy and report should be produced, and information on how to make a complaint should be easily available for patients.**

Patients were able to access information about the service and the treatments offered from its website and social media pages. Patient information leaflets were also available. Patients were able to book their first consultation appointment through the service's online booking system.

Patients attended their first consultation free of charge, where the practitioner would discuss with them the range of treatments, the patient's wishes and expectations of treatment and the cost. We were told patients were encouraged to have a cooling-off period to give them time to reconsider whether they wanted to go ahead with treatment.

We were told that 60-70% of patients were regular attenders. Following treatment, electronic feedback was requested from the patient. We were told there was a good response from this. Patients could also leave feedback on the service's online platforms. The service's participation policy detailed the methods for obtaining feedback.

We saw an up-to-date complaints policy which included Healthcare Improvement Scotland's contact details. We were told the service had received no complaints since it was registered with Healthcare Improvement Scotland in August 2019.

Patients who completed our online survey stated they felt fully informed and involved in decisions about treatment. Comments included:

- ‘... is very professional, explains everything and answered all of my questions.’
- ‘... put me at ease and listened to everything I was asking for and answered all of my questions prior to treatments.’
- ‘I am in good professional hands and am treated with respect and dignity from start to finish.’

### **What needs to improve**

No duty of candour policy was in place (this is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). Even where no incidents occur requiring the need to implement the duty of candour procedure, an annual report should also be produced and made available to the public (recommendation a).

Information about how to make a complaint was not readily accessible to patients either online or in the service (recommendation b).

More opportunities should be developed for patients to provide feedback, and a formal process should be developed for analysing the information received, and informing patients of the improvements made based on their feedback (recommendation c).

- No requirements.

### **Recommendation a**

- The service should implement a duty of candour policy and make sure a duty of candour report is published every year for patients to review.

### **Recommendation b**

- The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment.

### **Recommendation c**

- The service should further develop a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.



## 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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**The environment and equipment were clean and well maintained, and medicines were managed safely. Appropriate policies were in place to ensure the service delivered care safely. However, risk assessments and a risk register must be developed to monitor the quality and safety of the service. The clinical audit programme should be further developed. Processes should be in place to access a prescriber in the event of a complication following treatment.**

Appropriate systems were in place to help keep the clinic environment clean, tidy and well maintained. All equipment was in good condition, and we saw evidence of regular servicing and maintenance. Appropriate fire safety equipment and signage was in place. External contractors regularly tested and maintained the heating systems and electrical appliances.

Appropriate policies and procedures were in place to support the safe delivery of care, such as:

- infection control, and
- safeguarding (public protection).

We saw that these policies had been reviewed and updated recently.

All medicines were obtained from appropriately registered suppliers and ordered specifically for the individual patient. A system was in place to record the temperature of the dedicated clinical fridge and make sure medications were stored at the correct temperature. All medicines and single-use patient equipment was in date.

We saw the manager's plans for the year ahead included updating first aid skills for all staff.

Measures were in place to reduce the risk of infection and we saw a daily cleaning schedule was completed in each consulting room. A good supply of disposable personal protective equipment was available, including gloves, aprons and face masks and other items of single-use equipment used to prevent the risk of cross-infection. The service had a contract with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw appropriate sharps bins were in place.

Although no accidents or incidents had occurred since registration, the service had an accident and incident register to record these and any actions that would be taken. The manager had a good understanding of when to notify Healthcare Improvement Scotland of incidents or changes to the service.

Feedback from our online survey was very positive about patients' experience of using the service. All patients who responded were extremely satisfied with the cleanliness and the environment. Comments included:

- 'Very clean and spacious.'
- 'Very beautiful clinic.'
- 'There is always a lovely environment in the salon.'

### **What needs to improve**

There was no evidence of risk assessments being carried out in the service. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 1).

We saw some aspects of audits were carried out, for example cleaning schedules were completed for every consulting room, and regular checks of the fridge temperature and emergency medicines took place. However, the audit programme should be further developed to include:

- infection prevention and control audits, including a regular cleaning checklist for the whole clinic
- medicine management audits including checklists for all medicines and supplies
- regular audits of patient care records, and
- regular health and safety checks (recommendation d).

While the manager was completing an independent nurse prescribing course, a risk assessment should be developed and processes should be put in place to ensure a prescriber is available to assess patients and prescribe emergency medicines in the event of complications following treatment. This would be in line with current national staffing regulations about ensuring suitably qualified healthcare professionals are working while patients are present (recommendation e).

#### **Requirement 1 – Timescale: 2 April 2023**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

#### **Recommendation d**

- The service should continue to develop its programme of regular audits to cover key aspects of care and treatments. Audits must be documented and action plans implemented.

#### **Recommendation e**

- The service should ensure a prescriber is available in the event of an adverse reaction or complication occurring following treatment.

### **Our findings**

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

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**Patient care records included detailed consent forms and treatment plan checklists. However, patient care records should be fully completed and include all relevant information, including the prescriber's assessment information. Patients' GP and next of kin contact details should be requested, in case of an emergency.**

The service kept handwritten patient care records. These were locked securely in a filing cabinet.

We reviewed five patient care records. Each record included patient contact details for example name, address and telephone number, as well as a physical assessment and details of the patient's concerns. Detailed consent forms covered past medical history and current medicines. This included questions about whether the patient was pregnant or breastfeeding and when they last had a COVID-19 vaccine. The consent form addressed the risks and benefits of the treatment and patients were asked if they had previously had treatment. Patients could consent for information to be shared on social media and to the

taking of photographs. The consent form and medical record was signed and dated by both the patient and the practitioner.

A treatment plan checklist was completed in every set of records reviewed. This included the skin preparations used before and during the treatment. A face diagram was completed and included the areas treated and volumes of medicine used. Most patient care records had a label of the medicine used which documented the batch number and expiry date. Confirmation that aftercare information had been discussed and the patient had been given an aftercare information leaflet was also documented.

### **What needs to improve**

Patients who required prescription-only medicines, such as botulinum toxin, were assessed by the nurse prescriber. However, the prescriber's assessments were not stored in the patient care records (requirement 2).

From the patient care records reviewed, we found the service was not recording patients' GP or next of kin contact details. Patients should also be asked to consent to the sharing of information in the event of an emergency (recommendation f).

Not all patient care records reviewed were fully completed. For example, some had no information in the sections for documenting physical assessment and patient concerns (recommendation g).

The service should check with the Information Commissioner's Office (an independent authority for data protection and privacy rights) if it is required to register with them. We will follow this up at the next inspection.

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

- The provider must ensure all documented consultations and assessment of treatments with the independent nurse prescriber are recorded and retained in the patient care record.

### **Recommendation f**

- The service should record patients' GP and next of kin contact details and consent to share information in the patient care record in the event of an emergency, or document if consent is not given for this.

### **Recommendation g**

- The service should ensure that all aspects of the patient care records are completed every time.

## 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

**Although a practicing privileges policy was in place, practicing privileges contracts are needed for all staff working in the service. A thorough process of staff checks should be completed for each staff member. Staff files should be available for both healthcare and non-healthcare staff.**

The service had a number of staff working under a practicing privileges arrangement. This is when staff are not employed directly by the provider but given permission to work in the service. This included a number of beauticians providing hair, beauty and make-up appointments and healthcare professionals providing aesthetic treatments.

We reviewed six healthcare staff files. Each staff file reviewed had a detailed application document that included their contact details, certificates of qualifications and place of current employment. Up-to-date insurance certificates were in place ensuring they were safe to provide treatments. All staff had an up-to-date Disclosure Scotland Protecting Vulnerable Groups (PVG) background check carried out. All healthcare professionals were also working in the NHS.

We saw an up-to-date practicing privileges policy that referred to all the required background safety checks to be carried out on staff applying to work under practicing privileges, as well as the appraisal process.

We saw that a number of practitioners had been trained by the manager in aesthetic treatments. Once they had completed their training, we were told they were then supported and shadowed by the manager to ensure their ongoing development and to build their confidence in providing aesthetic treatments.

#### What needs to improve

No practicing privileges contracts were in place between the service and its staff members. This should include the conditions of working in the service and be signed and dated by both the manager and the individual practitioner (requirement 3).

From the healthcare staff files we reviewed, we found a number of aspects had not been obtained including:

- appropriate references
- a copy of each individual's identification, and
- a yearly review of each insurance certificate and appraisal (recommendation h).

None of the non-healthcare staff had staff files in place. This meant there was no evidence to show that these staff members were appropriately qualified to work in their roles (recommendation i).

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

- The provider must ensure practicing privileges contracts are in place for any member of staff working under practicing privileges.

### **Recommendation h**

- The service should ensure all pre-employment checks are carried out consistently for each staff member working under practicing privileges.

### **Recommendation i**

- The service should ensure that staff files are retained for non-healthcare staff working in the service, and these should include all pre-employment safety checks and practicing privileges contracts.

## 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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance through peer support, continued learning, and membership of peer and professional groups. A quality improvement plan should be developed to demonstrate ongoing improvement of the service. Staff meetings should be formalised.**

The owner/manager was an aesthetic nurse practitioner providing aesthetic treatments along with a number of healthcare staff members working under practicing privileges arrangements. They were all members of the Nursing and Midwifery Council or General Medical Council. They were reviewed and revalidated through their respective professional organisations. This is where clinical staff are required to regularly gather evidence of their competency, training and feedback from patients and peers for their professional organisation.

The manager had trained to become a trainer in aesthetic treatments and was currently completing their advanced training. This qualified them to train other practitioners in aesthetic treatments, for example anti-wrinkle and dermal filler injections. We were told the manager was also planning to complete an independent nurse prescribing course this year. This would then allow them to prescribe certain medicines.

The service was a member of a number of forums and groups, for example the Aesthetic Complications Expert (ACE) group (practitioners who provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions). The manager was in regular contact with a number of aesthetic practitioners and subscribed to a number of journals. This helped their ongoing development and support, and kept them up to date on treatments.

We were told the manager met with staff regularly on a one-to-one basis. A staff team meeting was held at the beginning of every day to discuss the working day ahead. An online staff group had been set up to allow staff to regularly communicate with each other.

Outwith the daily team meeting, staff meetings were held regularly which addressed issues about the business and the care environment. We saw that agendas were circulated before staff meetings using the online staff group.

### **What needs to improve**

The service did not have a formal quality improvement plan. This would help to structure its improvement activities, record the outcomes and measure the impact of any future service change. This would then enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation j).

The staff meetings should be extended to include discussion on quality assurances aspects, for example patient feedback and audit results. Minutes and actions plans should then be produced following the meetings (recommendation k).

- No requirements.

### **Recommendation j**

- The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement.

### **Recommendation k**

- The service should further develop the agenda for staff meetings and formally record the minutes. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability.



## 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 implement a duty of candour policy and make sure a duty of candour report is published every year for patients to review (see page 8).</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>
b	<p>The service should ensure its complaints policy is easily available for patients to make sure they are aware of how to make a complaint or raise a concern about their care and treatment (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
c	<p>The service should further develop a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 8).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>

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

### Requirements

- 1** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11).

Timescale – by 2 April 2023

*Regulation 13(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
- 2** The provider must ensure all documented consultations and assessment of treatments with the independent nurse prescriber are recorded and retained in the patient care record (see page 12).

Timescale – immediate

*Regulation 4(2)(a)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

- d** The service should continue to develop its programme of regular audits to cover key aspects of care and treatments. Audits must be documented and action plans implemented (see page 11).

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 ensure a prescriber is available in the event of an adverse reaction or complication occurring following treatment (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14
- f** The service should record patients' GP and next of kin contact details and consent to share information in the patient care record in the event of an emergency, or document if consent is not given for this (see page 12).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

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

### Recommendations

- g** The service should ensure that all aspects of the patient care records are completed every time (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

- 3** The provider must ensure practicing privileges contracts are in place for any member of staff working under practicing privileges (see page 14).

Timescale – immediate

*Regulation 8*

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

### Recommendations

- h** The service should ensure all pre-employment checks are carried out consistently for each staff member working under practicing privileges (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

- i** The service should ensure that staff files are retained for non-healthcare staff working in the service, and these should include all pre-employment safety checks and practicing privileges contracts (see page 14).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
j	<p>The service should develop and implement a quality improvement plan to demonstrate and direct the way it measures improvement (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>
k	<p>The service should further develop the agenda for staff meetings and formally record the minutes. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability (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)

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](mailto:his.contactpublicinvolvement@nhs.scot)

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