

# Announced Inspection Report: Independent Healthcare

**Service:** Strathearn Health & Beauty, Glasgow

**Service Provider:** Strathearn Health & Beauty Ltd

22 February 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 Strathearn Health & Beauty on Wednesday 22 February 2023. We spoke with a number of staff, the service manager (who is also the owner), business manager, doctor and nurse. We received feedback from 10 patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of three inspectors

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

### What we found and inspection grades awarded

For Strathearn Health & Beauty, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Patients were complimentary about the service and could make informed decisions about their treatment. A participation policy was in place and feedback was used to help improve the service. A duty of candour report should be published. Contact details for appropriate external organisations should be accurate and available to patients and staff.	✓ Satisfactory

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	The service was clean, in good condition and processes were in place to maintain this. Medicine management processes for weight loss management were comprehensive. The service should audit the use of controlled drugs for weight loss management and consider licensed treatments as an alternative options.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Staff spoke positively about the senior management team. A detailed digital quality assurance system allowed daily updates and personal reminders of outstanding improvement actions. A quality improvement plan is in place and helped to inform continuous quality improvement activities.	✓ 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	The electronic platform for patient care records was being updated. A comprehensive process of gathering patient information before and during appointments was in place. Patients taking part in weight loss management were regularly monitored.
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Staff files were in place and staff were supported with ongoing training and development. All staff members should have a yearly appraisal process carried out.

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 Strathearn Health & Beauty Ltd to take after our inspection**

This inspection resulted in eight recommendations. See Appendix 1 for a full list of the 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)

We would like to thank all staff at Strathearn Health & Beauty for their assistance during the inspection.

## 2 What we found during our inspection

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

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

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

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**Patients were complimentary about the service and could make informed decisions about their treatment. A participation policy was in place and feedback was used to help improve the service. A duty of candour report should be published. Contact details for appropriate external organisations should be accurate and available to patients and staff.**

After booking an appointment, patients were emailed appropriate information, including:

- aftercare
- expected outcomes of the treatment, and
- risks and benefits.

Patients had time to consider treatment options and ask questions before agreeing to treatment.

Information about how to make a complaint to Healthcare Improvement Scotland was also included in the documents sent to patients. After treatment, patients were given leaflets and an email with details on how to contact the clinic if any assistance or advice was needed. Patients could give their feedback about the quality of the service in a variety of ways, such as online review platforms. We saw that the service scored very highly in 173 reviews from October 2022–February 2023 on a web-based platform for the aesthetics, health and wellbeing industry.

The service had a participation policy in place that outlined the ways patients could give their feedback. Patient participation was discussed at the weekly

meeting and the patient feedback was documented, including comments. The service carried out a monthly audit reviewing patient call recordings to the service to monitor the quality of information given and check that all actions discussed were completed.

The service's website had a real-time chat function where patients could speak with the service's media lead. The website also had a 'What's New' section, with a range of online streaming videos for patients to watch ahead of deciding on a treatment. It gave updates on services offered and an opportunity to make suggestions of changes to the service. Examples included:

- telemedicine introduced to support patients with limited mobility as it is situated downstairs in a listed building, and
- new software implemented to make booking an appointment simpler and more user-friendly.

The clinic had a controlled entry and patients were treated with dignity and respect in clean, well-appointed treatment rooms. Rooms were locked during treatments and all windows had blinds. The treatment room where oxygen was stored was clearly marked with all appropriate safety signage on the door and the oxygen stored safely

Feedback from respondents to our online survey we asked the service to share with its patients before inspection was positive. Comments included:

- 'The staff could not have done more for me to make me feel comfortable.'
- 'All questions were answered concisely and respectfully.'
- 'Absolutely everything was discussed in detail and I asked a lot of questions. Nothing was left out.'

The service had an up-to-date duty of candour policy (where healthcare organisations have a responsibility to be honest with patients if something goes wrong). We were told the service had not had any instances requiring the need to implement the policy.

A safeguarding (public protection) policy set out a clear protocol to respond to any adult protection concerns. The policy included a range of appendices to support a safeguarding referral if required.

An up-to-date complaints policy was in place which detailed the service's investigation process. All patient information leaflets we reviewed included



details of how to make a complaint to Healthcare Improvement Scotland at any stage of their treatment.

### **What needs to improve**

The service had not produced a yearly duty of candour report and made it available to the public (recommendation a).

The safeguarding policy did not include contact information of the local social work safeguarding lead and the police (recommendation b).

While the service had a complaint's policy including contact information for Healthcare Improvement Scotland, the email address for Healthcare Improvement Scotland was not up to date (recommendation c).

The service's complaints policy had not been posted on its website. However, we were told this will be published on the new website when it is launched. We will follow this up at future inspections.

- No requirements.

### **Recommendation a**

- The service should publish a yearly duty of candour report.

### **Recommendation b**

- The service should ensure that local social work contact details are available to staff in the event of a safeguarding concern.

### **Recommendation c**

- The service should make sure contact details for Healthcare Improvement Scotland included in the complaints policy are up to date and accurate.

## 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 service was clean, in good condition and processes were in place to maintain this. Medicine management processes for weight loss management were comprehensive. The service should audit the use of controlled drugs for weight loss management and consider licensed treatments as an alternative options.**

Appropriate systems were in place to help make sure the environment was kept clean, tidy and well maintained. All equipment was in good condition, and regular servicing and maintenance was carried out. Appropriate fire safety equipment and signage was in place. External contractors regularly tested electrical appliances and fire equipment.

Appropriate and up-to-date policies and procedures helped to support the safe delivery of care, including:

- infection prevention and control
- medicine management, and
- safeguarding (public protection).

Measures were in place to reduce the risk of infection. A good supply of single-use equipment was available and used to prevent the risk of cross-infection. All single-use equipment was in-date. The service also had a good supply of personal protective equipment, including gloves, aprons and face masks. A contract was in place 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. The service did not require to have a medical fridge in place.

We saw daily and weekly cleaning schedules in place with appropriate cleaning products. Staff were responsible for cleaning the treatment rooms in between each appointment and we were told the manager cleaned the floors at the end of every clinic.

We saw a comprehensive process of medicine management, especially for weight loss management. The medicines used for this are unlicensed controlled drugs and we saw a process of ordering, storing and dispensing these medicines. We had access to the control drug register and the medicines involved. We were told that the service has applied for a Home Office license and we saw arrangements in place to store the medicines in the service securely. We were told that a prescriber was always available in the service in case emergency medicines had to be prescribed.

The service provided laser treatments for hair removal and skin rejuvenation. We saw that the laser protection advisor had compiled a report of the service in the previous year. Laser equipment had been serviced in the 12 months before our inspection and yearly servicing documentation was available over years. The machine had appropriate local rules attached to it for staff to access. These included the methods of safe working, appropriate goggles to use, key storage when machines were not in use and treatment protocols. We saw that appropriate goggles were available. The room had a lockable door, call system and appropriate laser safety signage.

The service had a wide range of risk assessments in a risk register. These covered the areas of clinical, administrative and environmental risks.

We saw a comprehensive programme in place with monthly, 3-monthly and yearly audits carried out. Audits included those for:

- CCTV
- cleaning
- drug delivery
- fire safety, and
- quality of calls to patients.

Comments from patients who completed our online survey included:

- 'Clinic is very clean and welcoming staff.'
- 'The clinic is spotless and very well set up for treatments.'
- '[The practitioner] advised there was no rush on making any decisions. Just to make sure it was right for me.'

### What needs to improve

The service had been providing weight loss management using unlicensed controlled drugs. However, licensed medicines were now available that could be used as an alternative. Patients should be offered licensed medicines as part of the discussion when considering treatment, in line with GMC guidance. A formal clinical audit should be carried out to determine the effectiveness of the treatments used (recommendation d).

While the service had a well-documented risk register, some environmental risk assessments could be added, such as an assessment of the stairs to the clinic entrance (recommendation e).

We saw that the risk register was colour-coded to indicate a low, medium or high risk. However, this was not linked to a valid risk matrix which would allow an objective rating score of potential risks (recommendation f).

### Recommendation d

- The service should offer licensed medicines for weight loss as well as those already used and carry out a formal clinical audit to determine the effectiveness of the treatments offered to ensure best practice is being maintained.

### Recommendation e

- The service should further develop its environmental risk assessments.

### Recommendation f

- The service should introduce a valid risk matrix to the process of risk assessments.

## Our findings

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

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**The electronic platform for patient care records was being updated. A comprehensive process of gathering patient information before and during appointments was in place. Patients taking part in weight loss management were regularly monitored.**

The service was changing from one electronic platform for patient care records to a newer, more efficient one. As a result, we were limited in the patient care

records we could review and the service had printed information for us to review.

The service was registered with the Information Commissioners Office to make sure it stored patient information securely.

We reviewed four patient care records of patients having weight loss management. Each set of records contained patient information, for example:

- address
- email address
- name, and
- telephone number.

Patient care records we reviewed also contained the GP contact details and the next-of-kin emergency contact details. Each new patient who wanted to take part in weight loss management completed these forms before the appointment date. They also had to submit photographic identification to confirm that the correct person was being treated.

A detailed consent process highlighted consent to share information with their GP and included a statement about following a calorie-controlled diet as medicines prescribed were to curb appetite only. We saw that patients had signed and dated these.

Before the first appointment for weight loss management, patient information was reviewed to ensure the patient was suitable to embark on the programme. We were told that if patients were not suitable they were contacted before their allotted appointment and informed.

We saw regular reviews every 2–4 weeks, where the patient had a check of their blood pressure and their most recent weight was documented. The patient's body mass index (BMI) was calculated at each appointment and plotted onto a graph. Each patient record we reviewed included BMI and target BMI. The follow-up appointments addressed calorie intake and range of exercises.

Patient care records we reviewed had documented the patients’:

- alcohol intake
- allergies
- height
- past medical history
- regular medicines, and
- weight.

This included the past history of weight loss management, for example if they had taken part in other weight loss programmes. The initial consultation also addressed their usual dietary intake and exercise regime.

Following the patient’s initial appointment, a GP letter was generated detailing the patient’s measurements and target BMI and the dose of the medicines prescribed. This was sent to the patient’s electronic portal and the patient was encouraged to share this with their GP.

We were told that, after the initial face-to-face consultation patients were given the choice to continue face-to-face appointments or to have telephone consultations. For telephone consultations, patients recorded their own blood pressure and weight.

The service provided an information leaflet to the patient once the medicine programme had been decided. This included a statement reminding the patient that the medicine used is unlicensed and not recommended by the National Institute for Health and Care (NICE) guidance. The statement then states that the doctor had prescribed this medicine in this instance as the only appropriate option.

We were told that the usual programme for weight loss management lasted approximately 12 weeks. However, if the target BMI had not been achieved the patient would sometimes have a 2-week break before another 12-week programme. We saw evidence of patients discharged from the programme when they had reached their target weight.

### **What needs to improve**

While patients were encouraged to inform their GP before starting a weight loss management treatment using controlled drugs, we were told that most patients chose not to. The General Medical Council (GMC)’s guidance *Good practice in prescribing and managing medicines and devices (2021)* states:

- ‘If you don’t have access to relevant information from the patient’s medical records you must not prescribe controlled drugs or medicines that are liable to abuse, overuse or misuse or when there is a risk of addiction and monitoring is important.’

The service told us it would consider how to work in line with this. The medical practitioners working in the service should include this specific issue in the next conversation they have with their responsible officer (recommendation g).

The provider could further consider why patients do not want to share the information and how they could be supported to consent to the positive sharing of information between those responsible for their care. We will follow this up at future inspections.

- No requirements.

### Recommendation g

- The service should support its medical practitioners to have positive discussions with their responsible officer in respect of prescribing where they may not have access to the patient’s medical record.

## 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

**Staff files were in place and staff were supported with ongoing training and development. All staff members should have a yearly appraisal process carried out.**

The service employed three staff members and two staff worked under a practicing privileges contract (staff not employed directly by the provider but given permission to work in the service). Staff files were in hard copy and electronic format. We were told that all staff files would be electronic once the new electronic management system was in place. We saw a staff member who had been recruited recently had all recruitment checks stored online. We were

told that all new recruits completed a 3-month induction process to support them while they settled into their role.

We reviewed four staff files and saw they contained evidence of ongoing training, for example in:

- aesthetics
- first aid
- (laser) core of knowledge, and
- safeguarding.

Employed staff files contained an employment contract which the staff member and the service manager had signed and dated. This included information on pensions, sickness and benefits.

The doctor working under practicing privileges had a file which contained documentation of:

- an up-to-date insurance policy
- continued professional development certificates, and
- ongoing training.

A yearly appraisal process was in place where a doctor, who did not work in the service appraised the doctor working under practicing privileges.

All staff files we reviewed had an up-to-date statement of the staff member's appropriate registration board and a protecting vulnerable groups (PVG) check from Disclosure Scotland. The service had an electronic process in place to check staff members' yearly registration and revalidation. This also helped make sure individual insurances were kept up to date.

We were told that staff were supported with training and the staff nurse had been supported to complete their nurse training. The nurse planned to complete the nurse prescribing course, which would allow them to prescribe certain medicines.

### **What needs to improve**

The doctor had appraisals every year. We were told of a process of staff review for other staff, which included a checklist of time-keeping and staff attitude. This should be developed further into a staff appraisal which includes the



individual's personal professional objectives and a programme of review of these objectives (recommendation h).

Staff recruited in the past had not had all recruitment checks carried out, such as references. However, we saw a new recruit had all of the checks stored electronically and we were told this would be the process the service would follow in the future. We will follow this up at future inspections.

- No requirements.

#### **Recommendation h**

- The service should ensure staff have a yearly appraisal that includes individual objectives for professional development.

## 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

**Staff spoke positively about the senior management team. A detailed digital quality assurance system allowed daily updates and personal reminders of outstanding improvement actions. A quality improvement plan is in place and helped to inform continuous quality improvement activities.**

The service employed a nurse who was registered with the Nursing and Midwifery Council (NMC) and completed mandatory revalidation with the NMC. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years.

The service had external support to help produce all its human resource policies and procedures, including recruitment safety checks. Policy review and audits were documented and tracked in the service's new digital quality system. The digital platform had a secure link to staff mobile phones to send reminders if they had responsibility for a quality improvement task.

The service held daily huddles and weekly meetings to review any issues or concerns in real time. Monthly staff meetings were also held to review risk assessments and audit outcomes. We saw that outcomes of meetings were reported on the digital management system and fed into actions for quality improvement. We spoke with the business manager during our inspection, who demonstrated the process to us.

Staff wellbeing was a standard agenda item, which allowed all staff to discuss concerns or issues. We were told that the clinic director had an open-door policy for all staff.

Staff we spoke with were positive about the leadership in the service. One staff member had been funded in their nurse training and felt encouraged to improve their skills in the clinic.

Staff we spoke with were confident that they would be encouraged to present their ideas for service improvement to the service director for them to consider.

We saw good examples of team building and celebrating success, such as all staff attending a conference with the service paying for overnight accommodation as part of a 'get-together'.

The service is currently registering with an aesthetics association that focuses on the safe administration of aesthetics procedures. The service also registered with an aesthetics supplier hosting regular seminars and workshops.

### **What needs to improve**

The service's processes for managing human resource tasks could be more clearly defined in its policies. These policy reviews would help make sure the updated content is in line with all current legislation. We will follow this up at future inspections.

- No requirements.
- No recommendations.

## 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 publish a yearly duty of candour report (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>The service should ensure that local social work contact details are available to staff in the event of a safeguarding concern (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
c	<p>The service should make sure contact details for Healthcare Improvement Scotland included in the complaints policy are up to date and accurate (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
<b>d</b>	<p>The service should offer licensed medicines for weight loss as well as those already used and carry out a formal clinical audit to determine the effectiveness of the treatments offered to ensure best practice is being maintained (see page 12).</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>
<b>e</b>	<p>The service should further develop its environmental risk assessments (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
<b>f</b>	<p>The service should introduce a valid risk matrix to the process of risk assessments (see page 12).</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>
<b>g</b>	<p>The service should support its medical practitioners to have positive discussions with their responsible officer in respect of prescribing where they may not have access to the patient's medical record (see page 15).</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>

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendation	
<b>h</b>	<p>The service should ensure staff have a yearly appraisal that includes individual objectives for professional development. (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</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)

## Healthcare Improvement Scotland

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

0131 623 4300

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

0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)