

Announced Inspection Report: Independent Healthcare

Service: SM Aesthetics, Kirkcaldy

Service Provider: SM Aesthetics Scotland Limited

15 November 2022

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 20 August 2019

Requirement

The provider must amend its complaint procedure to include the full contact details of Healthcare Improvement Scotland and make clear that patients can contact Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

The service had now updated its complaints policy to include contact details for Healthcare Improvement Scotland. However, we highlighted to the owner (practitioner) that the email address was out of date and they agreed to ensure this was immediately rectified. **This requirement is met.**

Requirement

The provider must implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service.

Action taken

A medicine management policy had now been implemented. **This requirement is met.**

Requirement

The provider must ensure that all prescription-only medicines are appropriately and securely stored.

Action taken

We saw all medicines were appropriately stored. Emergency prescription-only medicines were locked away in an appropriate cupboard. On the day of the inspection, no injectable medicines were being used that needed to be stored in the fridge. **This requirement is met.**

Requirement

The provider must implement a formal practicing privileges contract between the service and nurse prescriber, setting out how the working arrangement will operate and demonstrating that appropriate pre-employment checks have been carried out.

Action taken

We saw a signed practicing privileges contract was now available that covered all aspects of the nurse prescriber's working arrangements. **This requirement is met.**

Requirement

The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met.

Action taken

From the patient care records we reviewed, we saw patient information now included documenting patients' past medical history and allergies. A detailed consent process addressed risks and benefits of treatments. **This requirement is met.**

Requirement

The provider must ensure that patient care records are regularly updated to ensure that information relating to patients' prescribed medication and health conditions remains current.

Action taken

Patient care records were now being reviewed and updated to ensure patients' current health concerns and medication was documented each time they attended for an appointment. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 20 August 2019

Recommendation

The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

The service had still not developed a participation policy. This recommendation is reported in Quality indicator 2.1 (see recommendation b).

Recommendation

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

Action taken

The service now carried out regular checks to make sure cleaning schedules and fridge temperature recording were being completed. We saw an infection prevention and control audit had also recently been completed. However, the audit programme should be further developed to include auditing that patient care records are fully and accurately completed. This recommendation is reported in Quality indicator 5.1 (see recommendation e).

Recommendation

The service should develop and implement a safeguarding policy for responding to adult protection concerns.

Action taken

A safeguarding policy was now in place.

Recommendation

The service should record patient consent to share information with their GP and other medical staff in an emergency (if required) in patient care records.

Action taken

Obtaining consent to share information with patients' GPs was now included in the consent form.

Recommendation

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

Action taken

A quality improvement plan had still not been developed. This recommendation is reported in Quality indicator 9.4 (see recommendation j).

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to SM Aesthetics on Tuesday 15 November 2022. We spoke with the owner (practitioner) and the nurse prescriber. We received feedback from seven patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector, and one inspector observing.

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 SM 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 were fully informed about treatment options before going ahead with treatment. Patients could provide feedback about their experience through various formats. A participation policy should be developed describing how patient feedback is gathered and used to improve the service. Information about how to make a complaint should be easily accessible to 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 was clean and in a good state of repair. A variety of policies and procedures were in place to make sure care was safely delivered. However, a risk register would ensure effective oversight of how the service is delivered safely. Although audits were taking place, audits of patient care records should also be introduced.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service maintained current best practice through training and networking with peers in the aesthetics industry. Although consideration was being given to how the service could continue to develop, a quality improvement plan should be introduced to help the service with this.	✓ 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 contained details of patient consultations, consent and treatments. However, these were not always being completed fully and consistently, and improvements are needed in what information is documented, and the legibility of healthcare professionals' input.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	The practitioner and nurse prescriber worked well together. However, not all pre-employment background and safety checks had been carried out for the nurse prescriber. A practicing privileges policy must be developed, and a process of ensuring ongoing annual professional checks and appraisal are carried out for the nurse prescriber.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect SM Aesthetics Scotland Limited to take after our inspection

This inspection resulted in two requirements and 10 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

SM Aesthetics Scotland 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 SM Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

Patients were fully informed about treatment options before going ahead with treatment. Patients could provide feedback about their experience through various formats. A participation policy should be developed describing how patient feedback is gathered and used to improve the service. Information about how to make a complaint should be easily accessible to patients.

During their initial consultation appointment, patients were given information about the treatments available, including the risks and benefits of treatment. Information about treatments and costs was also available on the service's social media pages. This was further discussed during the initial appointment and documented in the patient care records.

Patients who required a prescription-only injectable treatment, such as botulinum toxin, would meet with both the nurse prescriber and the practitioner to discuss their treatment. Patients would then have the opportunity for a cooling-off period to consider all options before starting treatment. We were told most patients were returning clients and, therefore, well known to the practitioner. This helped to develop a trusting relationship between the practitioner and patient.

Patients could provide feedback about their treatment on a number of social media platforms. We also saw that an online feedback questionnaire was sent out to all patients four times a year. This consisted of a series of questions, including what the service did well and what it could do better. The results of these were reviewed and discussed between the practitioner and the nurse prescriber.

We saw an up-to-date safeguarding policy and a duty of candour policy. This is 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 where duty of candour principles were required to be implemented.

We were told there had been no complaints in the service since it was registered with Healthcare Improvement Scotland in July 2017.

Patients who completed our online survey said:

- ‘... offered me a few consultations as I changed my mind a few times, she did not charge me for these either which was extremely kind.’
- ‘I felt very informed of every stage.’
- ‘... took time to find out just what I wanted and listened carefully then made a plan with me.’

What needs to improve

Information about how to make a complaint should be easily accessible for patients in the clinic and on its social media pages (recommendation a).

A participation policy should be developed to guide patient feedback and learning in the service. This should detail methods for gathering, reviewing and using patient feedback to help the service identify any required improvements and measure the impact of these changes on the service. This had previously been highlighted in the August 2019 inspection report (recommendation b).

While there was a range of methods for patients to feedback about their experience, a more formal process should be developed for informing patients about the outcomes of their feedback (recommendation c).

The service had recently updated its complaints policy. However, we highlighted to the owner (practitioner) that some of Healthcare Improvement Scotland’s contact details were out of date, and they agreed to update the policy. We will follow this up at the next inspection.

- No requirements.

Recommendation a

- The service should ensure information about how to make a complaint is easily accessible to patients.

Recommendation b

- The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.

Recommendation c

- The service should develop a process of informing patients of how their feedback has been addressed and used to influence improvements to the service.

Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment was clean and in a good state of repair. A variety of policies and procedures were in place to make sure care was safely delivered. However, a risk register would ensure effective oversight of how the service is delivered safely. Although audits were taking place, audits of patient care records should also be introduced.

Appropriate systems were in place to help make sure the clinic 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.

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

- medicine management, and
- infection prevention and control.

Measures were in place to reduce the risk of infection. We saw a daily cleaning schedule was completed to show that appropriate cleaning had taken place. Single-use equipment was available to prevent the risk of cross-infection, as well as 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 an appropriate sharps bin was in place.

A system was in place to record the temperature of the clinical fridge to ensure that medicines were stored at the correct temperature. All medicines and single-use patient equipment was in date. All medicines were obtained from

appropriately registered suppliers. The service kept a small number of emergency only medicines which were stored securely.

We saw some audits had been carried out recently on hand hygiene and cleaning processes.

Risk assessments had been carried out on trips and falls hazards, and infection prevention and control.

No accidents had been recorded since registration. The practitioner had a good understanding of their responsibilities for reporting accidents, incidents and adverse events.

Patients who completed our online survey agreed that the service was clean:

- 'Clean calming environment couldn't ask for any more.'
- 'Lovely salon to be in.'
- 'Lovely clean and private treatment rooms.'

What needs to improve

The service should further expand the risk assessments carried out, for example to include the risk of sharps injury. A risk register should be implemented. This would help to record and effectively monitor all of the service's risks in one place, and ensure regular review of any identified risks (recommendation d).

The service's programme of clinical audits should be developed to include audits of patient care records (recommendation e).

- No requirements.

Recommendation d

- The service should further expand its risk assessments and develop a risk register to support the management and review of identified risks.

Recommendation e

- The service should further develop its audit programme to include audits of patient care records.

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained details of patient consultations, consent and treatments. However, these were not always being completed fully and consistently, and improvements are needed in what information is documented, and the legibility of healthcare professionals' input.

We reviewed five patient care records. Patients' details including past medical history, allergies and medicines were clearly documented. This information was reviewed and updated each time patients attended for treatment. A brief consultation and treatment plan was also documented. Each patient care record reviewed showed that the patient had signed and dated stating they agreed with the information obtained.

We saw that a detailed consent process was completed, and included risks and benefits of treatment. The consent form included consent to take photographs and consent to share information with the patient's GP. Every consent form reviewed was signed and dated by both the practitioner and the patient.

Each patient care record reviewed included a facial diagram clearly showing where medicines had been injected and the amounts used. The batch number and expiry date of the medicines used was also clearly documented.

Following treatment, we were told that verbal and written aftercare was provided for patients following treatment. We saw a copy of the aftercare information given to patients. This included an out-of-hours contact telephone number for the practitioner should they require it.

The service's paper patient care records were stored securely in a locked cupboard in the service.

What needs to improve

We saw that the nurse prescriber had documented and signed patient care records when they were involved in assessing the patient. However, this signature was illegible. Both the practitioner and the nurse prescriber should print their name after their signature to provide clearer evidence of their involvement in patient care (recommendation f).

Not all patient information was obtained consistently in every patient care record we reviewed. For example, not all patient care records included the patient's telephone number, email address and GP details (recommendation g).

Aftercare information provided to patients following treatment was not documented in the patient care records (recommendation h).

We were told the service's registration with the Information Commissioner's Office had lapsed (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information. The practitioner agreed they would renew their registration. We will follow this up at the next inspection.

- No requirements.

Recommendation f

- The service should ensure patient care records are legible, and the signature of healthcare professionals involved in patient care is clear, to comply with professional standards about keeping clear and accurate records.

Recommendation g

- The service should ensure that patient care records are fully completed at all times, and include all necessary contact information for the patient and their GP.

Recommendation h

- The service should document in the patient care record that aftercare information has been provided to patients following treatment.

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

The practitioner and nurse prescriber worked well together. However, not all pre-employment background and safety checks had been carried out for the nurse prescriber. A practicing privileges policy must be developed, and a process of ensuring ongoing annual professional checks and appraisal are carried out for the nurse prescriber.

A practicing privileges contract was in place between the service and the nurse prescriber (staff not employed directly but given permission to work in the service). This allowed the practitioner to offer treatments involving prescription-only medicines.

The nurse prescriber's staff file included a signed practicing privileges contract detailing the terms and conditions of the agreement. We saw copies of training certificates stored in the file and a copy of the insurance that allowed the nurse prescriber to prescribe in the service. There was also an up-to-date Disclosure Scotland Protecting Vulnerable Groups (PVG) background check.

The practitioner and nurse prescriber had worked together for a number of years, and we were told they had a good working relationship. At times, they had attended training sessions together. They met regularly to discuss aspects of the service and their practice.

What needs to improve

Some background and pre-employment checks were missing for the nurse prescriber, for example references and identity checks (requirement 1).

A practicing privileges policy must be developed to help ensure background and safety checks are always carried out (requirement 2).

There was no evidence of an annual process of checking the nurse prescriber's professional registration status or of an annual appraisal process (recommendation i).

Requirement 1 – Timescale: immediate

- The provider must ensure that all background and safety checks are carried out on staff working under a practicing privileges arrangement.

Requirement 2 – Timescale: immediate

- The provider must develop a practicing privileges policy.

Recommendation i

- The service should develop a formal system to make sure that staff are subject to ongoing professional registration checks and ensure they undergo an annual appraisal process.

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 maintained current best practice through training and networking with peers in the aesthetics industry. Although consideration was being given to how the service could continue to develop, a quality improvement plan should be introduced to help the service with this.

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and to complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers in order to remain a registered nurse practitioner.

We were told the practitioner had taken part in a number of online training sessions particularly focusing on the management of aesthetic complications. They were also involved in a number of online aesthetic practitioner networks which helped to provide regular contact, support and learning from local practitioners.

The practitioner was considering some ways to help improve the service, for example switching to an electronic patient care record system. They were also considering additional training with a recognised aesthetic company to help further develop and keep their aesthetic skills up to date.

What needs to improve

A formal quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement. This had previously been highlighted in the August 2019 inspection report (recommendation j).

- No requirements.

Recommendation j

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

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 ensure information about how to make a complaint is easily accessible to patients (see page 11).</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>
b	<p>The service should develop a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (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 4.8</p> <p>This was previously identified as a recommendation in the August 2019 inspection report for SM Aesthetics.</p>
c	<p>The service should develop a process of informing patients of how their feedback has been addressed and used to influence improvements to the service (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 4.8</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
d	<p>The service should further expand its risk assessments and develop a risk register to support the management and review of identified risks (see page 14).</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>
e	<p>The service should further develop its audit programme to include audits of patient care records (see page 14).</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>
f	<p>The service should ensure patient care records are legible, and the signature of healthcare professionals involved in patient care is clear, to comply with professional standards about keeping clear and accurate records (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 4.11</p>
g	<p>The service should ensure that patient care records are fully completed at all times, and include all necessary contact information for the patient and their GP (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 4.11</p>
h	<p>The service should document in the patient care record that aftercare information has been provided to patients following treatment (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9</p>

Domain 7 – Workforce management and support	
Requirements	
1	<p>The provider must ensure that all background and safety checks are carried out on staff working under a practicing privileges arrangement (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must develop a practicing privileges policy (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 8(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
i	<p>The service should develop a formal system to make sure that staff are subject to ongoing professional registration checks and ensure they undergo an annual appraisal process (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>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
j	<p>The service should develop a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).</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> <p>This was previously identified as a recommendation in the August 2019 inspection report for SM Aesthetics.</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

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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

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