

# Announced Inspection Report: Independent Healthcare

**Service:** The Canmore Clinic, Dunfermline

**Service Provider:** SM Medispa Ltd

10 May 2023

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

© Healthcare Improvement Scotland 2023

First published July 2023

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

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

## Contents

<b>1</b>	<b>Progress since our last inspection</b>	<b>4</b>
<hr/>		
<b>2</b>	<b>A summary of our inspection</b>	<b>5</b>
<hr/>		
<b>3</b>	<b>What we found during our inspection</b>	<b>8</b>
<hr/>		
	<b>Appendix 1 – Requirements and recommendations</b>	<b>18</b>
	<b>Appendix 2 – About our inspections</b>	<b>21</b>
<hr/>		

## **1 Progress since our last inspection**

### **What the service had done to meet the recommendations we made at our last inspection on 11 June 2019**

#### **Recommendation**

*The service should develop and implement its patient participation policy to evidence the process fully.*

#### **Action taken**

A participation policy was in place and the process was followed for analysing patient feedback and, if required, any actions to be taken.

#### **Recommendation**

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

#### **Action taken**

The service had now developed a programme of audits, with actions arising from audits communicated to staff at monthly team meetings or included in the service's quality improvement plan. However, no audits were taking place of patient care records. A new recommendation is made in Quality indicator 5.2 (see recommendation e).

#### **Recommendation**

*The service should implement a consistent process to ensure policies, procedures and document templates are reviewed and improved to meet its needs.*

#### **Action taken**

All policies, procedures and templates were now reviewed regularly to meet the needs of the service.

## 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 The Canmore Clinic on Wednesday 10 May 2023. We spoke with some staff members during the inspection. We received feedback from 50 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.

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

### What we found and inspection grades awarded

For The Canmore Clinic, 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	The service actively sought feedback from its patients to help improve the quality of the service. Monthly feedback reports were produced by an external company employed to collate and analyse patient feedback. Patients spoke positively about the care and treatment they received. Information about the treatments available was easily accessible. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The care environment and patient equipment was clean, and policies and procedures helped to maintain a safe environment. An audit programme provided assurance of safe care and treatment. Patients told us they trusted staff to deliver safe care and treatment. However, regular audits of medicines should be carried out.	✓✓ Good
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 its membership with national forums and training events. A quality improvement plan helped to show how the service aimed to continually improve the quality of the service. Minutes from staff meetings should be formally documented.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Patients had a consultation and a thorough assessment before any treatment took place. Patients told us they felt well informed about the risks, benefits and aftercare arrangements before they agreed to go ahead with treatment. Patient care records should be fully completed and audited regularly.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Staff received good opportunities for training. All relevant pre-employment safety checks must be completed, and documented, before staff start work in the service. Induction and ongoing appraisals should be formally documented for all 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 SM Medispa Ltd to take after our inspection

This inspection resulted in two requirements and seven 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)

SM Medispa Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Canmore Clinic 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

---

**The service actively sought feedback from its patients to help improve the quality of the service. Monthly feedback reports were produced by an external company employed to collate and analyse patient feedback. Patients spoke positively about the care and treatment they received. Information about the treatments available was easily accessible. Clear procedures were in place for managing complaints and responding to duty of candour incidents.**

All patients received a face-to-face consultation in the service and had to complete a health questionnaire and consent form before they received any treatment. This included information about their procedure and any pre-treatment instructions. During consultations, we saw that patients were given information about the risks and benefits of proposed treatments. Information leaflets were also available in the reception area.

Patients were given time to consider treatment options and ask questions before agreeing to treatment. The majority of patients had to come back for a second appointment to have their treatment. This helped to make sure patients had time to consider if they wished to proceed with the proposed treatment.

A patient participation policy described how the service would gather and use patient feedback. We were told the service gathered patient feedback in several ways, for example through social media, postage paid survey cards, online reviews and text surveys. We saw that feedback received was very positive.



The service's feedback was also reviewed by an external company who generated a monthly feedback report for the service. The report showed the mode of feedback and monitored any trends for the service. Any feedback that the service received below a 5-star rating was reviewed and the patient was contacted for more information. The patient feedback report showed 100% of patients had given the clinic 5-star reviews over the past 15 months.

Feedback from our online survey showed that patients were very pleased with the service. They said they were very satisfied with the advice and information received before treatment and had been fully informed about the treatment's risks and benefits. Patients also stated they had been fully involved in decisions reached about their care. Comments from our online survey included:

- 'Amazing clinic and service all procedures explained properly and so informative.'
- '... exceptional at giving advice on treatments that would suit each individual and is also incredibly discreet and respectful.'
- 'Yes all explained pre, during and after - particularly impressed with after care call.'
- 'My consultation before the procedure was very informative and I was given plenty opportunity to ask questions.'

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and the policy included our contact details. The complaints procedure was also available on the service's website. At the time of inspection, the service had not received any complaints in the last year.

A duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) was in place. An annual duty of candour report was available in the service.

- No requirements.
- No recommendations.

## Service delivery

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

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

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

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

---

**The care environment and patient equipment was clean, and policies and procedures helped to maintain a safe environment. An audit programme provided assurance of safe care and treatment. Patients told us they trusted staff to deliver safe care and treatment. However, regular audits of medicines should be carried out.**

Staff followed Health Protection Scotland guidance to reduce infection risks for patients, in line with the service's infection prevention and control policy. Personal protective equipment such as disposable gloves and masks, and medical devices such as needles and syringes, were single use to prevent cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste. We saw a servicing contract for all portable electronic equipment.

A fridge thermometer and daily temperature log was in place to make sure medicines were being stored at the correct temperature. The fridge used to store medicines was clean and tidy.

Daily and weekly cleaning schedules were fully completed and signed by staff. Separate cleaning equipment was available for clinical areas. The service manager (practitioner) described the process for cleaning patient equipment. The service carried out regular audits to ensure all cleaning schedules were completed, in line with its infection prevention and control policy.

We received very positive feedback from patients who responded to our online survey. They said the clinic environment was always very clean and relaxing. Comments included:

- 'Extremely pleasant, comfortable and professional looking clinical environment.'
- 'Beautiful clinic. Always immaculately clean and tidy. Very relaxing environment.'
- 'I was totally shocked at how up to date the equipment was which made me feel more at ease as it seemed to be very professional. The clinic is so clean and hygienic, no reservations whatsoever.'

A recent fire risk assessment was carried out and the service was undertaking all recommended actions. Although no accidents or incidents had taken place, a system was in place to record these, and any subsequent actions that would be taken.

The service had a safe system for prescribing and storing medicines. All medicines were stored securely, and cupboards were well organised and not overstocked. The service manager was the prescriber and obtained their medications from a registered pharmacy. Medication batch numbers were documented in patient care records to allow the service to respond to any medicine alerts or adverse events. The medicines we saw were in-date. We noted that the service had carried out a medicines management risk assessment taking into account the procurement, storage and prescribing of prescription-only medicines, such as botulinum toxin.

An emergency medicine kit was available to enable the service to quickly deal with any medical emergencies, such as a complications or adverse reactions from treatment.

The service manager told us how the service responded to emergencies and complications in treatment, as well as the extra precautions put in place for patients to contact the service outwith normal opening hours using an out-of-hours call manager service.

All policies and procedures were up to date, and we were told the service reviewed these every year, or in response to changes in legislation.

### **What needs to improve**

Although we saw evidence of monthly audits completed for emergency medications, no audits were carried out for other prescription-only medications (recommendation a).

While we saw a policy that included procedures to follow in the event of an emergency, this should contain procedures to follow if any complications in treatment were to occur, including any additional protocol for out of hours (recommendation b).

Although we did not see any evidence of this during the inspection, the service manager told us they stored anti-wrinkle medication once reconstituted (using a liquid solution to turn a dry substance into a fluid for injection) for up to 2 weeks in the medicine fridge. This is not in line with best practice guidance. We advised the service to refer to manufacturer's guidance for the storage of the medication once opened (recommendation c).

- No requirements.

#### Recommendation a

- The service should ensure that all prescription-only medicines are checked or audited regularly.

#### Recommendation b

- The service should update its emergency policy to include protocols to follow for complications in treatment. This should include protocols to follow outwith clinic opening hours.

#### Recommendation c

- The service should ensure that prescription-only medicines are always stored and administered according to the manufacturer's guidance.

### Our findings

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

---

**Patients had a consultation and a thorough assessment before any treatment took place. Patients told us they felt well informed about the risks, benefits and aftercare arrangements before they agreed to go ahead with treatment. Patient care records should be fully completed and audited regularly.**

In the five patient care records we reviewed, we saw a record of the initial consultation, and an assessment of each patient's past medical history. Next of kin details were completed in all patient care records. We saw that consent to treatment forms included the risks and benefits of treatments. Consent was also gained for taking photographs and sharing patient information with other healthcare professionals, if required. Consent forms were signed in all patient care records we reviewed.

Electronic patient care records were stored securely with password-controlled access. Previous paper records were held in a secure cabinet and retained according to the service's data management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Appropriate aftercare was given, and follow-up appointments offered. Patients told us they felt well informed and received a lot of information about treatment options, risks, benefits and aftercare arrangements before going ahead with treatment. The service offered patients 2-weekly review appointments and patients were given a courtesy call the following day after treatment. This was to ensure patients were not experiencing any complications from their treatment. Some comments we received from patients included:

- '... I felt I was given the information to allow me to make an informed choice regarding treatment.'
- 'After our consultation, which was in depth, I left the clinic with no obligation to have the treatment.'

We saw that patients were given the service's contact details, including an out-of-hours contact, in case of complications. The service also used an out-of-hours call manager system to assist patients if they contacted the clinic out with normal opening times.

### **What needs to improve**

We found gaps in all patient care records we reviewed. For example, discussions about cost of treatment should be included in the patient care record and documenting that patients had been provided with aftercare advice (recommendation d).

No audits of patient care records were being carried out (recommendation e).

- No requirements.

### **Recommendation d**

- The service should ensure patient care records are fully completed.

### **Recommendation e**

- The service should carry out regular audits of patient care records.

## 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 received good opportunities for training. All relevant pre-employment safety checks must be completed, and documented, before staff start work in the service. Induction and ongoing appraisals should be formally documented for all staff.**

The two staff files we reviewed showed that the majority of pre-employment checks were completed before staff started working in the service. This included two references, relevant job descriptions and signed contracts of employment. We also saw training certificates for each employee.

We were told that each employee had an induction period when starting with the service and regular training was available for staff throughout the year. Staff we spoke with confirmed they received an induction on starting work, that they attended monthly team meetings and they received good opportunities for training. We were told all employees were currently carrying out software training.

#### What needs to improve

We noted that the service did not have a recruitment policy. Although the majority of pre-employment checks were carried out for staff before commencing their employment, we did not see any evidence of the service completing up-to-date Disclosure Scotland checks for their employees (requirement 1).

Regular appraisals or one-to-one meetings had not been completed for staff working in the service. However, the service manager told us this had already been identified at a recent team meeting (requirement 2).

Although we were told that any new employees received an induction to the service, there was no documented evidence showing that these had taken place (recommendation f).

**Requirement 1 – Timescale: immediate**

- The provider must ensure that a recruitment policy is developed and all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service.

**Requirement 2 – Timescale: immediate**

- The provider must ensure that all staff receive regular performance reviews and appraisals to make sure their job performance is documented and evaluated.

**Recommendation f**

- The service should implement a formal documented induction process for all new employees to the service.

## 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 its membership with national forums and training events. A quality improvement plan helped to show how the service aimed to continually improve the quality of the service. Minutes from staff meetings should be formally documented.**

The service was owned and managed by an experienced nurse practitioner registered with the Nursing and Midwifery Council (NMC). The practitioner kept up to date with best practice through ongoing training and development and attending aesthetic training events. This made sure the service was aware of changes in the aesthetics industry, legislation and best practice guidance. They also engaged in the NMC revalidation process and peer discussion sessions. 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 manager told us they regularly attended study days to keep themselves up to date, for example they had recently attended a resuscitation study day.

The service held monthly formal staff meetings where all staff members were in attendance. We saw handwritten minutes from staff meetings included items such as patient and staff feedback, any changes in product use and upcoming staff training. Staff told us they could also communicate with each other through a clinic social media chat group and an internal instant messenger service.



We saw improvements made to the service and tasks that were still ongoing detailed in the service's quality improvement plan. For example, the manager had added an additional payment device in the main treatment room. This was to help promote patient privacy and dignity as patients did not have to walk back through to reception to pay after their treatment was completed.

We saw that examples of feedback from patients and staff, actions from audits and upgrading technology had all fed into the service's quality improvement plan. The improvement plan included actions to be taken that could improve the service, responsible individuals and completion dates, if applicable. The service also reviewed and evaluated any completed actions.

### **What needs to improve**

Minutes from the monthly staff meetings should be recorded in an electronic format to allow the service to easily provide staff with a copy of the minutes. Clear actions should be documented from the monthly meetings into an action plan with clear timeframes and completion dates (recommendation g).

- No requirements.

### **Recommendation g**

- The service should document minutes from staff meetings electronically for easy distribution to all staff. Action plans should be devised from staff meetings documenting clear timelines and completion dates.

## Appendix 1 – Requirements and recommendations

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendations	
a	<p>The service should ensure that all prescription-only medicines are checked or audited regularly (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	<p>The service should update its emergency policy to include protocols to follow for complications in treatment. This should include protocols to follow outwith clinic opening hours (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>
c	<p>The service should ensure that prescription-only medicines are always stored and administered according to the manufacturer's guidance (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>

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

### Recommendations

- d** The service should ensure patient care records are fully completed (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
- e** The service should carry out regular audits of patient care records (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

## Domain 7 – Workforce management and support

### Requirements

- 1** The provider must ensure that a recruitment policy is developed and all staff roles are risk assessed to make sure that appropriate Disclosure Scotland background checks are completed before staff are employed or granted practicing privileges to work in the service (see page 15).  
  
Timescale – immediate  
  
*Regulation 9(2)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
- 2** The provider must ensure that all staff receive regular performance reviews and appraisals to make sure their job performance is documented and evaluated (see page 15).  
  
Timescale – immediate  
  
*Regulation 12(c)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

- f** The service should implement a formal documented induction process for all new employees to the service (see page 15).  
  
Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>g</b>	<p>The service should document minutes from staff meetings electronically for easy distribution to all staff. Action plans should be devised from staff meetings documenting clear timelines and completion dates (see page 17).</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)

## Healthcare Improvement Scotland

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

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

0131 623 4300

0141 225 6999

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