

# Announced Inspection Report: Independent Healthcare

**Service:** La Belle Forme at Glasgow Day Surgery  
Centre, Glasgow

**Service Provider:** La Belle Forme Ltd

3 March 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 La Belle Forme at Glasgow Day Surgery Centre on Friday 3 March 2023. We spoke a number of staff and a service user during the inspection. We telephoned six patients after the inspection who had received treatment at the service.

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 satisfactory self-evaluation.

### What we found and inspection grades awarded

For La Belle Forme at Glasgow Day Surgery Centre, 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 very complimentary about the service and able to make informed decisions about their treatment. Patient feedback was gathered in a structured way and used to inform improvements. Clear procedures were in place for managing complaints and responding to duty of candour incidents.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Safe systems were in place to manage delivery of care and we saw good compliance from staff. Staff were aware of their responsibilities in delivering safe care and had appropriate training. Equipment we saw was well maintained and clean. A good audit programme was in place.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	A recent restructure had increased staff morale. A quality improvement process was embedded in the service and informing improvement in the service. Staff were involved in quality improvement actions.	✓✓ Good

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

Additional quality indicators inspected (ungraded)	
Domain 3 – Impact on staff	
Quality indicator	Summary findings
3.1 - The involvement of staff in the work of the organisation	Staff were positive about their work, colleagues and the impact made from the new management. They were appropriately trained to carry out their job and a system was in place to make sure regular appraisals were carried out.
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 were fully completed and audited regularly. A comprehensive record-keeping system included a detailed health assessment for each treatment. Patient aftercare information was provided.

Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Systems and processes were in place to help make sure staff recruitment was safe and effective. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service.

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 La Belle Forme Ltd to take after our inspection

This inspection resulted in one requirement and four 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 requirement 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)

La Belle Forme Ltd the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at La Belle Forme at Glasgow Day Surgery Centre 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 very complimentary about the service and able to make informed decisions about their treatment. Patient feedback was gathered in a structured way and used to inform improvements. Clear procedures were in place for managing complaints and responding to duty of candour incidents.**

The service's informative website included details about the procedure available, including what to expect afterwards and a clear explanation of costs. We saw that patients were also given information in email and during the consultation process so they could make a fully informed decision. This information included risks, side-effects and expected outcomes of treatment, as well as aftercare. Patients had time to consider treatment options and ask questions before agreeing to treatment.

Results from our online survey showed that patients felt involved in their treatment and were confident in the service. Comments included:

- 'Not judged when explaining reasons for wanting procedure, was made to feel like no question was silly even if answer was obvious!'
- 'Comprehensive information about best treatment options.'
- 'I was always told what was happening and asked if I felt ok.'
- 'Pre-operation consultation 3 weeks before surgery.'

The service's participation policy described how patient feedback would be obtained, reviewed and actioned where appropriate. The service used a variety of methods to identify and measure clients' needs and expectations in line with its participation strategy, including online feedback platforms and a service-led survey. If this had fewer responses than desired, the team called patients to ask

about their satisfaction with care. All negative feedback and complaints were captured and posted on staff noticeboards, along with actions to rectify or improve findings. Patient feedback was used to improve the service. For example, change made after feedback included:

- a coffee machine in waiting area delivering high quality drinks, and
- an extended-length-of-stay room, with clinical staff support in place for patients required to stay longer than expected after a procedure.

A complaints policy set out the process for managing a complaint. It also provided information on how patient could complain to the service or directly to Healthcare Improvement Scotland at any stage of the process. The complaints policy was available on the website and staff we spoke with were able to explain how a complaint would be escalated. The complaints were managed electronically. All correspondence with the patient was entered into a complaint spreadsheet, along with the timeline in line with the service's policy.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). A yearly duty of candour report was published on the service's social media. The service had not had any instances requiring the need to implement duty of candour principles.

### **What needs to improve**

The service had a comprehensive and well managed complaints policy and process in place. However, it did not have a named, stage 3 external complaint consumer redress scheme arrangement in place, such as with the independent sector complaints adjudication service (ISCAS) (recommendation a).

The service had a comprehensive contract document for the patient when a procedure had been agreed. The consent to share relevant information with the patient's GP was detailed in a clause in this document. The service should include this consent in the clinical consent pathway (recommendation b).

- No requirements.

### **Recommendation a**

- The service should formally engage with a consumer redress scheme.

### **Recommendation b**

- The service should include consent to share information, as appropriate, with the patient's GP in the patient care records.



### Domain 3 – Impact on staff

High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

#### Our findings

#### Quality indicator 3.1 - The involvement of staff in the work of the organisation.

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**Staff were positive about their work, colleagues and the impact made from the new management. They were appropriately trained to carry out their job and a system was in place to make sure regular appraisals were carried out.**

The most recent colleague survey was completed in 2023. The service had seen a significant increase in responses and positive results of this survey compared to the 2022 survey. Responses were positive about how interesting and fulfilling the jobs were, making good use of skills and staff said they felt trusted to do their job. We saw that management staff had developed an action plan and shared it with staff.

We saw that the service had QR codes that allowed staff to report excellence, for example a colleague going above and beyond in their role.

We saw completed staff appraisals. Staff we spoke with stated that these helped with their career goals and helped them to feel valued. Staff said they received enough training to carry out their role. We saw evidence in staff files and training reports of completed mandatory training. A staff induction process was in place for new staff. All new staff we spoke with had a period of induction and had completed an induction programme. Clear job descriptions for each role detailed their roles and responsibilities.

We sent out an anonymous survey which asked five 'yes or no' questions along with one question on staff views about what the service did well and what could be improved. The results were positive. All respondents said:

- the highest level of the organisation had positive leadership
- the service had a positive culture
- they felt that they could influence how things were done in this service
- their line manager took their concerns seriously, and
- they would recommend this organisation as a good place to work.

Staff comments received from our survey were generally very positive. Comments included:

- ‘Really caring about customers and each other.’
- ‘Communication both to staff and patients is excellent. Our patient-centric approach has really improved since the new OD arrived.’
- ‘I feel that the suggestions we have made for improvement over the past few months have been implemented e.g. more organisation in terms paperwork etc (forms being available to be sent electronically).’

Staff attended monthly meetings to keep up to date with changes in the hospital. Staff told us they received information and training on new initiatives and when legislation changed, such as for data protection. This made sure staff felt part of the service and could discuss improvement suggestions.

A staff recognition initiative, called ‘star of the month’ gave nominated staff a certificate of recognition, a gift voucher and a Friday afternoon off work. We were told that the management team actively promoted the initiative and staff spoke positively about it.

The service had introduced a ‘freedom to speak up’ champion. Staff could speak with this champion in confidence if they had any concerns about their work. Staff we spoke with knew of this initiative and how they could raise any concerns.

- 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

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**Safe systems were in place to manage delivery of care and we saw good compliance from staff. Staff were aware of their responsibilities in delivering safe care and had appropriate training. Equipment we saw was well maintained and clean. A good audit programme was in place.**

Systems were in place to help prevent and control infection in the hospital. For example, we saw that a green sticker was dated and applied to equipment after it had been cleaned so that staff knew it was ready for use again. Equipment was in good order throughout the service.

The service’s infection prevention and control policies and procedures were in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*. Toilets, including facilities for people with disabilities, were provided. Completed cleaning schedules were in place for clinical areas and toilets. All areas of the clinic were clean and well maintained.

An electronic programme of audits highlighted which audits were to be completed each week, such as for patient care records. The service manager had recently reviewed this system. The manager for quality and other staff regularly completed audits, including for:

- emergency kit
- fire safety
- hand hygiene, and
- medicines.

Results from the audits were emailed to staff and discussed at governance meetings.

Lasers used in the service were managed safely, the service had a laser protection advisor and the laser treatment room complied with laser protection guidelines. We saw appropriate personal protective equipment, such as eye protection wear, available for use with lasers. Local rules and precautions were in place for the safe use of lasers. Equipment was clean and well maintained, with risk assessments and servicing of all laser equipment up to date.

Staff were trained to deal with medical emergencies and the service had appropriate emergency equipment in place. Patients could call an out-of-hours helpline with any concerns about their treatment. Staff managed this on a rota system once competent and confident to manage and assess patients appropriately.

To help assess the safety culture in the service, we followed a day case patient's journey from admission to theatre, recovery room and then discharge home. We saw that staff followed World Health Organization guidelines, such as taking a 'surgical pause' before starting surgery to check they had the correct patient and equipment. We also observed staff following safe procedures for managing swabs and instruments in line with guidelines, including those for tracking and tracing instruments used.

A nurse or other suitable member of staff accompanied patients to and from the theatre department. Staff took time to talk and listen to the patient at each point in the journey, with different members of staff introducing themselves and explaining what was happening. The patient was closely monitored during the operation and then in the recovery room. Patients' privacy and dignity was maintained at all times. We saw effective multidisciplinary working with informative staff handovers and communication at all stages in the patient journey.

Servicing and maintenance contracts were in place for:

- clinical and non-clinical equipment
- electrical appliances
- fire safety, including equipment.

We saw risk assessments had been carried out for health and safety, as well as individual risk assessments for treatments. We noted action plans were in place for each risk assessment, showing that appropriate actions had been taken against risks identified. The service had an improvement project which allowed

staff to report any concerns electronically through a QR code, which could then be discussed at the governance meeting. Staff told us this has made the process of reporting easier and resulted in a more timely reporting system.

Patients who responded to our survey were very complimentary about the clinic environment and the way their treatments had been carried out. Comments included:

- 'Very calming waiting facilities. Clean surgical area.'
- 'Everything was pristine and would describe clinic as having comfortable surroundings.'
- 'Everyone was extremely professional and always explained what would be happening.'

### **What needs to improve**

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland. The service had not notified Healthcare Improvement Scotland about some incidents that should have been reported (requirement 1).

We did not see any documented evidence that clinical wash hand basins were cleaned with 1000ppm chlorine solution, in line with national guidance (recommendation c).

### **Requirement 1 – Timescale: immediate**

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.

### **Recommendation c**

- The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks.

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

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**Patient care records were fully completed and audited regularly. A comprehensive record-keeping system included a detailed health assessment for each treatment. Patient aftercare information was provided.**

Procedures were in place to make sure that patient information was held securely and patient care records were password-protected to prevent unauthorised access.

A comprehensive mental health screening was carried out as part of the consultation and patients would be referred for additional specialist support before proceeding with treatment, if required.

We reviewed five electronic patient care records during our inspection. These covered a variety of treatments and were all fully completed. For each patient care record reviewed, we saw evidence of consultation, assessment and consent. This included the risks and benefits of each of the treatments offered.

Patients were given written aftercare instructions, which included the service's emergency contact details if they had any concerns or questions.

Patient care records were audited regularly. If an issue was identified, this would then be the focus of additional auditing as part of the action plan.

Comments from patients who completed the online survey included:

- 'The whole procedure from the online enquiry to the surgical procedure and aftercare was very efficient and effective.'
- 'Comprehensive advice on rest and recovery, wound dressing and stitches removal.'
- 'All information provided before surgery, but any additional questions were answered as and when asked.'

■ No requirements.

■ No recommendations.

## 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

**Systems and processes were in place to help make sure staff recruitment was safe and effective. Induction and appraisal programmes were in place. Staff were clear about the reporting structures in the service.**

Like other services, staffing could be challenging. However, the service was actively recruiting to any vacancies. Agency and bank staff were used when available to cover any staffing gaps where needed and we were told that this had not affected service delivery.

We saw that the service had a recruitment policy in place, as well as a practicing privileges policy. Staff with practicing privileges are staff not employed directly by the provider but given permission to work in the service. Appropriate pre-employment checks were carried out for staff and a written agreement was in place with staff working under practicing privileges.

The six electronic staff files we reviewed were well organised and had documented evidence of effective recruitment. They included a checklist to help make sure that appropriate recruitment checks had been carried out, including for:

- obtaining references
- the professional registration and qualifications where appropriate, and
- the protecting vulnerable groups (PVG) status of the applicant.

All employed staff had completed an induction, which included:

- an introduction to key members of staff in the service
- mandatory and statutory training, and
- role-specific training.

We were told that new staff were allocated a mentor and the length of the mentorship depended on the skills, knowledge and experience of the new member of staff.

A comprehensive mandatory training programme was in place, with competencies for each role. Management staff monitored staff training and this was discussed at management meetings. All staff were had to complete mandatory online learning modules and then role-specific modules, some of which may have been mandatory for their role. Mandatory training covered safeguarding of people and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong).

We were told that the service was working on how to make the reporting of training data more accurate and meaningful. We saw that the staff had fully completed their mandatory training for the year ending March 2023.

We saw that yearly appraisals had been carried out for staff who had been in post for more than 12 months or more, with new objectives set. For staff who had been in post for 6 months, we saw that a formal review as part of their probationary period had been completed. Appraisals for 2023 were due at the time of our inspection. Staff we spoke with were clear about their roles and the reporting structures in the service

### **What needs to improve**

Staff files for staff granted practicing and privileges did not contain documented evidence of a completed induction process or 'continuing professional development' training (recommendation d).

- No requirements.

### **Recommendation d**

- The service should implement a robust checklist for those staff granted practicing and privileges to ensure that induction is accurately recorded and that a copy of CPD training has been received.



## 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

**A recent restructure had increased staff morale. A quality improvement process was embedded in the service and informing improvement in the service. Staff were involved in quality improvement actions.**

We saw evidence of a structured meeting programme in place, with daily huddles and weekly meetings involving all staff. Departmental meetings and a newly-formed medical advisory committee supported this programme, where senior staff and doctors working in the service reviewed all aspects of the clinical care delivered. Through these meetings, all staff were well informed of any changes and were involved in decision making. They also had the opportunity to be involved in improvement activities. For example, a member of the service's quality team had taken responsibility for preparing the service to apply for an external quality assurance accreditation.

We saw evidence of staff leading a quality initiative after a patient complaint about a surgeon coming into work late. Staff had introduced a 'late or great' spreadsheet that the surgeons had enthusiastically adopted and this had driven an improvement in timekeeping.

We saw staff had opportunities for promotion in the service and five staff members had been promoted in the 12 months before our inspection. Staff we spoke with were enthusiastic about opportunities to learn new skills and be promoted in the organisation.

Staff we spoke with expressed a positive opinion of working in the service. Comments included:

- ‘Senior team very approachable, friendly, I feel comfortable to ask.’
- ‘Very staff focused with team building events.’
- ‘Staff member of the month been introduced.’

The service had a quality improvement plan in place to inform and support its improvement activities. This was discussed at the weekly operations meeting where all aspects of the service were discussed and areas for improvement were identified. We saw recent examples of this, such as:

- branding all service paperwork to improve the service’s bespoke image
- online booking for outpatient appointments was to be investigated, and
- patient ‘thank you’ cards and colour-coded tables of actions from patient feedback and complaints were pinned to staff noticeboards.

The service’s bullying and harrassment policy was displayed along with the whistleblowing policy to let staff know how to escalate a concern or seek support.

The senior management team had introduced a profit-sharing scheme for all staff that would be a flat reward across the whole team.

- 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	
<b>a</b>	The service should formally engage with a consumer redress scheme (see page 8).  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
<b>b</b>	The service should include consent to share information, as appropriate, with the patient's GP in the patient care records (see page 8).  Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirement	
<b>1</b>	<p>The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
<b>c</b>	<p>The service should ensure that in line with national guidance, appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks (see page 13).</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 7 – Workforce management and support	
Requirements	
	None
Recommendation	
<b>d</b>	<p>The service should implement a robust checklist for those staff granted practicing and privileges to ensure that induction is accurately recorded and that a copy of CPD training has been received (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have the confidence in the organisation providing my care and support: Statement 4.24</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)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto:his.contactpublicinvolvement@nhs.scot)

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