

# Announced Inspection Report: Independent Healthcare

**Service:** Murdostoun – Brain Injury Rehabilitation  
Centre, Lanarkshire

**Service Provider:** Active Neuro Ltd

29–30 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 Murdostoun – Brain injury Rehabilitation Centre on Wednesday 29 and Thursday 30 March 2023. We spoke with a number of staff and patients during the. This was our first inspection to this service.

The inspection team was made up of four inspectors.

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

### What we found and inspection grades awarded

For Murdostoun – Brain Injury Rehabilitation 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 had access to a wide range of information to help them be involved in decisions about their treatment. The patients were positive about the care received and knew how to raise a concern or make a complaint. Systems were in place for patients to feedback and help improve the service.	✓✓ Good

Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Safe systems and processes were in place to provide safe and effective care in a clean environment. Risk management was proactive and the environment and facilities were well maintained. Staff were aware of their responsibilities in delivering safe care and had appropriate training. Equipment was well maintained and clean. Clinical waste bins that stored clinical waste bags should be kept locked.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Good leadership and assurance structures were in place and a supportive approach was evident. A quality improvement plan was in place and the service's quality management system was benchmarked against the provider's other services.	✓✓ 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	Processes were in place to help make staff feel part of the service. Regular staff appraisals were carried out, staff information bulletins were issued and staff awards scheme helped keep staff motivated.
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
5.2 - Assessment and management of people experiencing care	The multidisciplinary team assessed and reviewed all patients regularly. Clear systems were in place for staff to communicate any changes to patients' needs or presentation.

Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	Good systems and processes were in place to recruit staff safely. Staff files were comprehensively completed. Education, training and development opportunities were available for staff. Yearly appraisals were carried out.

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

More information about grading can be found on our website at:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at:  
[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

## What action we expect Active Neuro Ltd to take after our inspection

This inspection resulted in one requirement and two 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)

Active Neuro Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Murdostoun – Brain Injury Rehabilitation 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 had access to a wide range of information to help them be involved in decisions about their treatment. The patients were positive about the care received and knew how to raise a concern or make a complaint. Systems were in place for patients to feedback and help improve the service.**

The service's comprehensive website provided information about the range of treatments and facilities available. The admissions team worked closely with the NHS neurological team and carried out assessments in NHS neurology service hospital to help make sure patient transfers were appropriately managed before their admission to the service. The staff key worker kept patients' families informed and involved in the care delivered and in preparation for discharge. The service's welcome brochure contained information about the treatment programme and the environment, with information of the local facilities for families who may wish to come and stay. Once admitted to the service, patients had a dedicated rehabilitation team to support their recovery with an individualised care plan.

Patients we spoke with were positive about the care received. They told us that staff were approachable, had time to chat and a wide range of therapeutic activities were available. Comments included:

- 'I have been taught tools to manage my speech and language to stop me getting angry.'
- 'All staff are really good.'
- 'I have made good progress, the therapists are fantastic.'

Minutes of patient monthly meetings we saw included discussions about menu choices, what patients would like to see introduced and patient feedback about parts of the service. Examples of changes from patient meetings included:

- gardening activities, including trips to garden centre to choose plants for the garden, and
- a new drinks dispenser.

A complaints policy was in place, easily accessible and we saw evidence of a complaint managed appropriately in line with the policy. We also saw compliments from families for the care their relatives had received from the service.

The service had a participation policy in place and produced a monthly newsletter for patients, families and staff, which contained:

- celebrations
- news
- photographs
- patients' art work and poems, and
- puzzles.

A QR code was displayed in reception area to encourage patients and families to give immediate feedback about their experience.

We were told the service had established good links in the local community and had become involved in a walking football initiative with Motherwell Football Club, patients could participate in this weekly. Patients could also attend the local weekly church service or receive pastoral support in the service as requested.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. The service had a duty of candour policy in place, staff had received training in this and were aware of their responsibilities.

### **What needs to improve**

While the service's complaints policy included Healthcare Improvement Scotland's (HIS) contact details, it did not make clear that patients or family members could contact HIS at any time (recommendation a).



The service gave patients and families discharge questionnaires and stamped addressed envelopes to return them. However, very few were returned. The service could explore more effective ways to gain feedback from patients and families at discharge. We will follow this up at future inspections.

The service could consider producing leaflets for information of the different types of brain injury rehabilitation and treatments it offered. We will follow this up at future inspections.

- No requirements.

### Recommendation a

- The service should ensure all complaint information directs service users and families to Healthcare Improvement Scotland at any stage of their care or treatment in all documentation.

### 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

**Processes were in place to help make staff feel part of the service. Regular staff appraisals were carried out, staff information bulletins were issued and staff awards scheme helped keep staff motivated.**

We saw good processes in place to support staff and allow them to engage in the service. An online staff survey was completed yearly and results were shared with staff. Staff had formal one-to-one meetings with their line manager every 8 weeks. All staff had yearly appraisals and personal development plans.

We attended one of the daily morning meetings that the service held and saw that the heads of all departments and senior nursing staff were in attendance. The meeting discussed:

- any on-call issues
- any safety alerts
- any safety issues
- patient issues, and
- staffing across the service.

This kept staff up to date with any changes or ongoing issues.

Staff were also sent a monthly newsletter from the provider which shared the latest news and developments in the organisation. A monthly staff bulletin was also shared, which gave information about lessons learned from incident reviews from the service and the provider.

The senior management team had an 'open-door policy' for all staff and wanted to be available for them. We were told the operations director would visit staff regularly. We were also told the hospital director and head of therapy had introduced a monthly 'open surgery' to allow staff the opportunity to raise any issues or concerns.

Staff we spoke with were enthusiastic about their roles and how they supported and cared for patients. They told us they enjoyed working for the service. One staff member we spoke with told us they had been supported to introduce extracurricular activities for the patients. For example, they had organised a theatre company to perform a pantomime for patients and another event was planned for summer 2023.

A staff recognition scheme awarded staff achievements. Staff could nominate other staff members as part of a recognition programme, for example for going above and beyond their job role. Social events were held, including activities to celebrate events such as Christmas and receiving a good inspection grade.

Staff spoke positively about their experience working in the service and leadership's attitudes. Comments included:

- 'Best job in the world.'
- 'I am trusted and respected in my role.'

The provider ran a national awards scheme and we were told two staff members in the service had been awarded.

- 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 and processes were in place to provide safe and effective care in a clean environment. Risk management was proactive and the environment and facilities were well maintained. Staff were aware of their responsibilities in delivering safe care and had appropriate training. Equipment was well maintained and clean. Clinical waste bins that stored clinical waste bags should be kept locked.**

The environment and equipment was clean and we saw completed and up-to-date cleaning schedules for all rooms and areas. We saw evidence that sanitary fittings, including clinical hand wash basins were decontaminated (cleaned) with a chlorine solution, in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

The service had a clinical waste contract in place and kept waste consignment notes. Sharps boxes were labelled with the date of assembly, point of origin and were signed before use. Clinical and domestic waste bins were in place.

We were told a monthly visual audit with staff and patients included a review of the environment. We saw evidence that the head of estates and senior staff attended meetings for governance and health and safety. Environmental issues, such as infection prevention and control and maintenance were discussed at these meetings.

Infection prevention and control training was part of the staff induction programme, as well as ongoing mandatory learning that staff must complete. We noted good staff compliance with completing this training.

A good supply of personal protective equipment for staff and visitors was available throughout the service, including face masks, disposable gloves and aprons. This was appropriately stored at reception and close to where care was delivered.

An estates reporting system was in place for staff to report any maintenance issues. Any jobs that the service's maintenance staff could not repair were assigned to external contractors, with oversight from the service's maintenance management. We saw records of appropriate safety checks on equipment and facilities, such as water supply, gas boiler and emergency lighting.

Personal evacuation plans for patients were in place, readily accessible and updated regularly.

The service's risk register detailed ongoing risks and evidence of actions taken to mitigate or reduce the risks. The risk register was a standing agenda item at the health and safety meeting and governance meetings, where updates on existing risks were discussed and newly-identified risks could be added.

For serious incidents recorded on the service's incident reporting system, we saw:

- a full description of the incident and immediate actions taken
- an action plan for improvement
- an incident review and investigation
- areas of good practice, and
- sharing lessons learned with staff.

This provided transparency of any incident and oversight from the appropriate parts of the organisation.

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare Improvement Scotland, in specified timescales. We saw that the service had submitted notifications in a timely manner.

A comprehensive yearly audit plan included audits for:

- care management
- infection prevention and control
- restrictive interventions (nursing interventions to manage patient risk), and
- safeguarding (public protection).

We saw that audit results were shared with the management team and actions to be taken agreed at the governance meeting meetings.

The service had an adult support and protection policy in place and staff had received training in it. Staff knew how to make a safeguarding referral and who they should inform if they had concerns.

Whistleblowing is when a staff member can raise a confidential concern if they became aware of any instances of harm or wrongdoing putting patient safety at risk. A whistleblowing policy was in place, and staff were aware of how to report any concern.

Patients told us they felt safe in the hospital and they appreciated having their own safe space in their single patient bedroom.

We found good systems and processes in place for the management of medication, including controlled drugs and emergency equipment.

The service was registered with the Medicines and Healthcare products Regulatory Agency (MHRA) to receive notifications of alerts, recalls and safety information on medicines and medical devices.

The pharmacist visited the hospital every week and carried out audits and safety checks, such as:

- controlled drugs audit every 3 months
- emergency drugs monitoring
- monthly clinic room audits, including medicines management (such as storage), and
- weekly drug chart checks for prescribing and administration.

Ward staff told us the pharmacist documented any queries and actions for relevant clinical staff to review and act on following these audits.

We also saw that the pharmacist put an orange label that detailed when medications were 3 months from their expiration date. Staff spoke positively of this initiative.

### **What needs to improve**

The large storage bins used to store clinical waste bags were not locked (requirement 1).

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

- The provider must ensure that external clinical waste bins are kept locked at all times.
  
- No recommendations.

## **Our findings**

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

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**The multidisciplinary team assessed and reviewed all patients regularly. Clear systems were in place for staff to communicate any changes to patients' needs or presentation.**

Patient care records were stored electronically and in paper format. We were told the provider had experienced cybersecurity issues since August 2022. This resulted in the service being unable to access some electronic patient care records. We saw the provider had taken necessary actions to minimise the impact on patient care. During our inspection, we saw that electronically available information was transferred to paper-format patient care records, which included two patient care records for each patient.

Most patients were referred to the service from two local NHS boards and we were told good working relationships had been developed with the NHS.

Before admission, senior members of the multidisciplinary team (including the medical director) carried out a pre-admission assessment, including an initial 24-hour care plan and a baseline risk assessment. We saw that, on admission the assessment process considered physical and emotional needs for rehabilitation. Assessments were then discussed in the multidisciplinary team and treatment goals were presented to the patient and family members to make sure expectations of rehabilitation were realistic.

Multidisciplinary meetings were held weekly to review patient progress and treatment goals. This included liaison with local rehabilitation community teams, community supports and social work. Patient families were also invited to attend patient review meetings and given a copy of the review report.

Patients were allocated a key worker, named nurse and associate support worker. The key worker was identified as the case manager and main point of contact for family members throughout their admission. We saw that patients had regular one-to-one meetings with their keyworker and therapy teams through the week, including the physiotherapist and speech and language.

‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) relates to the emergency treatment given when a patient’s heart stops or they stop breathing. From the patient care records we reviewed, we saw DNACPR had been discussed and documented. We saw evidence of individualised complications planning in the patient care records depending on patient needs. Patient care records and our own observations during our inspection showed that structured processes were in place to make sure patients were regularly reviewed and assessed.

We reviewed five patient care records and found a range of assessments, care plans, risk assessments and progress notes available for each patient. Patient care plans were reviewed every month with patients or in response to any significant changes.

We saw evidence of communication between staff through the day and at shift changeovers. This information was documented and included information on patients who required enhanced nursing observations. Staff were aware of their roles and responsibilities when carrying out observations.

### **What needs to improve**

Patient care records were audited every 3 months. However, this was an audit of patient treatment care plans. Information kept in patient care records we reviewed was not consistently organised. For example, legal documentation and consent to share information was not easily accessible to review (recommendation b).

- No requirements.

## Recommendation b

- The service should review the patient care records and expand the range of information audited as part of the patient care record to ensure that documentation was organised in a clear and structured way.

### 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

**Good systems and processes were in place to recruit staff safely. Staff files were comprehensively completed. Education, training and development opportunities were available for staff. Yearly appraisals were carried out.**

Policies and procedures were in place for recruitment, induction and training.

The provider had a centralised process for recruitment and had recently introduced an electronic database for staff files. The service also held paper-format staff files locally.

We reviewed five staff files and found all were well organised. We saw an appropriate recruitment process was in place to make sure the necessary background and identity checks were carried out, including:

- professional qualifications
- Protecting Vulnerable Groups (PVG) checks
- references, and
- registration with appropriate professional registers.

The service's electronic human resources system supported the recruitment process and helped make sure essential checks were carried out. A process was in place to make sure ongoing reviews of professional registration, yearly appraisals and regular PVG reviews were carried out as required.

New staff joining the service completed a comprehensive induction programme, which included a 6-month probation period and shadowing opportunities. During this, staff were regularly reviewed to help identify any training needs and



given a welcome pack which included details of the induction process. As part of the induction process, staff attended mandatory training, such as:

- basic life support
- brain injury awareness
- management of aggression
- person-centered care, and
- public protection.

As part of its recruitment and retention plan, we were told the service was in the process of recruiting international staff. As part of this process, staff would initially be employed as support workers and complete the induction programme. The provider would provide training for staff to complete objective structured clinical examination (OSCE) to allow them to work in the service as registered professionals, such as registered nurses.

Good processes were in place to support staff with training and education. We saw evidence of a training matrix which helped to identify training needs every 3 months. All staff could access the provider's central education team for training and development. The training programme offered face-to-face or online learning. We were told a senior nurse in the service was studying a non-medical prescriber course at the time of our inspection. The provider was also supporting three healthcare assistants to become registered nurses. The same opportunity was available to the therapy assistants.

We were told good links were in place with local NHS teams in order to improve patient care. This had resulted in training opportunities, such as for tracheostomy care, venipuncture and physical health monitoring.

The service had links with local universities and colleges, supporting nursing and allied health professional students' opportunities to carry out clinical placements in the service.

Staff performance was monitored through supervision and yearly appraisals. We saw a supervision tracker was updated monthly. The hospital director audited this and any actions required were sent to the unit manager. We saw a recent audit had identified supervision rates above 90%.

- No requirements.
- No recommendations.

## 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

**Good leadership and assurance structures were in place and a supportive approach was evident. A quality improvement plan was in place and the service's quality management system was benchmarked against the provider's other services.**

Staff we spoke told us leadership was visible, approachable and supportive in the service. Comments included:

- 'Very supportive.'
- 'As a new member of staff, the senior management have been very supportive and allowed me bring new ideas.'
- 'Senior staff are present and always check in.'

The service had a quality improvement plan in place and we found that quality improvement was central to the way the service operated. We saw evidence of good meeting structures in the service and information was shared with staff, including lessons learned.

We attended a quality improvement meeting where all recent policies and audits were reviewed. This meeting also discussed environmental works to the service, such as the decision to replace flooring in all stair wells. Clinical governance was discussed and we saw evidence of sharing good practice between the different units. We also saw the service's 'Strategy on a Page', a one-page document that set out the strategic objectives and vision for the delivery of care.

Senior staff attended a weekly incident management review. Incident reports were shared in the provider's incident review meetings and included the actions required to support staff, as well as lessons learned. We were told that incident

management information and any learning was documented on staff handovers sheets for 2 weeks to keep staff up to date.

The operational director visited the service regularly to engage with staff and support the hospital director. The operational director and clinical governance group produced a weekly quality report, which was shared with the executive board members. We saw that this information was cascaded between the service and senior management in the provider. Staff were praised for their work and contribution to the service.

Minutes of regular meetings between departments and the service-wide health and safety meeting were available to all staff. Key outcomes from meetings were reported in a monthly staff information bulletin, posted on staff noticeboards. This included lessons learned, staff achievements and thanks for named personnel.

Formal links had been established between the service and similar organisations. Senior staff regularly attended professional network meetings, such as Headway Brain Injury Association, Scottish Head Injury Forum and wider brain injury networks. This provided opportunities to share information and keep the service up to date with best practice.

The provider had recently introduced a confidential support service for staff at the time of our inspection. This was intended to compliment the already established on-site access to mental health professionals to support staff around wellbeing issues.

- 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

#### Recommendation

- a** The service should ensure all complaint information directs service users and families to Healthcare Improvement Scotland at any stage of their care or treatment in all documentation (see page 9).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.21

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

#### Requirement

- 1** The provider must ensure that external clinical waste bins are kept locked at all times (see page 14).

Timescale – immediate

*Regulation 3(d) (ii)*

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

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

### Recommendation

- b** The service should review the patient care records and expand the range of information audited as part of the patient care record to ensure that documentation was organised in a clear and structured way (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

## 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  
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