

Announced Inspection Report: Independent Healthcare

Service: Evo Dental Edinburgh, Edinburgh

Service Provider: Evo Dental Centre Limited

14 March 2025

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Evo Dental Edinburgh on Friday 14 March 2025. We spoke with a number of staff during the inspection and received feedback from 14 patients through an online survey we asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Edinburgh, Evo Dental Edinburgh is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Evo Dental Edinburgh, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service is part of the Evo Dental group and operates under the group's mission, vision and values. Key performance indicators had been identified to measure performance and were being regularly monitored. Leadership was highly visible and supportive, and staff told us they felt supported to develop and contribute to improving the service.	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient and staff feedback was actively encouraged on an ongoing basis. There was a clear, indepth induction programme for new staff. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. Staff were involved in various leadership initiatives both within the service and across the wider provider group, and effective information sharing systems were in place. A collaborative approach to quality improvement was a central part of the service, helping to ensure patient treatment and care was delivered safely and was regularly reviewed.	✓✓✓ Exceptional
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was provided from a modern, accessible, well equipped clinic, with appropriate infection control measures in place. Safe recruitment processes were in place. Patient care records were comprehensively completed and patients spoke very positively about the service delivered.	✓✓ Good

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:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Evo Dental Centre Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should create a standardised agenda template for meetings that includes standing agenda items for discussion and monitoring at every meeting (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirements	
None	
Recommendation	
b	<p>The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (see page 20).</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>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

We would like to thank all staff at Evo Dental Edinburgh for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service is part of the Evo Dental group and operates under the group's mission, vision and values. Key performance indicators had been identified to measure performance and were being regularly monitored. Leadership was highly visible and supportive, and staff told us they felt supported to develop and contribute to improving the service.

Clear vision and purpose

The service specialised in providing full mouth dental implants to adults. It also provided intravenous sedation to patients (using drugs to reduce patient anxiety to allow treatment to take place) as part of their implant treatment, if required. The majority of patients referred themselves to the service, but dentists could also refer patients, if required.

The service is part of a wider provider group of Evo Dental clinics which operate across the UK. The provider's vision is to help patients achieve 'a functional, confident smile'. It also has a clear mission to use innovative technology to 'enhance the lives' of its patients.

Staff were aware of the provider's values and how they provided a focus for all of the service's operational activities. We were told the values had recently been updated in full consultation with staff. The values were:

- clinical excellence, patient safety and high standards of care
- respecting individuality
- acting with integrity, empathy and respect towards each other, and
- continuous improvement.

These values were clearly communicated to patients through the service's website and displayed in the service. Staff were reminded of the values during staff meetings, and they were central to the staff annual awards system where staff were recognised who had demonstrated the service's values in their work.

The provider had identified key performance indicators which the service used to monitor and measure its quality and effectiveness. These were discussed every week with all staff and every month with the senior leadership team. These key performance indicators linked to the provider's organisational strategy, which was its long-term plan of how it intended to reach its vision and mission. For example, how patient feedback, the number of implants treatments carried out and the successful outcome of treatment would be measured to demonstrate performance.

- No requirements.
- No recommendations.

Leadership and culture

The service was staffed by dentists, dental nurses, receptionists, a patient co-ordinator and a clinic manager. The team was supported by the provider's senior leadership team and an information technology (IT) team who provided support to staff with using the service's software systems to produce data for analysis. Data included:

- number of patients seen in a day/week/month
- number of sedations performed
- types of sedation drugs used
- dose of sedation used
- number of adverse events, and
- patient feedback data.

The senior leadership team, along with the clinic manager, used this data and the service's key performance indicator data to review the service's performance. Results were then shared and used to compare against other Evo Dental clinics in the group to help drive improvement.

A weekly huddle meeting took place with the full clinic team which included discussions about staffing, patient treatment plans and any issues or complex patient cases. An 'all staff' meeting was held each month to ensure staff had the most up-to-date information to do their job well. Meetings were also held between staff groups, for example the leadership team, clinicians and dental nurses. A detailed log of staff meetings was kept, with a record of who was responsible for taking forward any actions. This information was shared with staff following meetings.

All clinics in the Evo Dental group regularly shared information and updates with each other to support staff in keeping up to date with emerging dental and clinical issues. Staff told us that the provider was highly engaged in working with the service to address issues and make improvements where necessary.

Staff told us they felt very involved in developing and improving the service. The clinic manager had taken the lead on various initiatives, such as being the compliance lead for Scotland and developing the induction and 'on-boarding' experience for new staff. They worked with other Evo Dental clinic managers to share their knowledge and experience, such as with inspection preparation and support, annual staff awards preparation and recruitment. This had given them an opportunity to contribute towards improvements across the wider provider group.

The service offered a range of benefits to its staff such as free private healthcare, free counselling sessions and a fully funded staff annual event. This event included staff awards presentations with staff encouraged to nominate their colleagues for these awards. Local staff away days also took place every year for the service, as well as away days where staff across the whole company met up in their own staff groups. Regular clinic manager networking days also took place, where clinic managers from all Evo Dental clinics came together to discuss and share ideas.

There was enough staff for the volume of work undertaken. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved. It was clear they were highly motivated to provide person-centred care and treatment to patients.

Staff told us that leadership was visible and supportive with an open, caring and collaborative approach. The clinic manager was always present in the clinic. The senior leadership team regularly visited the service and were also easily contactable by any member of staff if needed. Staff were very engaged and told us they were actively encouraged to contribute to help develop and improve the service.

Patients who completed our online survey said they were given plenty of information to help inform decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. Comments included:

- 'Extensive amount of information given during consultation. Risks and benefits explained fully. I had a list of questions with me but I did not need to ask any of them such was the content of the information given to me.'

- 'From start to finish I was impressed with the care and information I received. To that end I will be recommending to friends.'
- 'At my initial assessment the full procedure was explained in detail, and I was able to be reassured from any questions I asked at the time. ... I had great care from the practice nurses in preparation beforehand. ... once the medication took effect I felt no pain... I was constantly put at ease... I am very pleased with the professionalism shown throughout both before and afterwards... '

What needs to improve

While regular, formalised staff meeting structures were in place, no set agenda was used. We discussed with the service introducing set agenda items for every meeting to cover areas such as patient feedback and complaints, quality improvement activity, incidents, compliance, risk updates and staff development. This would allow the service to demonstrate these key areas were being regularly monitored (recommendation a).

- No requirements.

Recommendation a

- The service should create a standardised agenda template for meetings that includes standing agenda items for discussion and monitoring at every meeting.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient and staff feedback was actively encouraged on an ongoing basis. There was a clear, indepth induction programme for new staff. Key policies, procedures and systems were in place to make sure care and treatment was delivered safely. Staff were involved in various leadership initiatives both within the service and across the wider provider group, and effective information sharing systems were in place. A collaborative approach to quality improvement was a central part of the service, helping to ensure patient treatment and care was delivered safely and was regularly reviewed.

Co-design, co-production (patients, staff and stakeholder engagement)

Substantial patient information was provided to each patient based on their individual needs. A treatment fee guide was displayed in the reception area and on the service's website. The website also included video clips, including information about the implant technique used in the service, along with a walk-through tour of the clinic. The team made every effort to provide a personalised service to patients with a named patient co-ordinator being the first point of contact for each patient. Staff encouraged patients to contact their named patient co-ordinator at any point of the process if they had any questions.

The service had a patient participation process and gathered feedback from patients in a variety of ways. Patients were asked for feedback verbally after each visit, using a set of survey questions. Anonymous surveys were available in the clinic that patients could complete and post in a feedback box. They were also directed to the service's social media pages and an online review site where they could leave feedback. These reviews were checked every day and responded to by the patient co-ordinator. Patient feedback was shared with staff informally every day and also formally at the weekly huddle meetings and monthly clinic meetings. While we noted that no negative feedback had been received by the service since it was registered with Healthcare Improvement Scotland in September 2024, a plan was in place for the clinic manager to respond to any negative feedback received and to log their response using an online reporting system, if required.

The service's website included a number of patient before and after treatment photographs as well as some video testimonials. Patients were also asked for verbal feedback if they had stayed in hotel accommodation that had been provided by the service before or after their treatment. We were told that the use of particular hotels had been amended based on patient feedback to ensure that hotels closer to the service were used.

Staff feedback was encouraged and acted upon as appropriate. The service had adopted the same staff survey used by the provider in its other Evo Dental clinics. Results from this survey would be collated by the provider's IT team and then shared with the senior leadership team and clinic manager.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The clinic manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

The service had a comprehensive range of policies and procedures which staff were able to easily access through the service's staff intranet system. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfectant and autoclaves for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. The service's decontamination processes were clear and were understood by staff. During the inspection, a staff member demonstrated how the team safely processed instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

There was a dedicated room with a digital X-ray scanner for taking 3D images of patients' teeth. The X-ray machine had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system and were easily accessible for review, reporting and checking. The radiation protection file was up to date. The service also had a 3D

intraoral scanner that took life-like non-radiographic images of patients teeth, as well as a photogrammetry scanner that was able to accurately capture implant positions using 3D scanning.

The sedation team had been suitably trained in the sedation techniques used and had completed additional life support training, as well as in-house sedation-related scenario-based emergency training. All equipment used to monitor a patient's pulse and oxygen levels when they are having conscious sedation had been appropriately serviced and calibrated.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. All staff carried out medical emergency training every year with scenario-based training also taking place every 6 weeks, led by the service's lead clinician. As the service provided intravenous sedation, an oxygen concentrator was available (for providing oxygen therapy) as well as a capnograph (to provide real-time monitoring of patients' vital signs such as heart rate, respiratory rate, blood pressure).

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training. We noted there had been no duty of candour incidents since the service was registered. As the service had not yet been open for one year, a duty of candour report had not yet been produced but the clinic manager understood their responsibility to do this every year.

The service's complaints policy included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was available in the reception area and on the service's website. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were then emailed with a range of treatment plan options along with expected costs, and the risks and benefits of treatment. At their first appointment, patients had a 3D X-ray and an intraoral scan (X-ray taken inside the mouth), and had a detailed discussion and assessment with the dentist to review treatment plan options. Treatment planning software tools were used to help inform this discussion. Patients were given time to discuss and ask questions about their treatment plan before, during and after the consent process. Their named patient co-ordinator was always available for the patient to contact at any time of the working day.

Signed consent for the treatment plan and treatment costs was always obtained from the patient before any treatment was undertaken. A system was in place to audit that all patients had signed their consent forms before any treatment took place.

Patients who lived more than 1-2 hours away from the service were invited to stay overnight in a hotel to reduce any stress and anxiety they may have before their treatment. Patients could also stay the night of their surgery to avoid lengthy travel home immediately following treatment. Written and verbal aftercare advice was given to all patients following treatment. They were also called the day after their surgery to check how they were feeling and if they needed any additional advice. A system was in place to regularly review patients, with recall and implant fitting appointments booked at the time of the first treatment appointment. If a dental practitioner had referred the patient, they were also kept informed of their patient's treatment plan options, the treatment undertaken and any post-treatment plans.

Patient care records were kept in electronic format on the clinic management software system, and a suitable back-up system was in place in case this system failed. Access to the clinic management software system and patient care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). This provides a level of assurance that confidential information is safely secured and accessed only by relevant clinical staff.

An appropriate recruitment and induction policy and process was in place, and an induction checklist was used to make sure staff were appropriately inducted into their role. The clinic manager had recently reviewed and improved the induction checklist for all staff and planned to roll this out to all of the other Evo Dental clinics. The induction checklist was very comprehensive and covered the day-to-day operational aspects of the clinic, key health and safety information and information on managing medical emergencies. Dedicated time was given for all new staff to have individual meetings with key staff during their induction, including the senior leadership team.

Staff kept up to date with current regulations and compliance through dental forums, and by networking locally and nationally with other dental practitioners from the Evo Dental group and through other dental providers.

Every month, all staff had a one-to-one 'check in' meeting with the clinic manager. This allowed the staff member to discuss how well supported they felt to be able to perform their role and responsibilities to a high standard. Their personal development plan was also discussed and any appropriate support

offered. For example, some dental nurses had recently been supported to undertake further training in radiology and sedation. The service's head dental nurse was being supported to undertake a leadership and management course. Staff told us they felt supported and encouraged to carry out further training and education. They were provided with an annual subscription to an online learning system where they could access a wide range of training modules. This helped to support their role in the service and their own professional learning. All staff had to undertake mandatory training modules such as fire safety, moving and handling, infection prevention and control, and ethical and legal updates. All training undertaken was electronically logged with a mechanism to flag when the training was due for renewal. This allowed the clinic manager to ensure that all staff remained compliant with the provider's training requirements. Regular staff reviews took place as well as a formal appraisal system each year.

The clinic manager had a clear process in place to check that staff had up-to-date indemnity insurance and that their professional registration status remained up to date. This was tracked on a spreadsheet using a red, amber and green colour-coded system to identify whether the checks had been completed, were expiring soon or were overdue.

Staff carried out a wide range of quality improvement activities and peer review was a significant part of the day-to-day running of the service. Weekly clinician meetings were held at the clinic and regular meetings were also held across all Evo Dental clinics with all clinicians. Treatment planning options, treatment issues and reviews of treatments were discussed and feedback provided between the clinicians. Patient treatment planning consultations were also held between clinicians where appropriate.

- No requirements.
- No recommendations.

Planning for quality

The service had a comprehensive approach to quality assurance. All results of audits, complaints, adverse events, duty of candour incidents and accidents were logged on the provider's electronic compliance system. These were accessible by all other Evo Dental clinics and the senior leadership team.

A range of risk assessments had been undertaken, including a radiation risk assessment, a legionella risk assessment and a fire risk assessment. These were reviewed regularly and a risk register was in place to make sure key risks were monitored on an ongoing basis.

A comprehensive business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

The fixed electrical installation was being maintained in satisfactory condition, and a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed and fire safety equipment was appropriately maintained. A legionella (a water-based bacteria) risk assessment had been undertaken and a water safety management plan was in place, which included regular water monitoring and testing.

An audit programme was in place and we saw evidence of recent audits for:

- infection prevention and control
- medical emergency drugs and equipment checks
- X-ray equipment checks
- radiography image quality
- sedation-related activity, and
- maintenance of the care environment.

These were undertaken by different staff members and results shared with the rest of the team. Any issues identified were assessed by the clinic manager, the service's head dental nurse or clinical director and additional staff training provided, if appropriate.

Some staff members were involved with training and mentoring external dentists who wanted to become an Evo Dental practitioner. This was done using the provider's bespoke training course which provided education, training, mentorship and supervision. The service's lead dentist was also the clinical development lead and senior clinician for the provider group and had recently been promoted to be the provider's clinical director. The service's head dental nurse had recently been promoted to be the provider's lead dental nurse. They had also recently started developing a head dental nurse training programme to support dental nurses who wanted to develop and learn new skills. The aim of this course was to provide development opportunities for dental nurses and to ensure a consistent approach was applied to all processes and procedures for all Evo Dental clinics. They had also recently developed a medicine tracking process

to identify and track where each medicine was received, where it was stored and when it was provided to patients across all of the Evo Dental clinics. This ensured a robust system for medicines stock control and provided significant data on the administration of medicines across the provider group.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The service was provided from a modern, accessible, well equipped clinic, with appropriate infection control measures in place. Safe recruitment processes were in place. Patient care records were comprehensively completed and patients spoke very positively about the service delivered.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

The service was delivered from purpose-built premises that provided a modern, safe, accessible and very well-equipped environment. The building had been finished to a high specification and specifically designed to be comfortable for patients and staff. At the time of our inspection, all clinical areas were clean, tidy and well organised.

We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

We reviewed 13 staff files and saw that appropriate background and health clearance checks had been carried out for all staff.

We reviewed 14 electronic patient care records stored on the clinic management software system. These were of an excellent standard and detailed:

- comprehensive assessment and clinical examinations
- 3D scans and X-rays
- treatment
- consent to treatments and photographs being taken and published

- next of kin and emergency contact details
- medicines given to patients
- aftercare information, and
- any communication to the referring dental practitioner.

There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records included a range of X-ray images which we found to be of excellent quality and fully reported. Sedation treatment records were detailed and demonstrated safe practice.

Patients who completed our online survey said they the service was professional and well organised. They also said they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘... very friendly, approachable and extremely professional throughout. I felt that I had been cared for at every step.’
- ‘Felt more at ease... than I have ever felt at any dentist I used previously.’
- ‘It was 2nd to none from the original examination to the actual treatment, the equipment was state of the art, the recovery room was well stock[ed] and very comfortable.’
- ‘I couldn’t fault anything about the place, the staff are excellent from receptionist, nurses, consultants and dentists are all very knowledgeable and professional and makes you feel at ease.’

What needs to improve

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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. Although requested, the service did not submit a self-evaluation before the inspection (recommendation b).

- No requirements.

Recommendation b

- The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

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

We check progress against the improvement action plan.



After

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

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihtregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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