

Announced Inspection Report: Independent Healthcare

Service: Transcend Consulting Rooms, Glasgow

Service Provider: Anwar Khan

15 September 2022

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 16 July 2021

Recommendation

The service should ensure that ventilation in the procedure room meets the guidance in SHTM 03 01 (Ventilation in Healthcare Premises).

Action taken

An external company had carried out a review of the ventilation system and we saw the report confirming the system was operating in line with current national guidance for ventilation in healthcare premises. We also saw evidence showing the ventilation system was being regularly maintained to ensure it continued to function correctly.

Recommendation

The service should ensure information about next of kin and the patient's or parent's consent to share information with other healthcare professionals is recorded in the patient care record.

Action taken

From the patient care records we reviewed, we saw that next of kin contact details were now being recorded in patient care records. However, consent to share information with other healthcare professionals was still not being recorded. This recommendation is reported in Quality indicator 5.2 (see recommendation e).

Recommendation

The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

Action taken

The service was still retaining Disclosure Scotland Protecting Vulnerable Groups (PVG) records on site. This recommendation is reported in Quality indicator 7.1 (see recommendation f).

Recommendation

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

Action taken

A formal quality improvement plan had not yet been implemented. This recommendation is reported in Quality indicator 9.4 (see recommendation h).

2 A summary of our inspection

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

About our inspection

Transcend Consulting Rooms is a registered independent clinic. The conditions on the service's registration limits it to providing non-surgical treatments and minor surgical procedures only. The principal service offered by the service is nontherapeutic male circumcision.

We carried out a short notice announced inspection to Transcend Consulting Rooms on Thursday 15 September 2022, following an emergency condition notice being issued to the service in August 2022. This condition notice prevented the service from carrying out any procedures or treatments. The purpose of the inspection was to seek assurance on the quality and safety of the service and to gather information to help us decide whether we needed to vary or remove the emergency condition currently imposed. We spoke with the owner (practitioner) of the service, who was accompanied by their lawyer. As a result of this inspection and other information received, we removed the emergency condition notice and agreed that the service could provide procedures and treatments again.

The inspection team was made up of one senior manager, one inspector and a doctor.

What we found and inspection grades awarded

For Transcend Consulting Rooms, 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, parents and carers could provide feedback on their experiences, and feedback received was reviewed by the service, with results showing high levels of satisfaction. However, the	✓ Satisfactory

	participation policy should continue to be developed. Patients' expectations and choices were discussed before procedures were carried out.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patients were cared for in a clean and safe environment. Personal protective equipment used in the service must be in line with national infection prevention and control guidance, and clinical and hazardous waste must be disposed of appropriately. Policies must be reviewed and updated with current guidance and legislation.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	We saw evidence of continuing professional development and consideration of areas for service improvement. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. This should include developing a quality improvement plan.	✓ Satisfactory

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

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Written information about the procedure was provided to patients, parents and carers, and consultations were carried out before treatment. Benefits and risks of treatment were fully explained and aftercare information was provided, including emergency contact details.

	Patients' GP details and consent to sharing information with other healthcare professionals should be recorded in patient care records.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	A recruitment, induction and training policy ensured staff were recruited safely. The practitioner described their training in relevant surgical techniques and ongoing continuing professional development. Staff files detailed training of other staff members. Disclosure Scotland Protecting Vulnerable Groups (PVG) records should be securely destroyed as soon as possible after they are reviewed and logged.

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

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Anwar Khan to take after our inspection

This inspection resulted in four requirements and eight recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Anwar Khan, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Transcend Consulting Rooms for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

Patients, parents and carers could provide feedback on their experiences, and feedback received was reviewed by the service, with results showing high levels of satisfaction. However, the participation policy should continue to be developed. Patients' expectations and choices were discussed before procedures were carried out.

The service's participation policy described how patients, parents or carers could provide feedback about their experience. For example, feedback could be provided using a feedback questionnaire, with this then used to help develop and improve the service. The service recorded all feedback received and had completed a review of feedback for the period January–April 2022. This found that the majority of patients, parents or carers were either very satisfied or satisfied.

Information about the treatments available and costs involved was provided to patients, parents or carers. They could then discuss their expectations and any worries about outcomes from their treatments at their first consultation, including choosing which method for the procedure they preferred. They were also told to watch a video that provided information about the procedure, how to consent to treatment and aftercare information. They were also given written aftercare advice.

Due to the nature of the inspection, we were not able to speak directly to any patients in the service, or conduct our own online feedback survey. However, we saw that feedback the service received was mostly very positive.

Facilities were available to make sure privacy and dignity was maintained for all consultations, treatments, procedures and follow-up care.

A duty of candour policy described how the service would meet its responsibility to be honest with patients when things go wrong. We noted the service had not recorded any instances requiring it to implement duty of candour principles since registration with Healthcare Improvement Scotland in May 2017.

A complaints policy was in place with clear timescales for investigating and responding to complaints. This included contact details for Healthcare Improvement Scotland and how to make a complaint. We had not received any complaints about the service since it was registered with us.

What needs to improve

The participation policy should be further developed to detail how the service intends to engage with patients, parents or carers in developing and improving the service, how it will use the information gathered and how any improvements made will be fed back (recommendation a).

The service did not publish an annual duty of candour report as required (recommendation b).

- No requirements.

Recommendation a

- The service should further develop its participation policy to ensure it details its approach to gathering and using patient, parent and carer feedback.

Recommendation b

- The service should publish an annual duty of candour report.

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

Patients were cared for in a clean and safe environment. Personal protective equipment used in the service must be in line with national infection prevention and control guidance, and clinical and hazardous waste must be disposed of appropriately. Policies must be reviewed and updated with current guidance and legislation.

Patients were cared for in a clean and safe environment. Most equipment used for procedures was single use to prevent the risk of cross-infection. An on-site autoclave was used to clean and sterilise re-usable surgical instruments used to carry out procedures. The practitioner had a good awareness of general infection prevention and control practices, including the additional precautions which remained in place to minimise the spread of COVID-19.

We saw a safe system for the procurement, prescribing, storage and administration of medicines. All medicines were stored securely in a locked cupboard. At the time of the inspection, no medicines used in the service required to be refrigerated.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and medicines available that could be used in an emergency, such as adrenaline.

The landlord was responsible for the servicing and maintenance of the building. This included gas safety, fixed electrical safety and fire safety. While the service had not had any incidents or accidents since registration, a log book was kept to record these.

A system was in place for documenting accidents and incidents, and for reporting notifiable incidents or adverse events to the relevant regulatory authorities. If a patient returned to the service with a complication, this was documented in the patient care record as well as any additional treatment provided, and was logged as an adverse event.

What needs to improve

Although an extensive range of policies and procedures helped the service deliver care safely, we found they were all over due for review, and had not been updated with references to current guidelines and legislation. For example, the adult and child safeguarding (public protection) policies did not reference recent safeguarding legislation (requirement 1).

The service was not disposing of clinical and hazardous waste correctly, in line with national waste legislation (requirement 2).

We noted the service was using non-compliant vinyl gloves, rather than nitrile gloves, for carrying out patient care and examinations. Vinyl gloves do not protect the practitioner or the patient from blood-borne viruses (requirement 3).

The service used specially made restraint boards to help keep patients still during their procedure, when necessary. Although this is appropriate, and in line with the service's restraint policy, the restraint boards were not covered with a durable waterproof covering. Disposable absorbent procedure pads were placed on top of the boards during each patient's procedure. However, due to the lack of a durable waterproof covering, the boards could not be effectively decontaminated (cleaned) after use (requirement 4).

We saw that the service carried out audits reviewing the safe delivery and quality of service. These included patient care records, environmental, and health and safety audits. However, we saw no evidence of action plans being developed following audits, and it was not clear how outcomes from these audits were then shared with staff and used to improve the service (recommendation c).

We found that some equipment, including emergency resuscitation equipment, including oxygen therapy masks, were out of date (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must regularly review and update its policies and procedures to ensure any necessary changes or updates to national guidance or legislation are reflected.

Requirement 2 – Timescale: immediate

- The provider must ensure all clinical and hazardous waste is disposed of safely.

Requirement 3 – Timescale: immediate

- The provider must ensure the correct personal protective equipment is used in the service at all times in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

Requirement 4 – Timescale: immediate

- The provider must replace or cover the restraint boards with a durable waterproof finish to ensure they can be decontaminated appropriately after each patient use.

Recommendation c

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

Recommendation d

- The service should ensure a regular programme of checking equipment and stock expiry dates is in place.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Written information about the procedure was provided to patients, parents and carers, and consultations were carried out before treatment. Benefits and risks of treatment were fully explained and aftercare information was provided, including emergency contact details. Patients' GP details and consent to sharing information with other healthcare professionals should be recorded in patient care records.

Information about the procedure was sent to patients or their parents or carers before the appointment. This included information about how to prepare for and what to expect on the day of the procedure and information about aftercare. On the day of the appointment, patients, parents or carers were also asked to watch a video about the procedure. This information was available in various languages. A consultation between the patient, or parents and carers, and the doctor took place, where consent to treatment was documented.

Patient expectations were managed through the continued assessment and treatment period. Information on the planned surgery was shared with them and they completed an assessment about their expectations and desired outcomes. We were told patients could defer, change or cancel their procedure at any point during this process. Verbal and written information about complications or side effects was also provided.

We discussed what pain relief was provided for patients. We were told patients had a local anaesthetic cream applied to the affected area, as well as oral paracetamol and ibuprofen, and a local anaesthetic injection.

Following treatment, patients were asked to remain at the clinic for a short period of time, and were provided with additional verbal and written aftercare information. This included the emergency contact details of the practitioner. A 2-week review appointment was scheduled at the time of the procedure.

Details of the procedure were sent to the patient's GP and a copy of this information was kept in the patient care record.

We carried out an in-depth review of patient care records during the inspection. We reviewed 32 electronic patient care records and found these were very detailed. We saw evidence of completed medical histories, including medications and allergies. All patient care records included details of the pain relief given. The practitioner and the patient, parents or carers had signed consent to treatment forms. These forms included information on the risks and potential complications of the proposed procedure.

The electronic record keeping system was password protected and access to the system was restricted to key staff members. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

What needs to improve

Patient's or parent/carer's consent to share information with other healthcare professionals was not documented in the patient care records we reviewed. All patient care records should contain information and contact details for the patient's GP (recommendation e).

- No requirements.

Recommendation e

- The service should ensure contact details for patients' GPs, as well as consent to share information with other healthcare professionals in case of an emergency, is documented in patient care records.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

A recruitment, induction and training policy ensured staff were recruited safely. The practitioner described their training in relevant surgical techniques and ongoing continuing professional development. Staff files detailed training of other staff members. Disclosure Scotland Protecting Vulnerable Groups (PVG) records should be securely destroyed as soon as possible after they are reviewed and logged.

We reviewed four staff files for nursing staff and healthcare assistants. We saw that Disclosure Scotland Protecting Vulnerable Groups (PVG) background checks and identity checks had been completed. This included proof of ID, references and the professional registration status for nursing staff. Each member of staff also had a training record detailing the ongoing training and education they had carried out to maintain their professional development.

We discussed the career path of the practitioner to better understand their training and competence to carry out the procedures offered in the service. The service was developed after the provider established there was a lack of services offering elective circumcision in Scotland. We were told the practitioner completed a Royal College of Surgeons urology circumcision course in 2009. They advised that competency was maintained through delivering approximately 600 procedures each year in the Scottish service, as well as carrying out a similar number of procedures in services based in Wales and England.

The practitioner provided us with a detailed record of the practitioner's ongoing professional development. This consisted of reviewing academic articles and online resources, as well as experiential learning, self-evaluation of practice and discussions with peers in the field.

What needs to improve

Although this has been highlighted during previous inspections, Disclosure Scotland Protecting Vulnerable Groups (PVG) records were still being retained in staff files (recommendation f).

- No requirements.

Recommendation f

- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.

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

We saw evidence of continuing professional development and consideration of areas for service improvement. However, quality assurance processes and systems should be further developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. This should include developing a quality improvement plan.

The service is owned and managed by a medical practitioner registered with the General Medical Council (GMC). The practitioner engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to regularly gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the GMC. We were told the practitioner also carried out regular online training and attended conferences relating to the procedures carried out in the clinic to keep up to date with best practice. This helped to ensure treatments continued to be delivered in line with evidence-based research. We saw a range of evidence to support the practitioner's ongoing professional development.

We saw minutes of monthly staff meetings. Through standing agenda items, staff were given the opportunity to share their ideas, such as suggestions for how to improve the service, or any training and development needs they had identified. The practitioner told us they were receptive and supportive to this process and encouraged staff to improve. Infection prevention and control, health and safety and patient satisfaction were also standing agenda items at the staff meetings. Minutes of the meetings also showed discussions of general information and updates received from Healthcare Improvement Scotland, and updates to action plans that had been developed following previous inspections.

What needs to improve

Although patient feedback was reviewed at the monthly staff meetings, there was no documented discussion about what action would be taken as a result of feedback received. For example, it was minuted that a patient had commented that 'no written medication dosage provided'. There was no further information or discussion noted in the minutes about what action might be taken or what improvements might be made to post-procedure medication processes as a result of this feedback. We also noted that the minutes were not accurately recording who was present at the meeting. For example, some minutes we reviewed listed people who no longer worked in the service (recommendation g).

We saw limited evidence of quality assurance systems for reviewing the quality of care and treatment provided in the service. For example, we noted patient feedback was being reviewed, and an audit programme was now in place. However, further development of these systems would help to ensure the quality of the service delivered continues to meet the needs of patients. Although this has been highlighted during previous inspections, a quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (recommendation h).

- No requirements.

Recommendation g

- The service should accurately record minutes of any formal meetings and agree and document action points to be taken forward to ensure better reliability and accountability.

Recommendation h

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

Appendix 1 – Requirements and recommendations

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

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

Domain 2 – Impact on people experiencing care, carers and families	
Requirement	
None	
Recommendations	
a	The service should further develop its participation policy to ensure it details its approach to gathering and using patient, parent and carer feedback (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
b	The service should publish an annual duty of candour report (see page 9). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4

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

Requirements

1	<p>The provider must regularly review and update its policies and procedures to ensure any necessary changes or updates to national guidance or legislation are reflected (see page 11).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure all clinical and hazardous waste is disposed of safely (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(iii)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
3	<p>The provider must ensure the correct personal protective equipment is used in the service at all times in line with Health Protection Scotland's <i>National Infection Prevention and Control Manual</i> (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
4	<p>The provider must replace or cover the restraint boards with a durable waterproof finish to ensure they can be decontaminated appropriately after each patient use (see page 12).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

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

Recommendations

- | | |
|----------|---|
| c | <p>The service should continue to develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the August 2019 inspection report for Transcend Consulting Rooms.</p> |
| d | <p>The service should ensure a regular programme of checking equipment and stock expiry dates is in place (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> |
| e | <p>The service should ensure contact details for patients' GPs, as well as consent to share information with other healthcare professionals in case of an emergency, is documented in patient care records (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p> <p>This was previously identified as a recommendation in the July 2021 inspection report for Transcend Consulting Rooms.</p> |

Domain 7 – Workforce management and support

Requirements

None

Domain 7 – Workforce management and support (continued)	
Recommendation	
f	<p>The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p> <p>This was previously identified as a recommendation in the August 2019 and July 2021 inspection reports for Transcend Consulting Rooms.</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendations	
g	<p>The service should accurately record minutes of any formal meetings and agree and document action points to be taken forward to ensure better reliability and accountability (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
h	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the August 2019 and July 2021 inspection reports for Transcend Consulting Rooms.</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

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

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

Before inspections

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

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



Before

During inspections

We use inspection tools to help us assess the service.

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

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



During

After inspections

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

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

We check progress against the improvement action plan.



After

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

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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