

Announced Inspection Report: Independent Healthcare

Service: The Kelvin Clinic, Glasgow

Service Provider: The Aesthetics Lounge Ltd

3 June 2025

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
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	Appendix 1 – About our inspections	23
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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 The Kelvin Clinic on Tuesday 3 June 2025. We spoke with the clinical director, and human resources and compliance officer, during the inspection. We received feedback from 27 patients through an online survey we had asked the service to issue to its patients for us before the inspection. We also received emailed feedback from three patients. This was our first inspection to this service.

Based in Glasgow, The Kelvin Clinic is an independent clinic providing non-surgical and minor surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For The Kelvin Clinic, 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's mission statement was available for patients to view. Performance against identified key performance indicators was monitored to help continually improve the service. Leadership was visible and staff felt supported. Structured governance arrangements helped to ensure a high standard of care was provided. Clear objectives were defined in a business plan.	✓✓✓ Exceptional
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 sought and used to continually improve how the service was delivered. All patients were invited to join a patient focus group. There was a strong commitment to ensuring a culture of equality and diversity. Detailed policies and procedures, as well as comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, supported staff to deliver safe, compassionate and person-centred care. An innovative approach to planning for and managing emergency scenarios to minimise disruption to patient care was evident.	✓✓✓ Exceptional
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The care environment and patient equipment were clean, and equipment was fit for purpose and was regularly maintained. Comprehensive employment checks ensured that all staff were safe to work in the service. Patient care records were detailed with all appropriate consents gained. Patients were extremely satisfied with the care they had received, and had confidence in the staff.	✓✓✓ Exceptional

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 The Aesthetics Lounge Ltd 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 no requirements and no recommendations.

We would like to thank all staff at The Kelvin Clinic 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's mission statement was available for patients to view. Performance against identified key performance indicators was monitored to help continually improve the service. Leadership was visible and staff felt supported. Structured governance arrangements helped to ensure a high standard of care was provided. Clear objectives were defined in a business plan.

Clear vision and purpose

The service's mission statement described how the service would provide safe, ethical and person-centred care while working within the scope of its competencies and with a commitment to continual improvement.

The mission statement was available for patients to view in a number of ways. It was displayed on the wall and on a patient information TV screen in the reception area and was also available on the service's website.

The service evaluated whether it was achieving its mission statement through identified key performance indicators, including:

- patient satisfaction
- patient-centred care
- patient retention, and
- revenue.

We saw that the key performance indicators were closely monitored and used to measure how the service was performing. For example, patient retention was reported at 78%. Staff training supported the service's approach to providing person-centred care, with high patient satisfaction levels reported.

A business plan for 2025-2026 had been prepared following evaluation of the service's achievements in meeting the previous year's key performance indicators. Clear strategic objectives for the year ahead were documented, and included objectives such as staff development, community engagement and expansion of clinical services.

- No requirements.
- No recommendations.

Leadership and culture

A range of healthcare and non-healthcare professionals worked in the service, including:

- prescribing nurse practitioners
- advanced nurse practitioner
- beauty therapist
- administrative assistant/chaperone, and
- human resources and compliance officer.

Some staff members were directly employed in the service, while others worked under a practicing privileges arrangement (staff not directly employed by the provider but given permission to work in the service).

The team had well-defined roles, responsibilities and support arrangements, which included induction, monthly meetings and a training programme. This helped to support assurance of safe and consistent patient care and treatment.

The clinical director, who was the owner of the service and an aesthetic practitioner, provided visible and supportive leadership to the team. For example, staff had been invited to take part in an internal self-improvement management audit. Feedback from staff was highly positive with some areas highlighted for improvement, such as that the clinical director should delegate more tasks to staff. This would support staff development but also assist in managing workloads. An action plan had been created and a staff discussion was planned in 6 months to review progress.

The clinical director had also carried out a self-reflection exercise of their own effectiveness as a manager through performance evaluation feedback from staff. Staff told us they felt this was a very positive exercise, and supported the culture of inclusiveness and respect.

A robust governance framework and system helped to monitor and improve the quality and safety of care and of the service, and to reduce risks to patients and staff. The framework included:

- staff management
- education and training
- risk management
- information management, and
- auditing.

A member of staff was employed to oversee human resources and compliance issues. Their role included organising staff training, carrying out safe recruitment and ongoing staff checks, and ensuring compliance with regulatory responsibilities.

Regular meetings ensured staff were kept up to date, were involved in the service and that patient safety was prioritised. An all staff daily safety brief included discussions of patient safety issues such as disclosed allergies, high risk medical conditions and patients' history of fainting. Discussions were documented with any required actions to be taken, such as ensuring no latex in the treatment room and a chaperone to assist in the event of a fainting episode. We saw that a regular audit of safety brief documentation was carried out to ensure thorough discussions and documentation had taken place.

Monthly staff meetings were attended by all staff, including those with practicing privileges, if available. Minutes of meetings were circulated to all staff, ensuring that those who could not attend were kept informed. We saw from the minutes that topics discussed included infection control, training, staff safety, patient feedback and performance outcomes.

We reviewed recent agendas and minutes for these meetings and saw good attendance from staff. Minutes also showed that staff could express their views freely and could make suggestions to improve the service. For example, staff had made suggestions about the refurbishment of the new clinic premises the service had recently moved into and suggestions had been taken on board.

We were told that staff were equipped to challenge unsafe practice, and an anonymous reporting system could be used if staff felt they could not speak directly to the clinical director. Staff were aware that they could report an issue of concern to Healthcare Improvement Scotland, the human resources and compliance officer or the Advisory Conciliation and Arbitration Service (ACAS)

(an organisation that provides employment law and employment relations advice for employers and employees). Related policies were in place, such as grievance procedures, whistleblowing and staff wellbeing.

- No requirements.
- No recommendations.

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 sought and used to continually improve how the service was delivered. All patients were invited to join a patient focus group. There was a strong commitment to ensuring a culture of equality and diversity. Detailed policies and procedures, as well as comprehensive risk management and quality assurance processes, including an audit programme and quality improvement plan, supported staff to deliver safe, compassionate and person-centred care. An innovative approach to planning for and managing emergency scenarios to minimise disruption to patient care was evident.

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

Information about the service was provided to patients in a variety of ways. The service's website included a range of information on all treatments available in the service. New patients received a welcome pack that included useful information including:

- an overview of the service and its Healthcare Improvement Scotland registered status
- information on how to make a complaint
- treatment list and prices
- invitation to the service's patient focus group, and
- support information for patients who may be experiencing domestic abuse or forced marriage.

The patient information TV screen provided information about the staff, including photographs, their roles and responsibilities, and relevant qualifications.

The service's participation policy detailed how it would actively engage with and encourage feedback from patients about their experience of treatment and care, as well as detailing how this feedback would be used to continually improve how the service was delivered.

The patient welcome pack outlined the various methods patients could use to provide feedback. These included:

- post-appointment satisfaction survey, asking their opinions of their experience that day
- patient experience survey, asking opinions of the service overall, and
- patient retention survey, assessing patients' likelihood to use the service again.

Patients were also sent emails asking for their opinions and feedback on specific subjects, including:

- the service's mission statement
- treatment-specific surveys, such as injectables
- a new appointment booking system, and
- the new clinic following the move to new premises.

We saw that all patient feedback was collated and audited every month. This was then discussed at staff meetings to share positive feedback or to be used as a learning opportunity, with any actions to be taken forward added to the service's quality improvement plan.

Recent patient feedback and patient survey results we saw showed a high level of satisfaction with the service and staff.

Changes made as a result of patient feedback was displayed in a 'you said, we did' format on the service's website and on the patient information TV screen. For example, as a result of feedback about limited appointment availability, the service now made patients more aware of its cancellation list allowing patients to have earlier appointment availability. Another improvement implemented involved a patients' budget and payment method now being included in the initial consultation. This helped to ensure transparency and patient understanding of what a treatment plan may cost and affordability. All patients who responded to our online survey told us they had received sufficient information about costs. We saw these suggestions for improvement and proposed actions had been discussed during staff meetings.

Information was publicised on the service's website, in the clinic and in the patient welcome pack about a patient focus group that was held every 6 months. We were told that the group was set up to ensure the service was continuously engaging with its patients and to ensure patient-centred care was provided, in line with its mission statement. Minutes of the focus groups

showed discussions taking place about how the clinic aligned to its mission statement, about the service received and any areas for improvement.

A staff wellbeing and retention survey was carried out every 6 months which included questions to assess if staff felt able to speak to management openly and if they felt suitably trained. They were also asked for any suggestions for improvements to the service. We looked at recent survey results that showed staff felt happy in the service, well trained and that management were supportive and approachable.

Positive patient feedback was acknowledged during staff meetings. The service recognised and rewarded its staff in a variety of ways for their commitment to the service. This included an away day every 3 months for all staff and a staff wellness package, including free treatments.

- 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 service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance.

Policies and procedures set out the way the service was delivered, and supported staff to deliver safe, compassionate, person-centred care. These were updated regularly or in response to changes in legislation, national and best practice.

An equality and diversity policy, and dignity and respect policy, ensured patients and staff were treated fairly and positively. All staff had received equality and diversity training. The booking confirmation emails asked patients if they needed any adjustments or required additional support during their visit to the clinic. Adaptations had been made to the clinic for improved accessibility, such as wider doors, a ramp for the entrance and motorised treatment beds. Consent forms showed that patients were asked if they required information in any other format. Posters were displayed in the toilets providing information about domestic violence and forced marriage support services. All patients who responded to our online survey said they had been treated with dignity and respect.

An adults at risk (safeguarding) policy detailed what steps staff should take if they had any adult protection concerns. A chaperone policy was in place and a chaperone available at all times, if needed. Information displayed in the clinic and in the consent forms made patients aware of their right to request a chaperone, as well as being informed verbally by their practitioner.

The service's infection prevention and control policies and procedures were in line with national infection prevention and control guidance. These included information on the precautions that would be taken to reduce the risks of infection, such as hand hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks). Clinical waste was managed appropriately and waste transfer notes kept for 3 years, as required by national waste guidance.

The service had requested a fire safety report from the Scottish Fire and Rescue Service. Following the visit, all staff attended a fire safety meeting to discuss the outcomes of the report and fire safety measures. An annual fire risk assessment was carried out. Fire safety signage was displayed, and fire safety equipment was checked regularly. Regular fire drills took place and there were named fire marshals. The service kept a log of fire alarm testing.

A planned preventative maintenance programme was in place for the premises and equipment. A buildings folder contained maintenance contract details, and dates for servicing and calibration of equipment.

A medication policy was in place. Medicines were appropriately and securely stored, with key holders for the medicines cupboard logged in and out when accessing the cupboard. Protocols were in place for medical emergencies and, as a member of the Aesthetic Complications Expert (ACE) group, the service had access to all of their aesthetic emergency protocols and guidelines. We saw an automated external defibrillator available in the clinic. This is a portable device that can be used to treat a person whose heart has suddenly stopped working. We saw that the defibrillator and emergency equipment and drugs were checked every week and staff were trained in its use at refresher training every 6 months.

Treatment protocols for the safe care of patients were in place for staff to follow. An additional precaution was in place for patients receiving a treatment for the first time where they were asked to wait for 30 minutes following their treatment. This allowed staff to monitor for any side effects patients may experience.

The clinical director was always on site when treatments were being carried out by the clinical staff and, therefore, was available to manage any on site medical emergency that may occur. They could securely access all staff's patient care records, including those of practicing privileges staff, to be able to effectively deal with a patient's post-treatment complication. Patients were provided with the service's emergency contact number to use in the event of a post-treatment complication.

The service's complaints policy stated that patients could complain to Healthcare Improvement Scotland at any time and included our contact details. The complaints procedure was included on the service's website, in the welcome pack and was prominently displayed in the service. A process was in place to manage complaints, and these were audited and discussed at staff meetings. The service had proactively further publicised its complaints process as no complaints had been received to make sure patients were aware of how they could complain if they wished.

The service had a duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was available on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process. All staff had undertaken duty of candour training.

Systems were in place to report accidents, incidents and drug errors. We noted the service had no such events to date.

Patients booked their appointments using the service's online booking system. They were then sent a medical history form and an appearance anxiety questionnaire to assess for body dysmorphic disorder. This is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. Patient consultations were always carried out face to face with a prescribing practitioner. A comprehensive assessment took place which included past medical history, as well as discussions on the risks, benefits and possible side-effects of treatment. Patients received a detailed consent to treatment form before their appointment, which was then discussed and signed by both the patient and practitioner. Patients were provided with aftercare information and follow-up appointments.

Patients who responded to our online survey told us they felt fully informed and involved in their treatment plan. Comments included:

- 'I was involved with the whole process.'
- 'Consultative approach, everything very clear.'
- 'I could ask questions and had felt included and involved in all aspects.'

All patient information was stored securely on password-protected devices or in locked cabinets. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

Policies were in place for all aspects of staffing, including:

- recruitment and induction
- training and development
- practicing privileges
- bullying and harassment
- employee wellbeing
- disciplinary and grievance
- equality, diversity and inclusion, and
- lone working.

We noted that diversity in recruitment was promoted and reasonable adjustments had been made for any staff with additional needs.

Appropriate pre-employment checks were carried out for employed staff and healthcare professionals appointed under practicing privileges. Staff files contained a checklist to help make sure that appropriate recruitment checks had been carried out and were repeated at appropriate intervals to ensure they remained safe to work in the service. All new staff had an induction process to follow and mandatory training to complete. A staff handbook helped to support induction and was used as an ongoing source of reference.

A staff training matrix detailed mandatory and ongoing training for all staff, including the clinical director. Staff were allocated an individual annual budget and 10 days a year for training. As well as mandatory training, staff could attend

additional inhouse or external training. Training needs were discussed during staff meetings and appraisals. Staff training records we reviewed showed good compliance and opportunities for staff to attend training.

Annual appraisals were carried out, as well as 6-monthly meetings with staff and more frequent staff one-to-one meetings, if needed. The clinical director and staff working under practicing privileges carried out each other's appraisals.

The clinical director was a member and regional leader of the British Association of Medical Aesthetic Nurses, and attended their conferences and regional meetings. They were also a member of the Aesthetic Complications Expert (ACE) group. This allowed the service to keep updated with best practice in the aesthetics industry.

- No requirements.
- No recommendations.

Planning for quality

Appropriate insurances were in-date, such as medical malpractice insurance and employer's liability insurance, with certificates displayed in the clinic.

The service proactively assessed and managed risks to patients and staff, helping to make sure that care and treatment was delivered in a safe way and in a safe environment. This included risk assessments detailing actions taken to mitigate or reduce risk, a risk register, and auditing and reporting systems. A number of risk assessments had resulted in corresponding safe operating protocols being developed. These included:

- treatment-specific risk assessments
- adverse drug reaction
- blood spill
- dilution of cleaning products, and
- lone working.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened, such as power failure or a major incident. An arrangement was in place with another service registered with Healthcare Improvement Scotland to ensure patient treatment and care could continue.

A business continuity folder included insurance information, and details of contractors and emergency contacts. Procedures had been developed for staff to follow in case of an emergency such as flooding, bomb threat, lockdown or technology failure. These included immediate and follow-up actions to be taken, as well as communicating with patients if required. Staff had also received emergency scenario training. We noted there had recently been a water leak incident in the service. We saw documented evidence that the emergency flood procedure was implemented. A post-incident reflection exercise with staff was carried out to determine if the procedure had been fit for purpose and whether anything could have been done differently. We saw that the outcome of the review was that the flood procedure had been implemented as intended, was useful, with no changes to the procedure required.

We saw evidence of audits being carried out, such as:

- staff files
- patient care records
- infection prevention and control
- health and safety, and fire safety
- medicines management, and
- patient feedback, including complaints.

Results from audits were documented with an attached action plan, if required, and these were discussed at staff meetings. We saw examples of where audits had led to changes or improvements in the service. For example, an audit of practicing privileges staff's patient care records had shown that they had not documented that patients had been provided with aftercare information. The improvement action taken, to provide feedback to the relevant staff members, was documented to ensure learning took place and completion of patient care records improved, with repeat audits carried out.

We saw that the service's suppliers were also audited. For example, following a clinical waste contractor audit, we saw that concerns had been identified with the quality of service provided. As a result, a new clinical waste contractor was appointed with a subsequent review showing that they were providing an improved service.

All improvement actions identified from audits were added to the service's quality improvement plan, as well as improvements as a result of patient and staff feedback, changes to best practice and risk assessments. The quality improvement plan was considered a 'live' document, and was frequently reviewed and updated.

The clinical director regularly met with other registered services for benchmarking sessions where they compared and peer reviewed aspects of each other's services such as treatments, products and equipment used.

- 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 care environment and patient equipment were clean, and equipment was fit for purpose and was regularly maintained. Comprehensive employment checks ensured that all staff were safe to work in the service. Patient care records were detailed with all appropriate consents gained. Patients were extremely satisfied with the care they had received, and had confidence in the staff.

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. 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. The service submitted a comprehensive self-evaluation.

The clinic environment was clean, organised and well maintained. Completed cleaning checklists were in place for all areas. Equipment was cleaned by practitioners between appointments, and the clinic was cleaned at the end of the day. Cleaning equipment was colour coded and disposable mop heads were used. Colour-coded equipment makes clear which cleaning supplies should be used in individual areas. This helps to prevent the spread of bacteria and germs and potentially harmful cross-contamination. We saw that appropriate cleaning products were used, including chlorine-based products for sanitary fixtures and fittings.

Personal protective equipment was readily available. All equipment used was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to support good hand hygiene. A contract was in place for the disposal of sharps and other clinical waste.

Patients who responded to our online survey also told us they felt the service was kept extremely clean and tidy:

- 'Immaculately clean private room with a comfortable chair.'
- 'Clinic is spotless. Bright and well-appointed waiting area. Spacious treatment area lacking any clutter or superfluous items.'
- '... the clinic is clean, well laid out with an excellent standard of equipment.'

Medication stored in the service was prescribed individually for patient use. A stock control system made sure medicines and medical supplies were always in date and helped to monitor stock balance. A record was kept of batch numbers of medicines used, all logged with patients' names in case of a product recall. Temperature checks of the medicines refrigerator were documented to show that medicines requiring refrigeration were being stored at the correct temperature.

We saw all appropriate pre-employment checks had been completed in the four staff files we reviewed, including:

- proof of ID
- references
- training certificates
- induction
- signed contract
- the professional registration status for all clinical staff, and
- Disclosure Scotland checks.

All staff files also showed appropriate ongoing checks of staff to ensure that they continued to be safe to work in the service.

The four patient care records we reviewed demonstrated safe and person-centred care. The patient care records were fully completed with information including:

- consent to treatment and sharing information
- medical history
- GP details
- emergency contact
- treatment plans and discussions

- batch numbers and expiry dates of medicines, and
- aftercare.

The service had many returning patients. All patients responded positively in our online survey about the service and their care experience, and said they had confidence in the staff. Comments included:

- ‘Excellent service and support with the team... .’
- ‘Staff are highly trained, intelligent and extremely experienced and hard working.’
- ‘Evidence of their expertise was evident.’
- ‘I have full faith and confidence in the team... .’

■ No requirements.

■ No recommendations.

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

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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