

# Announced Inspection Report: Independent Healthcare

**Service:** HLH Aesthetics, Alness

**Service Provider:** Heather Hynd

16 July 2025

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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 10 November 2020**

#### **Recommendation**

*The service should carry out infection prevention and control audits. Audits should be documented and improvement actions implemented.*

#### **Action taken**

The service did not carry out audits. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 18).

#### **Recommendation**

*The service should provide patients with written information about COVID-19 risks and precautions, following their appointment.*

#### **Action taken**

We were told that written COVID-19 information was available to patients during the time that these restrictions and guidelines were in place.

## **2 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 HLH Aesthetics on Wednesday 16 July 2025. We spoke with the service manager (aesthetics practitioner) during the inspection. We received feedback from 16 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Alness, HLH Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors, one of whom was observing.

## What we found and inspection grades awarded

For HLH Aesthetics, 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>
<b>Summary findings</b>	<b>Grade awarded</b>
The service stated its aim on its website. Clear and measurable objectives should be developed and be accessible to patients.	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Patients were informed about treatment options and had the opportunity to provide feedback on their experience. Policies and procedures were in place to support the delivery of care. All medications used in the service were ordered from appropriately registered suppliers and stored securely. The service kept up to date with current best practice through training and development. Information about treatments offered was available on the service's social media platforms.</p> <p>A proactive approach must be taken for the assessment and management of risk. The provider must produce a copy of an updated electrical installation condition report. A yearly duty of candour report must be published and accessible to patients. The service should review and update its policies to reflect best practice and legislation. Meetings with other services should be documented.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The environment was clean and well equipped. The handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.</p> <p>Patients' emergency contact details and the outcome of every consultation must be recorded in patient care records. Consent to share information with medical professionals in the event of an emergency should be recorded. Checklists should be developed to capture the regular cleaning of the clinic and checking of medication.</p>	✓ Satisfactory

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 Heather Hynd 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 five requirements and 10 recommendations.

Direction	
Requirements	
None	
Recommendation	
a	<p>The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>

Implementation and delivery	
Requirements	
1	<p>The provider must regularly review and update all risk assessments to demonstrate a proactive approach in identifying and managing risk (see page 19).</p> <p>Timescale – by 15 October 2025</p> <p><i>Regulation 13(2)(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>



## Implementation and delivery (continued)

### Requirements

- 2** The provider must produce a copy of an updated electrical installation condition report that demonstrates the electrical system is in satisfactory condition (see page 19).

Timescale – by 15 November 2025

*Regulation 10(2)(b)*

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

- 3** The provider must publish an annual duty of candour report (see page 19).

Timescale – by 15 October 2025

*Regulation 5(2)*

*The Healthcare Improvement Scotland (Inspections) Regulations 2011*

### Recommendations

- b** The service should review, develop and implement its participation policy to include:

*(a) a structured process for gathering and recording regular patient feedback*

*(b) how feedback will be used to improve the service, and*

*(c) how patients will be informed of how their feedback has been used to improve the service (see page 15).*

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- c** The service should ensure that all policies are regularly reviewed and reflect Scottish legislation and best practice guidance (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Implementation and delivery (continued)	
Recommendations	
<b>d</b>	<p>The service should develop and implement a safeguarding (public protection) policy (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>
<b>e</b>	<p>The service should update its complaints policy to include information on the complaint process, including that patients can complain to Healthcare Improvement Scotland at any time (see page 18).</p> <p>Health and Social Care Standards: My Support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>
<b>f</b>	<p>The service should record minutes of any meetings with other services (see page 18).</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>
<b>g</b>	<p>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18</p>
<b>h</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 19).</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>
<b>i</b>	<p>The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (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 4.14</p>

Results	
Requirements	
4	<p>The provider must ensure patients' next of kin or emergency contact details and consent for sharing information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record (see page 23).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
5	<p>The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:</p> <p><i>(a) the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional</i>  <i>(b) the outcome of that consultation or examination (see page 23).</i></p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(a)(b)</i>  <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
j	<p>The service should develop checklists capturing the regular cleaning of the clinic and the regular checking of medication (see page 23).</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>

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](#)

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

We would like to thank all staff at HLH Aesthetics for their assistance during the inspection.

### 3 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 stated its aim on its website. Clear and measurable objectives should be developed and be accessible to patients.**

#### *Clear vision and purpose*

The service stated on its social media pages that its aim was to enhance its patients' natural beauty, restore youth and build confidence with a natural-looking approach.

The service's self-evaluation stated that its vision was to provide a friendly, holistic service and involve the patients in their decision-making.

We were told the service treated a small number of patients each month. The service's objectives included:

- providing a high standard of care
- providing a qualified medical doctor to provide treatments, and
- to have high levels of patient satisfaction.

#### **What needs to improve**

The service's aims and objectives were not formalised and no measurable key performance indicators were in place. Key performance indicators would help to identify and measure the effectiveness of the quality of the service provided (recommendation a).

- No requirements.

#### **Recommendation a**

- The service should develop formalised objectives with measurable key performance indicators to help monitor how well the service is being delivered.

## 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

Patients were informed about treatment options and had the opportunity to provide feedback on their experience. Policies and procedures were in place to support the delivery of care. All medications used in the service were ordered from appropriately registered suppliers and stored securely. The service kept up to date with current best practice through training and development. Information about treatments offered was available on the service's social media platforms.

A proactive approach must be taken for the assessment and management of risk. The provider must produce a copy of an updated electrical installation condition report. A yearly duty of candour report must be published and accessible to patients. The service should review and update its policies to reflect best practice and legislation. Meetings with other services should be documented.

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

The service's participation policy detailed how patients could give feedback to the service. Patients could contact the service directly over the telephone, through email or social media.

We were told that patients could give feedback about their experience in a variety of ways, including:

- direct messages on the service's social media account, and
- directly to the practitioner verbally.

The service described improvements it had made following patient feedback, including the introduction of skin treatments and trialling electronic patient care records.

We were told that some new patients had used the service after recommendations from friends. All consultations were appointment-only.

### What needs to improve

While the service had a participation policy in place, it did not state how feedback would be obtained. We saw no evidence that patient feedback was analysed or used to help improve the service or the patient experience. A more structured participation policy and approach to feedback would allow the service to demonstrate:

- how feedback is gathered
- the impact of improvements made after feedback, and
- the ways patients are made aware of how their feedback has improved the service (recommendation b).

■ No requirements.

### Recommendation b

- The service should review, develop and implement its participation policy to include:

*(a) a structured process for gathering and recording regular patient feedback*

*(b) how feedback will be used to improve the service, and*

*(c) how patients will be informed of how their feedback has been used to improve the service.*

### 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's social media profile shared information with patients about the treatments available and costs. Patients could contact the service in a variety of ways, including using a messaging app or social media for enquiries.

The service had a variety of policies and procedures in place to support the delivery of person-centred care.

The service manager was aware of the notification process and what they should notify Healthcare Improvement Scotland of. A clear system was in place to record and manage accidents and incidents. We saw that the service had not had any accidents or incidents since its registration with Healthcare Improvement Scotland in April 2018.

Arrangements were in place to deal with medical and aesthetic emergencies, including up-to-date training and first aid supplies. The service kept laminated copies of emergency flow charts for the management of vascular occlusion and anaphylaxis in its emergency medication container.

All medications used in the service were ordered from appropriately registered suppliers. A medicine fridge was in use in the service to store temperature sensitive medicines and locked cupboards were used to store other medicines. We saw that all medicines, including a small number of emergency medicines held in stock were in-date and stored securely.

Consultations in the service were appointment-only. We were told that patients had face-to-face consultations and were appropriately assessed, consented and given information about aftercare and follow-up. We saw that the service had a variety of information leaflets available for patients.

All paper care records were securely in a locked filing cabinet.

Maintenance contracts for fire safety equipment and fire detection systems were up to date. Fire safety checks were monitored regularly. The service had a clinical waste contract in place with a pharmacy.

We were told that the practitioner carried out a face-to-face consultation and assessment to assess patients' suitability for treatment. The initial consultation included discussions about:

- benefits and risk of treatment
- desired outcomes of the patient
- the aftercare information, and
- treatment costs.

The manager (practitioner) was a nurse registered with the Nursing Midwifery Council (NMC). They kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending courses, additional masterclass sessions and aesthetic conferences. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the NMC registration and revalidation process. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC every 3 years.



They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity and infection control.

### **What needs to improve**

The service had a variety of policies in place. However, no policies had been reviewed or updated since our previous inspection and some policies lacked specific details. For example:

- The duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong) did not state that a duty of candour report would be published every year.
- The information management policy did not reflect how long patient care records would be kept for and what the destruction arrangements were.
- The infection control policy referenced COVID precautions.
- The medication policy did not contain details of who the prescriber was and that a face-to-face consultation would take place (recommendation c).

The service did not have a safeguarding policy in place (recommendation d).

The service had a complaints policy in place. However, it did not describe how patients could make a complaint about the service, including that patients can complain to Healthcare Improvement Scotland at any time. The contact details for contacting Healthcare Improvement Scotland were also incorrect (recommendation e).

The aesthetics practitioner regularly met with other aesthetic practitioners to share learning and discuss updates in current practice. However, these meetings were not documented (recommendation f).

The service manager told us that the service was in the process of registering with the Information Commissioner's Office (ICO), an independent authority for data protection and privacy rights. We will follow this up at the next inspection.

- No requirements.

### **Recommendation c**

- The service should ensure that all policies are regularly reviewed and reflect Scottish legislation and best practice guidance.

#### **Recommendation d**

- The service should develop and implement a safeguarding (public protection) policy.

#### **Recommendation e**

- The service should update its complaints policy to include information on the complaint process, including that patients can complain to Healthcare Improvement Scotland at any time.

#### **Recommendation f**

- The service should record minutes of any meetings with other services.

#### ***Planning for quality***

We saw that portable electrical safety checks were completed by an external contractor.

#### **What needs to improve**

The service had some risk assessments in place, such as those for fire, a sink and furnishing. However, we saw no evidence that these risk assessments were regularly reviewed and no other risk assessments were in place to protect patients. A risk management process would demonstrate that all risks had been considered and help to make sure the service was safe. Risk assessments must be completed, addressing all possible risks in the service. For example, the risk of:

- control of substances hazardous to health
- electrical hazards, and
- trips and falls (requirement 1).

An external contractor had completed portable electrical safety checks. However, we found that the electrical installation condition report had not been reviewed since the service moved into its current premises in 2019. It is best practice that electrical installation condition report is repeated every 5 years (requirement 2).

The service had a duty of candour policy in place. While we were shown a copy of the service's yearly duty of candour report, the service had not published it (requirement 3).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment

for patients and to identify areas for improvement. For example, audits should be carried out for:

- infection prevention and control
- medicines management, and
- patient care records (recommendation g).

The service did not have a quality improvement plan in place. A quality improvement plan would help the service to structure and record its service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation h).

We saw no evidence of a business contingency plan should the service need to close for any reason, such as a power failure (recommendation i).

#### **Requirement 1 – Timescale: by 15 October 2025**

- The provider must regularly review and update all risk assessments to demonstrate a proactive approach in identifying and managing risk.

#### **Requirement 2 – Timescale: by 15 November 2025**

- The provider must produce a copy of an updated electrical installation condition report that demonstrates the electrical system is in satisfactory condition.

#### **Requirement 3 – Timescale: by 15 October 2025**

- The provider must publish an annual duty of candour report.

#### **Recommendation g**

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

#### **Recommendation h**

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

### **Recommendation i**

- The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

## 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 environment was clean and well equipped. The handwash sink was cleaned in line with national guidance. Patients reported good levels of satisfaction and told us they felt safe in the service. Medications were in-date. Adequate personal protective equipment was available for use.**

**Patients' emergency contact details and the outcome of every consultation must be recorded in patient care records. Consent to share information with medical professionals in the event of an emergency should be recorded. Checklists should be developed to capture the regular cleaning of the clinic and checking of medication.**

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 limited self-evaluation.

We saw the clinic was clean, tidy and well maintained. We saw that appropriate cleaning wipes were used and that the clinical handwash sink was cleaned in line with national guidance. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment was readily available to staff and in plentiful supply. Clinical waste was disposed of appropriately. Patients who responded to our online survey told us they felt safe and that the cleaning measures in place to reduce the risk of infection in the service were reassuring. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- 'Very clinical, safe and private. Lots of information about also.'
- 'As a Health Professional myself, I was very satisfied with the clean to a clinical level facility. PPE was worn appropriately and correctly. Effective hand hygiene observed.'
- 'The treatment room is very clean and private.'

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service and felt involved in the decisions about their care. Some comments we received included:

- 'Discussed what I wanted from my treatment and discussed the option's and recommendations.'
- 'The practitioner is very good and explains everything before, during and after each treatment in a professional manner.'
- 'The practitioner asked what I expected from my procedure and talked me through what to expect in my treatment.'

We reviewed five patient care records and saw that the majority documented patient details, such as their:

- address
- date of birth
- GP details
- name, and
- past medical history.

The patient care records we reviewed included a consent form that the patient and practitioner signed on the day of treatment. Details of the treatments administered, including the dose of anti-wrinkle injections or dermal fillers administered along with the medicine batch numbers and expiry dates were recorded. Aftercare information was also recorded as having been provided. The practitioner had signed and dated their entries into the patient care records.

### **What needs to improve**

Patient care records did not include next of kin or emergency contact details or consent for sharing relevant information with the patient's GP and other healthcare professionals in an emergency (requirement 4).

The outcome of face-to-face consultations with the sole practitioner was not recorded in sufficient detail in patient care records (requirement 5).

The service was clean and medication stored in the service, including emergency medication and anti-wrinkle injections were in-date. However, the service did not have a system in place to document the regular cleaning of the service and that regular medication checks had been completed (recommendation j).

#### **Requirement 4 – Timescale: immediate**

- The provider must ensure patients' next of kin or emergency contact details and consent for sharing information with the patient's GP and other healthcare professionals in an emergency are documented in the patient care record.

#### **Requirement 5 – Timescale: immediate**

- The provider must ensure that patient care records set out how patients' health, safety and welfare needs will be met. As a minimum, this must include:
  - (a) the date and time of every consultation with, or examination of, the patient by a healthcare professional and the name of that healthcare professional*
  - (b) the outcome of that consultation or examination.*

#### **Recommendation j**

- The service should develop checklists capturing the regular cleaning of the clinic and the regular checking of medication.

## 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](http://www.healthcareimprovementscotland.org)

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

We check progress against the improvement action plan.



After

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

[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](mailto:his.ihtregulation@nhs.scot)

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