

# Announced Inspection Report: Independent Healthcare

**Service:** Albany Dental Care, Edinburgh

**Service Provider:** Albany Dental Care

7 August 2025

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## 1 Progress since our last inspection

### What the provider had done to meet the requirement we made at our last inspection on 16 September 2021

#### Requirement

*The provider must develop and implement a practicing privileges policy and an individual practicing privileges agreement between the provider and each self-employed clinician.*

#### Action taken

At the time of our inspection, all staff were employed and there were no self-employed clinicians. **This requirement is no longer applicable.**

### What the service had done to meet the recommendation we made at our last inspection on 16 September 2021

#### Recommendation

*The service should develop an adverse events policy and process for dealing with accidents, incidents and adverse events.*

#### Action taken

An accidents, incidents and adverse events policy had now been developed and implemented. Although no accidents, incidents or adverse events had occurred since our last inspection, a system was in place to record and manage them, and we saw evidence that all staff had signed to say they had read and understood the new policy.

## **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 Albany Dental Care on Thursday 7 August 2025. We spoke with a number of staff during the inspection. We also received feedback from 23 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in central Edinburgh, Albany Dental Care is an independent clinic providing general dentistry.

The inspection team was made up of four inspectors.

## What we found and inspection grades awarded

For Albany Dental Care, 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's mission was published on its website and key performance indicators were being regularly monitored to measure how the service was performing. A strategic plan with clear aims and objectives should be developed. A standardised agenda template should be introduced for staff meetings.                                                                                                                                                                                                  |                                                                                                        | ✓✓ Good              |
| Implementation and delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <i>How well does the service engage with its stakeholders and manage/improve its performance?</i>      |                      |
| Patient and staff feedback was actively encouraged and improvements made, where appropriate. There was a clear induction programme for new staff. Key policies, procedures and systems were in place to make sure patient care and treatment was delivered safely. A quality improvement plan and audit programme helped to ensure patient care and treatment was regularly reviewed. A medicine management policy must be implemented that sets out how medicines will be safely managed in the service. |                                                                                                        | ✓✓ Good              |
| Results                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>How well has the service demonstrated that it provides safe, person-centred care?</i>               |                      |
| The service was provided from a clean and well maintained environment. Appropriate infection control measures were in place. Staff had been recruited safely, patient care records were of a good standard and patients spoke very positively about their experience of using the service.                                                                                                                                                                                                                |                                                                                                        | ✓✓ Good              |

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

More information about grading can be found on our website at:  
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

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

## What action we expect Albany Dental Care 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 one requirement and four recommendations.

| Direction       |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Requirements    |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| None            |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Recommendations |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a</b>        | <p>The service should develop a strategic plan that incorporates its mission and sets out formal aims and objectives that link to the service's identified key performance indicators, to help demonstrate to patients how it will achieve its mission (see page 10).</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>b</b>        | <p>The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting (see page 10).</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>                                                                                       |

| Implementation and delivery |                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Requirement                 |                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>1</b>                    | <p>The provider must develop a medicine management policy that sets out how medicines will be safely managed in the service and identifies who is responsible for each stage of the process (see page 15).</p> <p>Timescale – by 17 November 2025</p> <p><i>Regulation 3(d)(iv)</i><br/> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
| Recommendation              |                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b>                    | <p>The service should review and update its policies and procedures to ensure they align with best practice (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 4.11</p>                                                                                                                               |

| Results        |                                                                                                                                                                                                                                                                                           |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Requirements   |                                                                                                                                                                                                                                                                                           |
| None           |                                                                                                                                                                                                                                                                                           |
| Recommendation |                                                                                                                                                                                                                                                                                           |
| <b>d</b>       | <p>The service should complete and submit a self-evaluation as and when requested by Healthcare Improvement Scotland (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> |

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](#)

Albany Dental Care, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Albany Dental Care 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's mission was published on its website and key performance indicators were being regularly monitored to measure how the service was performing. A strategic plan with clear aims and objectives should be developed. A standardised agenda template should be introduced for staff meetings.**

#### *Clear vision and purpose*

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). The majority of patients referred themselves to the service, but dentists could also refer patients, if required.

The practice also took referrals through its membership of a local dental plan group, a local non-profit organisation run by dentists that provides monthly dental plans. This group also offered a local out-of-hours emergency service for its members, provided by the group's dental practice partners.

The service's mission was published on its website and included providing professional, affordable private dentistry by experienced clinicians. Its strategic plan was incorporated with its quality improvement plan and set out what the service wanted to achieve throughout the year.

Key performance indicators had been identified to help the service to monitor and measure its quality and effectiveness. These included patient numbers, dental plan group referrals and patient satisfaction. These were regularly monitored and discussed at staff meetings.

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

No formal aims and objectives had been identified to help the service demonstrate to its patients how it will achieve its mission. Having a strategic plan with formalised aims and objectives that link to the service's identified key performance indicators will help the service demonstrate to its patients how its mission is being achieved (recommendation a).

- No requirements.

### **Recommendation a**

- The service should develop a strategic plan that incorporates its mission and sets out formal aims and objectives that link to the service's identified key performance indicators, to help demonstrate to patients how it will achieve its mission.

### ***Leadership and culture***

The service's team included dentists, dental nurses, hygienists, a receptionist and a practice manager who was also the registered manager of the service with Healthcare Improvement Scotland.

Governance systems and processes were in place to help support staff to deliver care safely and make sure the service was continually improving.

Full team meetings were held every 3 months, with regular informal huddles also held. We saw that all staff meetings that took place were minuted, with staff identified for taking forward documented actions. Minutes were shared with staff on a staffroom noticeboard and through email.

The service paid for all staff to attend a 'team day' each year to help support the team's working relationship.

### **What needs to improve**

The service's staff meetings did not always have a set agenda. Having operational standing agenda items for every meeting, such as recruitment, patient feedback, quality improvement activity, risk, and health and safety would ensure that key areas are monitored regularly (recommendation b).

- No requirements.

### **Recommendation b**

- The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting.

## Key Focus Area: Implementation and delivery

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

### Our findings

Patient and staff feedback was actively encouraged and improvements made, where appropriate. There was a clear induction programme for new staff. Key policies, procedures and systems were in place to make sure patient care and treatment was delivered safely. A quality improvement plan and audit programme helped to ensure patient care and treatment was regularly reviewed. A medicine management policy must be implemented that sets out how medicines will be safely managed in the service.

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

Information about the treatments and care delivered by the service was available on the service's website. This included a fee guide which was also available in the waiting area.

The service had a patient participation policy and process for gathering feedback from patients and using this to make improvements to the way the service was delivered. Patients were asked to complete a survey after each visit, and a suggestion box was available in the waiting area for patients to leave anonymous feedback. Staff also encouraged patients to provide online testimonials. The practice manager checked patient feedback and reviews regularly, responding where appropriate, and shared feedback with the rest of the team at staff meetings. They also told us they were considering developing a patient newsletter to share improvements made as a result of feedback. Some recent examples of feedback being used to improve the service included turning on the subtitles on the television in the waiting area and introducing different types of chairs in reception for patients to choose from.

Patients who responded to our online survey said they felt involved in decisions about their treatment and care, and were informed about the benefits, potential risks, side effects and costs before going ahead with treatment.

- '[...] has always explained the various treatment plan options and related costs with me to get my input. I have always felt that I am being consulted about this.'

- ‘Every visit I have is always informative and I feel very comfortable with all procedures taken, if necessary I would not hesitate to ask any questions and know I would receive all the information I required.’
- ‘My dentist and his team clearly explained to me the treatment I needed, the risks involved... the costs, benefits and what to do when I left. I felt very reassured by their clear professional advice.’

Staff feedback was encouraged through staff meetings and appraisals, and we were told this was acted upon as appropriate.

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

The service had a comprehensive range of policies and procedures and staff were able to easily access these through the clinic’s computer system. An external human resources company regularly reviewed the service’s policies and procedures to make sure they were up to date with any changes in legislation and best practice. The practice manager then made sure all staff reviewed any policy changes and signed to say they understood them.

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

We saw certification that the fixed electrical installation was being maintained in satisfactory condition, and a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed and we saw evidence showing that the fire safety equipment was appropriately maintained. A water safety management plan was in place, which included regular water monitoring and testing.

The majority of the treatment rooms had an intraoral X-ray machine (used for taking X-rays inside the patient's mouth). The X-ray equipment was digital and a range of image receptor sizes was available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. The radiation protection file was up to date. The service also had a 3D intraoral scanner that took life-like non-radiographic images of patient's teeth.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. All staff carried out medical emergency training every 6 months.

A duty of candour policy set out the service's professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training and duty of candour reports were produced each year. We saw the most recent report was available for patients to view in the waiting area. There had been no duty of candour incidents since the service was registered with Healthcare Improvement Scotland in January 2020.

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

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. They were provided with a range of treatment plan options along with expected costs, and given time to discuss and ask questions about their treatment plan before going ahead. A system was in place to ensure all patients had signed their consents before any treatment took place.

A system was in place to regularly review patients, with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in the patient's care record.

Patient care records were kept in electronic format on the practice management software system, and a suitable back-up system was in place in case this system failed. Access to the practice management software system and patient care records was password protected. The service was registered

with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

An appropriate recruitment and induction policy and process was in place, and an induction checklist was used to make sure staff were appropriately inducted into their role. This included an introduction to members of staff, key health and safety information, and information on managing medical emergencies.

Staff kept up to date with current regulations and compliance through membership of dental forums, and by networking locally and nationally with other dental practitioners.

The service supported its staff to develop where possible by paying for further education, benefitting both the individual staff member and also the way the service was delivered. For example, three nurses had just completed a dental implant course. The practice manager had recently completed a professional development award in recruitment and performance management in healthcare. Plans were under way for them to also complete additional professional development awards in quality assurance and dental practice management.

A process was in place to check that staff had up-to-date indemnity insurance and that their professional registration status remained up to date. Formal staff appraisals took place each year, with action plans developed to record progress.

### **What needs to improve**

Although the service had a medicine dispensing protocol, there was no overarching medicine management policy setting out how all medicines used in the service (including the medical emergency kit and any controlled drugs [medications that require to be controlled more strictly, such as some types of painkillers]) would be ordered, received, stored, prescribed, administered, disposed of and audited (requirement 1).

We discussed with the service a small number of policies that needed some minor updates to their content so that they aligned with best practice. For example, the safeguarding children policy did not include local contact information so that staff knew where they should report safeguarding concerns. The consent policy also needed more detail on consent for children. The practice manager told us they planned to combine the separate adult and children safeguarding policies into one policy to make it easier for staff to follow. They also planned to liaise with their external human resources provider to request these policies were reviewed and updated as appropriate (recommendation c).

### **Requirement 1 – Timescale: by 17 November 2025**

- The provider must develop a medicine management policy that sets out how medicines will be safely managed in the service and identifies who is responsible for each stage of the process.

### **Recommendation c**

- The service should review and update its policies and procedures to ensure they align with best practice.

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

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

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

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

- record keeping
- medical emergency drugs and equipment checks
- standard infection prevention and control precautions, and
- decontamination.

These were undertaken by the practice manager and results shared with the rest of the team with additional staff training provided, if appropriate.

Staff carried out a range of quality improvement activities, and the service's quality improvement plan set out what improvement activities were planned for the year ahead. This year's plan included the practice manager's training, and updating the service's website to include recent staff changes and adding a 'patient information' section.

- No requirements.
- No recommendations.

## Key Focus Area: Results

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

### Our findings

**The service was provided from a clean and well maintained environment. Appropriate infection control measures were in place. Staff had been recruited safely, patient care records were of a good standard and patients spoke very positively about their experience of using the service.**

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

The service was delivered from premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was good. At the time of our inspection, all clinical areas were clean, tidy and well organised. We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'All spaces in the building are very clean and the treatment room was being cleaned in preparation for the next patient as I left.'
- 'Clean, welcoming environment.'
- 'Very well presented, clean and tidy.'

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

We reviewed a number of electronic patient care records stored on the practice management software system. These were of a good standard, detailing assessment and clinical examinations, treatment and aftercare. Records included:

- comprehensive assessment and clinical examinations
- intraoral scans and X-rays
- treatment
- consent to treatments and photographs being taken
- next of kin and emergency contact details
- medicines given to patients
- aftercare information, and
- any communication to the referring dental practitioner.

We found X-ray images to be of good quality and well reported. There was also evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients.

Patients who responded to our online survey told us they were treated with dignity and respect and given time to reflect on treatment options before going ahead with treatment. Comments included:

- ‘Conversation is always very natural and I never feel stupid for asking questions that may seem obvious to them. I often take my 5 year old for his check up at the same time and they always make sure he’s comfortable too putting me at ease. The nurses take the time to engage with him - he actually loves coming to the practice.’
- ‘I really appreciated that nobody pressured me to make any decisions and I was able to take time and think in my own time. That convinced me about the genuine, caring and honest attitude of the place and everyone working there.’

### **What needs to improve**

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection (recommendation d).

- No requirements.

#### **Recommendation d**

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

## Appendix 1 – About our inspections

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

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

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

### Before inspections

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

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



Before

### During inspections

We use inspection tools to help us assess the service.

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

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



During

### After inspections

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

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