Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Art of Dentistry, Prestwick

Service Provider: Clyde Dental Practice Limited

25 August 2025

NHS SCOTLAND

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First published October 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 6 September 2022

Requirement

The provider must amend its complaints procedure so that it is appropriate to the needs of its service users. All references to the Scottish Public Services Ombudsman (SPSO) must be removed and the patient's right to complain to Healthcare Improvement Scotland must be added, including full contact details.

Action taken

The provider's complaints procedure had been updated with all references to the Scottish Public Services Ombudsman (SPSO) removed, and the patient's right to contact Healthcare Improvement Scotland and our contact details now included. **This requirement is met.**

Requirement

The provider must address the recommendations made in the legionella risk assessment and fire risk assessment.

Action taken

All recommendations made by the external companies that had carried out the service's legionella and fire risk assessments had been actioned and resolved. **This requirement is met.**

Requirement

The provider must:

(a) appoint a suitably competent laser protection advisor who is registered with the Association of Laser Safety Professionals

(b) provide a copy of the local rules for the laser, and

(c) provide evidence of laser core of knowledge training for each authorised user of the laser.

Action taken

A laser protection advisor had now been appointed to the service and had provided local rules for the operation of its laser (local arrangements developed by a laser protection advisor to manage radiation safety). We saw core of knowledge training certificates for the authorised users of the laser. **This requirement is met.**

Requirement

The provider must implement a contract with a licensed specialist waste contractor for the collection and disposal of gypsum waste.

Action taken

The service had added the collection of gypsum waste (a product used to make dental impression models) to its current licensed waste contract. **This requirement is met.**

Requirement

The provider must implement a standard operating procedure (SOP) for laundering staff uniforms.

Action taken

We saw evidence of an appropriate standard operating procedure (SOP) now in place for laundering staff uniforms each day, at the highest temperature the fabric could withstand according to the label. **This requirement is met**.

Requirement

The provider must provide a suitable vacuum autoclave in the decontamination room, for the appropriate sterilisation of hollow instruments.

Action taken

A suitable vacuum autoclave was now available in the decontamination room to process certain types of dental instruments such as hollow instruments or dental implant kits. We saw evidence that the autoclave had been appropriately installed and validated. **This requirement is met**.

Requirement

The provider must ensure the correct sensor size is used for each patient to achieve adequate image quality, minimise the number of X-rays taken and minimise patient's exposure to radiation.

Action taken

A second X-ray sensor was now available in the service to allow the most appropriate image receptor size to be used for each patient. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 6 September 2022

Recommendation

The service should develop a formal patient participation process with a structured approach to gathering, evaluating and using patient feedback, to demonstrate how it involves patients in improving service delivery.

Action taken

A participation policy had now been developed, and the service was using various methods to encourage patient feedback and use this to make improvements to the way the service was delivered.

Recommendation

The service should standardise its recruitment procedures to ensure it has evidence of immunisation status for all new clinical staff before they are employed.

Action taken

The service's health clearance and immunisation policy had been updated to detail the types of health clearance evidence required at recruitment for different job roles.

Recommendation

The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients.

Action taken

No action had been taken to address this recommendation. This recommendation is reported in Domain 5 (Planning for Quality) (see recommendation d on page 19).

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 Art of Dentistry on Monday 25 August 2025. We received feedback from four patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Prestwick, Art of Dentistry is an independent clinic providing general dental treatments.

The inspection team was made up of four inspectors.

What we found and inspection grades awarded

For Art of Dentistry, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The provider's vision was published on its website, and a strategic plan with clear aims and objectives had been implemented. Key performance indicators were being regularly monitored to measure how the service was performing. A standardised agenda template and formal minutes should be introduced for staff meetings.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient and staff feedback was actively encouraged and improvements made, where appropriate. Policies and procedures were in place to ensure patient care and treatment was delivered safely. An audit programme helped to ensure patient care and treatment was regularly reviewed. A quality improvement plan should be developed and policies should be updated to reflect the way the service is delivered.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
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 generally of a good standard and patients spoke very positively about their experience of using the service. Patient care records must provide more information about medicines administered to patients. Routine audits should be introduced for radiographic image reporting. All inhouse testing of autoclaves and washer disinfectors should be recorded.	✓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 Clyde Dental Practice Limited to take after our inspection

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

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and six recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
None	
Recommendations	
b	The provider should review its recruitment policy to ensure it reflects current national best practice (see page 18). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
c	The service should review its policies to ensure they reflect the correct processes that apply to an independent clinic (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
d	The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the September 2022 inspection report for Art of Dentistry.

Results	
Requirement	
1	The provider must ensure that patient care records detail the date, time and dose of any medicines administered to the patient (see page 22). Timescale – immediate *Regulation 4(2)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Results (continued)	
Recommendations	
e	The service should introduce routine audits of radiographic image reporting to ensure any gaps are identified and improvements made as a result (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
f	The service should record all inhouse testing of autoclaves and washer disinfectors (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

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

Clyde Dental Practice Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Art of Dentistry 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The provider's vision was published on its website, and a strategic plan with clear aims and objectives had been implemented. Key performance indicators were being regularly monitored to measure how the service was performing.

A standardised agenda template and formal minutes 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 service also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place) and facial aesthetic treatments. The majority of patients referred themselves to the service, but dentists could also refer patients, if required.

The service was part of the Clyde Munro Dental Group, whose overall vision was published on the provider's website. The vision included 'delivering safe, accessible and patient-centred dental care across all Clyde Munro practices'. Its aim was to provide 'accessible, high-quality dental care in a safe, respectful and supportive environment'. The provider's strategy focused on preventative care and patient education to 'improve oral health outcomes, prevent disease and promote patient involvement in care decisions'. The service had adopted the provider's strategic priorities, which included:

- clinical excellence and governance (ensuring safe, compliant patient care)
- patient experience and community engagement (delivering outstanding care and contributing positively to communities), and
- workforce development and empowerment (supporting, mentoring and motivating staff to own their professional growth).

Each strategic priority had its own key performance indicators, helping the service to demonstrate how it was performing. The provider's senior leadership team reviewed the service's strategic priorities and performance against the key performance indicators each year or sooner if priorities changed. The regional manager told us that the service was performing well.

- No requirements.
- No recommendations.

Leadership and culture

The service's team included dentists, dental nurses, a hygienist, a clinical dental technician and receptionist. The lead dentist was also the registered manager of the service with Healthcare Improvement Scotland. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

The provider had a number of core organisational values which it expected all of its services to adhere to. These included:

- collaboration
- empowerment
- excellence
- innovation
- loyalty
- responsibility, and
- trust.

These were discussed as part of staff recruitment and induction, as well as at staff meetings.

Staff told us that the provider supported them to develop where possible by paying for further education, benefitting both the individual staff member and also the way the service was delivered. However, due to the small size of the team, there were no recent examples of staff development in the service. A staff recognition scheme rewarded staff with coffee vouchers, easter eggs, Christmas gifts and a financial contribution for team Christmas nights out.

Governance systems and processes were in place to help support staff to deliver care safely and make sure the service was continually improving. Staff told us they had a good working relationship with the regional manager, who regularly visited the service to provide support and monitor how well the service was

being delivered. Informal staff meetings were held to communicate and share information with staff.

Patients who completed our online survey said the service was professional and well organised. Comments included:

- ‘Very professional and knowledgeable staff at all levels.’
- ‘Excellent clear communication processes between myself and practice.’

What needs to improve

The service’s staff meetings did not always have a set agenda or minutes documenting discussions, including the actions that had been agreed and who was responsible for taking them forward. 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 a).

- No requirements.

Recommendation a

- The service should create a standardised agenda template with regular operational standing agenda items that will be discussed and monitored at every meeting. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions.

Key Focus Area: Implementation and delivery

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

Our findings

Patient and staff feedback was actively encouraged and improvements made, where appropriate. Policies and procedures were in place to ensure patient care and treatment was delivered safely. An audit programme helped to ensure patient care and treatment was regularly reviewed.

A quality improvement plan should be developed and policies should be updated to reflect the way the service is delivered.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Information about the treatments and care delivered by the service was available on the provider'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. A selection of patients were asked to complete an anonymous survey after each visit. Staff also encouraged patients to provide online testimonials. Any comments received from patients through surveys, online testimonials or email were acted on where appropriate. Staff told us that recent improvements had been made in the service based on patient feedback, including introducing more accessible appointment slots based on patient demand, and reviewing patient communication templates to make them clearer and more consistent.

Staff surveys were carried out centrally by the provider. These were done at random intervals as a temperature check. Results were shared with regional managers, who then discussed them with individual services.

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. Comments included:

- 'I was made fully aware of all the procedures I would have and I'm very happy with results even better than I was expecting.'

- ‘We discussed past treatments and their effectiveness and the current status of my teeth and any likely future treatments.’
- ‘Clear discussion and clear options with dates for future treatment set with plenty of time for further discussion if required.’

What needs to improve

The service had already recognised that more could be done to demonstrate how patient feedback was being used to drive improvement. We were told that one of the service’s current key priorities was to develop a specific website for Art of Dentistry, following patients raising difficulties about finding service-specific information through the Clyde Munro website. The service had also identified that introducing structured feedback tools such as surveys would help gather more consistent patient feedback responses, and displaying feedback themes and service improvements in the service would increase transparency. We will follow this up at the next inspection.

- 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. These were regularly reviewed to make sure they were in line with current legislation and best practice.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfector and autoclaves for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room using a hatch which meant that used instruments were not transported through a public area. 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.

There were intraoral X-ray machines in each of the treatment rooms and a dedicated room with a digital X-ray machine for taking 3D images of patients' teeth. The 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 and were easily accessible for review, reporting and checking. The radiation protection file was up to date.

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

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Staff had been appropriately trained to make sure they could quickly support patients in the event of a medical emergency. All staff carried out medical emergency training every year.

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 July 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. We noted that one complaint had been received by the service within the last 12 months, and we saw this had been resolved to the patient's satisfaction. No complaints had been received by 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.

A centralised recruitment process was in place, with a service-level induction checklist 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.

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

The provider's recruitment policy was lacking in detail and did not reflect the checks that would be carried out to make sure staff were safely appointed. The policy should be reviewed to ensure it reflects current best practice guidance, such as national recruitment guidance from the Scottish Government (recommendation b).

Some policies in the service did not reflect the process for an independent clinic. For example, the whistleblowing policy (to advise staff how to report confidential concerns they may have about patient safety or practice), the controlled drugs policy (medications that require to be controlled more strictly, such as some types of painkillers), the patient referral protocol and the business continuity plan referred to NHS processes (recommendation c).

- No requirements.

Recommendation b

- The provider should review its recruitment policy to ensure it reflects current national best practice.

Recommendation c

- The service should review its policies to ensure they reflect the correct processes that apply to an independent clinic.

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 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 patient care records and clinical record keeping. Results were colour coded to identify areas where further improvement or action was needed and shared with staff through the clinic's computer system.

What needs to improve

While the provider had a quality improvement plan that supported clinicians to meet NHSScotland contractual obligations, there was no service-level quality improvement plan appropriate to the way an independent clinic was delivered. The service had already identified that a formalised quality improvement plan was needed, that linked to audit outcomes. It had also recognised the need to introduce protected time for staff to participate in quality improvement activities, along with an action to benchmark (compare) itself across other practices in the group to identify shared learning and best practice (recommendation d).

- No requirements.

Recommendation d

- The service should develop a quality improvement plan that sets out how it will regularly review the quality of the service to make sure it meets the needs of its patients.

Key Focus Area: Results

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

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 generally of a good standard and patients spoke very positively about their experience of using the service.

Patient care records must provide more information about medicines administered to patients. Routine audits should be introduced for radiographic image reporting. All inhouse testing of autoclaves and washer disinfectors should be recorded.

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 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:

- ‘Being very nervous, first thing that struck me was the practice smells nice! It’s calming and spotlessly clean. Treatment room is spacious and the whole place has a calm and relaxing feel. Equipment very modern.’
- ‘Very clinical surgery with lots of space lovely waiting area very relaxing and also very [personal] treatment as I would be the only person in. The staff are all so helpful caring can’t do enough for you all round very professional.’
- ‘Always top rate, clean and pleasant environment.’

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

We reviewed several electronic patient care records on the practice management software system. These were generally 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
- aftercare information, and
- any communication to the referring dental practitioner.

We found X-ray images to be of good quality and generally 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:

- ‘I’ve had nothing but support and gentle handling.’
- ‘Reception staff very knowledgeable and clear as are the dentist and… assistant.’
- ‘Was treated with all the best of care and attention through my complete treatment.’

What needs to improve

Some patient care records lacked detail around the local anaesthetic dose administered to the patient (requirement 1).

The reporting of some radiographic images lacked appropriate detail. Auditing radiographic record keeping would help to ensure appropriate detail is being recorded (recommendation e).

While we were told that routine inhouse testing of the autoclaves and washer disinfector was taking place, this was not being routinely recorded (recommendation f).

While the majority of staff were using a 'safer sharps' system (syringes and cannulas designed to prevent the risk of accidental injury to the user), some traditional style syringes were still available for use. The manager told us they planned to use up existing stock and then move fully to safer sharps. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must ensure that patient care records detail the date, time and dose of any medicines administered to the patient.

Recommendation e

- The service should introduce routine audits of radiographic image reporting to ensure any gaps are identified and improvements made as a result.

Recommendation f

- The service should record all inhouse testing of autoclaves and washer disinfectors.

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.ihcregulation@nhs.scot

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

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