

Announced Inspection Report: Independent Healthcare

Service: Nadcell Mindcare Limited, Glasgow

Service Provider: Nadcell Mindcare Limited

23 September 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 5 March 2024

Requirement

The provider must ensure the prescriber clearly documents in the patient care record the discussion that has taken place with the patient explaining the rationale for prescribing an unlicensed medicine when there are licensed alternatives available.

Action taken

Unlicensed medicines for weight loss management were no longer used or prescribed in the service. **This requirement is no longer applicable.**

Requirement

The provider must review and update its medication and prescribing policies and standard operating procedure to ensure that each one accurately reflects practice in the service.

Action taken

The medication and prescribing policies had now been updated to reflect the treatments provided. The standard operating procedure for alcohol detoxification was not in use as the service was no longer providing these treatments. **This requirement is met.**

Requirement

The provider must implement a system to ensure that:

- a) it has access to relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.*
- b) all relevant information about the consultation and treatment is shared with the patient's NHS GP when the consultation or episode of care is completed.*

Action taken

The service no longer used or prescribed controlled drugs for alcohol detoxification or weight loss management. **This requirement is no longer applicable.**

Requirement

The provider must follow national weight management guidance and the practitioner must clearly document the following in the patient care record:

- a) the rationale for prescribing outwith national guidelines in respect of the patient's BMI*
- b) the rationale for prescribing a centrally acting appetite suppressant for those patients in which it is contraindicated*
- c) treatment plans, including follow up and monitoring*
- d) a record of the written information provided to the patient, including dietary, physical and lifestyle advice, and*
- e) next of kin and patient's GP.*

Action taken

Following our previous inspection in March 2024, the provider chose to temporarily close the service to review the quality of the service delivered and the treatments provided. The service reopened in June 2025 and, at the time of the inspection, no weight loss management treatments had been provided. As we were unable to review patient care records for patients attending for weight loss management, **this requirement will be carried forward.**

What the service had done to meet the recommendations we made at our last inspection on 5 March 2024

Recommendation

The service should develop clear and measurable objectives for providing the service. These should be regularly evaluated to ensure they align with the service's aims.

Action taken

Although the service had now developed aims and objectives, a process had not yet been implemented to monitor and evaluate whether they were being achieved. **A new recommendation has been made** (see recommendation a on page 15).

Recommendation

The service should provide patients with written confirmation of treatment costs.

Action taken

We saw that the service's website had been updated to provide information on treatment costs. We were told that patients could now only book consultations or treatments through the website.

Recommendation

The service should ensure that a discharge summary containing relevant information about a patient's treatment is provided from the service directly to the patient's GP.

Action taken

This recommendation was in relation to patients attending the service for the treatment of alcohol detoxification. As the service no longer provides this treatment, this recommendation is no longer applicable.

Recommendation

The service should offer treatments for alcohol detoxification that align with guidance and ensure additional treatments are fully discussed with patients.

Action taken

This recommendation was in relation to patients attending the service for the treatment of alcohol detoxification. As the service no longer provides this treatment, this recommendation is no longer applicable.

Recommendation

The service should consider a variety of additional psychological-based therapies as part of a recovery-focused treatment plan.

Action taken

This recommendation was in relation to patients attending the service for the treatment of alcohol detoxification. As the service no longer provides this treatment, this recommendation is no longer applicable.

Recommendation

The service should explore support groups and appropriate referral routes for patients travelling to the service from distant locations.

Action taken

This recommendation was in relation to patients attending the service for the treatment of alcohol detoxification. As the service no longer provides this treatment, this recommendation is no longer applicable.

Recommendation

The service should ensure that medication provided to patients is clearly labelled and in line with legal requirements and best practice.

Action taken

This recommendation was in relation to the service providing controlled drug medication for weight loss management treatments. The service is no longer prescribing controlled drugs for weight loss management treatment. This recommendation is no longer applicable.

Recommendation

The service should consider implementing routine biochemistry and haematology investigations as part of patients' care and treatment for alcohol detoxification and relapse prevention. If these are not carried out, a clear rationale should be documented in the patient care record.

Action taken

This recommendation was in relation to patients attending the service for the treatment of alcohol detoxification. As the service no longer provides this treatment, this recommendation is no longer applicable.

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

Following our previous inspection in March 2024, the provider chose to temporarily close the service to review the quality of the service delivered and the treatments provided. The service reopened in June 2025.

We carried out an announced inspection to Nadcell Mindcare Limited on Tuesday 23 September 2025. We spoke with the service manager (practitioner) during the inspection. We did not receive any feedback from patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, Nadcell Mindcare Limited is an independent clinic providing weight loss management and wellbeing treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Nadcell Mindcare Limited, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
<p>The service had identified its vision, and this was to be shared with patients on its website. Governance processes were in place to help support the care being delivered. A process to measure the service's aims and objectives should be implemented.</p> <p>All staff should be kept up to date with quality improvement matters, outcome from audits, patient feedback and minutes of meetings.</p>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
<p>Policies and procedures were in place to help ensure the safe delivery of care. Patient feedback was actively sought. Complaints information and a duty of candour report were available in the service. A proactive approach to risk was evident and an audit programme helped to support continuous improvement of the service.</p> <p>Although medicines, and vitamin and minerals ampules were provided from appropriately registered suppliers, written instructions for administration of medicines, vitamins and minerals must be written in English. A gas safety check must be completed.</p>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The clinic environment and equipment was clean and well maintained. Appropriate infection control measures were in place. Patient care records should include a record of the initial consultation and aftercare provided to patients. Medical questionnaires should be completed and consent obtained from patients for each treatment episode.</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 Nadcell Mindcare 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 two requirements and five recommendations. One further requirement has been carried forward from the March 2024 inspection.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should implement a process to monitor and evaluate whether its aims and objectives are being achieved. The results should be shared with staff and patients (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 4.19</p>

Direction (continued)	
Recommendations	
b	<p>The service should ensure that relevant information is shared with all staff working in the service, such as minutes of meetings, outcomes from audits and patient feedback (see page 16).</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	
Requirements	
1	<p>The provider must ensure that instructions for the administration of vitamins, minerals and prescription-only medications are written in English (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must ensure an annual gas safety check is carried out on the gas boiler and system (see page 21).</p> <p>Timescale – by 23 January 2026</p> <p><i>Regulation 10(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
c	<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 21).</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	
None	
Recommendations	
d	<p>The service should ensure that patient care records contain appropriate information detailing the assessment carried out by the practitioner and the aftercare provided (see page 23).</p> <p>Health and Social Care Standards: My life, My support. I have confidence in the organisation providing my care and support. Statement 4.11</p>
e	<p>The service should ensure that a new medical questionnaire and consent form is completed for each treatment episode (see page 23).</p> <p>Health and Social Care Standards: My life, My support. I experience high quality care and support that is right for me. Statement 1.14</p>

Requirement carried forward from our March 2024 inspection

Requirement
<p>The provider must follow national weight management guidance and the practitioner must clearly document the following in the patient care record:</p> <ul style="list-style-type: none"> a) the rationale for prescribing outwith national guidelines in respect of the patient's BMI b) the rationale for prescribing a centrally acting appetite suppressant for those patients in which it is contraindicated c) treatment plans, including follow up and monitoring d) a record of the written information provided to the patient, including dietary, physical and lifestyle advice, and e) next of kin and patient's GP. <p>Timescale – immediate</p> <p><i>Regulation 3</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></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](#)

Nadcell Mindcare Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Nadcell Mindcare Limited 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 had identified its vision, and this was to be shared with patients on its website. Governance processes were in place to help support the care being delivered. A process to measure the service's aims and objectives should be implemented.

All staff should be kept up to date with quality improvement matters, outcome from audits, patient feedback and minutes of meetings.

Clear vision and purpose

The service had recently developed its vision 'to empower individuals to achieve optimal health and wellbeing through innovative [intravenous] IV therapies and evidence-based medically assisted weight loss management programmes led by registered healthcare professionals.'

The practitioner and an external health consultant had developed aims and objectives for the service. Some examples of the service's aims included:

- ensuring safety and quality assurance
- fostering holistic wellbeing
- providing nutritional IV therapy, and
- building lasting patient empowerment.

Some examples of the service's objectives included:

- ensuring registered clinicians and the regulated service adhere to regulatory requirements
- implementing patient feedback mechanisms to ensure continuous quality improvement of the service
- equipping patients with knowledge and tools for lifelong wellness, and
- providing person-led care that respected each patient's individual needs and journey.

What needs to improve

The service had not been fully operational since its last inspection with Healthcare Improvement Scotland in March 2024. As a result, the service had not yet implemented a process to monitor and evaluate if its aims and objectives were being met (recommendation a).

We were told the service's website was being updated and the service's vision would be shared with patients as part of this update. We will follow this up at the next inspection.

- No requirements.

Recommendation a

- The service should implement a process to monitor and evaluate whether its aims and objectives are being achieved. The results should be shared with staff and patients.

Leadership and culture

The service was owned and managed by a medical doctor registered with the General Medical Council (GMC). While the service did not employ any additional staff, we saw a locum agreement was in place with a staff member trained in phlebotomy (taking bloods) to carry out cannulations for intravenous (IV) treatments such as vitamin therapy.

We noted that the service also had input from an external healthcare consultant to support governance and quality assurance processes in the service. This included:

- an audit programme
- clinical governance meetings every 3 months between the practitioner and healthcare consultant
- policy and procedure reviews, and
- patient feedback.

This helped to support safe practice and make sure the service was continually improving.

What needs to improve

We noted that the service had reopened in June 2025 and we saw the practitioner and external health consultant had held a clinical governance meeting. However, we found that information related to quality improvement matters, such as minutes from the clinical governance meetings, patient feedback or outcomes from audits, were not being shared with the locum staff member (recommendation b).

- No requirements.

Recommendation b

- The service should ensure that relevant information is shared with all staff working in the service, such as minutes of meetings, outcomes from audits and patient feedback.

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

Policies and procedures were in place to help ensure the safe delivery of care. Patient feedback was actively sought. Complaints information and a duty of candour report were available in the service. A proactive approach to risk was evident and an audit programme helped to support continuous improvement of the service.

Although medicines, and vitamin and minerals ampules were provided from appropriately registered suppliers, written instructions for administration of medicines, vitamins and minerals must be written in English. A gas safety check must be completed.

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

The service engaged with patients in a variety of ways, including through its website and social media profiles. This included information about the treatments provided in the service, potential self-help wellbeing information and online reviews. We saw the service responded to patients who had provided online reviews.

Patients could access the service directly over the telephone or could book appointments through the website. Patients had the option to book a free consultation with the practitioner to discuss treatment options.

The service's engagement and satisfaction policy described how patient feedback would be gathered and used to inform improvements in the service.

We saw patients had the opportunity to provide feedback in a variety of ways, including:

- completing a patient satisfaction questionnaire following their treatment
- scanning a QR code displayed in the service, and
- posting online reviews.

We saw that patient feedback was a standing agenda item in the clinical governance meetings between the practitioner and healthcare consultant.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Following the last inspection in March 2024, the service was temporarily closed. Since reopening in June 2025, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

The service had recently reviewed and updated its key policies used to help and support the safe delivery of care. This helped to keep the practitioner and locum up to date and ensure the service was working in line with current legislation and best practice. Policies included:

- safeguarding (public protection)
- infection prevention and control, and
- medicines management, and prescribing.

The service's infection prevention and control policy referred to the standard infection control precautions used to help prevent the risk of infection. This included hand hygiene, sharps management and the use of personal protective equipment, such as aprons and gloves.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had a duty of candour policy, and a yearly report was displayed in the service.

A system was in place to record and manage accident and incident reporting. We saw this was a standing agenda item for the clinical governance meetings. We noted there had been no accidents or incidents since the service reopened in June 2025.

A complaints policy detailed the process for managing a complaint and provided information on how patients could also make a complaint to Healthcare Improvement Scotland. Complaints information was displayed in the service for patients to view. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with us in October 2022.

Patients were encouraged to have an initial free consultation to discuss their expectations and concerns before deciding to go ahead with treatment. Patients attending the service for vitamin IV infusions received their treatment in a private consultation room on an appointment-only basis. This helped to maintain patient privacy and dignity. We saw patients were asked to provide written consent before any treatment was provided.

A system was in place to record the temperature of the dedicated clinical fridge and make sure all medications were stored at the correct temperature. All medicines, including medicine required in an emergency, and single-use equipment, were in date.

Although the service offered intense pulsed light therapy (IPL) skin treatments to patients, we noted that no treatments had taken place since the service reopened. Appropriate safety procedures were in place, including:

- core of knowledge training for staff
- written agreement with the service's laser protection advisor
- local rules (local arrangements developed by a laser protection advisor to manage laser safety)
- laser safety policy, and
- appropriate laser safety signage in the service.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records were stored securely in a locked filing cabinet, which the practitioner was the sole key holder for.

The practitioner was required to register with the GMC every year and to complete a revalidation process every 5 years, where they gathered evidence of their competency, training and feedback.

We saw appropriate recruitment processes had been followed for the locum staff member, including that all the necessary pre-employment checks had been carried out. This included verifying identification and Protecting Vulnerable Groups (PVG) background checks. We saw the staff member had also provided evidence of up-to-date training they had completed.

What needs to improve

Although we saw that all medicines and vitamin and minerals had been purchased from a GPhC registered pharmacy, we found that the instructions for administering some of the vitamin and mineral ampoules used for IV infusion wellbeing treatments were not in English. This could cause confusion for staff and put patients at risk (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must ensure that instructions for the administration of vitamins, minerals and prescription-only medications are written in English.

- No recommendations.

Planning for quality

Appropriate insurances were in-date, such as public liability and professional indemnity insurance.

Systems were in place to proactively manage risks to staff and patients. This included:

- audits
- reporting systems, and
- clinical governance meetings.

We saw the service carried out a health and safety audit and a fire warden audit. The portable electrical equipment had been tested. The service also had an up-to-date fire risk assessment in place and we saw that fire safety equipment had been serviced.

A programme of clinical and non-clinical audits were carried out by the practitioner and healthcare consultant. This helped to make sure the service delivered safe care and treatment to patients. Examples of audits included:

- medicine management
- patient care records
- infection control
- information security, and
- complaints.

We saw that actions had been identified where necessary.

What needs to improve

A gas safety certificate is used to show that all gas appliances in a property are safe and fit for use. It also shows that they are regularly maintained and in line with current safety regulations and standards. We noted the last gas safety check in the service was carried out in February 2024. This should be carried out every year (requirement 2).

A formal business contingency plan would help to make sure that all aspects of business continuity are adequately planned for and patients could continue their treatment plans, for example in the case of long-term staff absence, flood or power failure. No documented contingency plan arrangements were in place (recommendation c).

We were told that the service was in the process of reviewing and further developing its quality improvement plan to reflect recent changes in the treatments provided. We will follow this up at the next inspection.

Requirement 2 – Timescale: by 23 January 2026

- The provider must ensure an annual gas safety check is carried out on the gas boiler and system.

Recommendation c

- 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 clinic environment and equipment was clean and well maintained. Appropriate infection control measures were in place. Patient care records should include a record of the initial consultation and aftercare provided to patients. Medical questionnaires should be completed and consent obtained from patients for each treatment episode.

The service had not been operational since its last inspection with Healthcare Improvement Scotland in March 2024 until the service reopened in June 2025. Therefore, we did not ask the service to submit an annual return. 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 satisfactory self-evaluation.

The environment and patient equipment was clean and well maintained. We saw cleaning schedules were completed to show that appropriate cleaning had been carried out. All equipment used, including personal protective equipment, was single use to prevent the risk of cross-infection. Antibacterial hand wash and disposable paper hand towels were used to maintain good hand hygiene. A contract was in place with a waste management company for the collection and safe disposal of clinical waste, used syringes and needles. We saw that the service used appropriate sharps bins.

The service had only treated a small number of patients attending for wellbeing treatments for vitamin and mineral infusions since it reopened in June 2025. The four patient records we reviewed had a comprehensive medical questionnaire completed by the patient and we saw this was then reviewed by staff. We saw physical health monitoring such as blood pressure and pulse were recorded before and after treatment by either the locum or practitioner. Details of the patients' next of kin, GP and emergency contact and consent to share information were documented. Details of treatment provided were documented, including batch number and expiry dates of the types of vitamins or minerals used.

What needs to improve

From the four patient care records we reviewed, we found there was no summary recorded of the discussion between the practitioner and patient, and no information about what aftercare was provided (recommendation d).

In one patient care record, the patient had returned to the service for treatment on more than one occasion. However, no new consent form or medical history questionnaire was completed for each new treatment episode (recommendation e).

- No requirements.

Recommendation d

- The service should ensure that patient care records contain appropriate information detailing the assessment carried out by the practitioner and the aftercare provided.

Recommendation e

- The service should ensure that a new medical questionnaire and consent form is completed for each treatment episode.

Appendix 1 – About our inspections

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

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

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

Before inspections

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

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



Before

During inspections

We use inspection tools to help us assess the service.

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

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



During

After inspections

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

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

We check progress against the improvement action plan.



After

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

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
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or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot