Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: The St Andrews Practice, St Andrews

Service Provider: The St Andrews Practice Limited

1 October 2025

NHS SCOTLAND

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 16 February 2023

Recommendation

The service should consider collecting more regular feedback from patients and develop a process of informing patients about how their feedback has been used to improve the service.

Action taken

We saw that the service now used various methods to collect patient feedback. We also saw evidence that patients were informed about how their feedback had been used to make improvements to the service.

Recommendation

The service should ensure that patients know how to make a complaint.

Action taken

Information on how to make a complaint was now available in the service and on its website.

Recommendation

The service should publish a duty of candour report every year and ensure staff receive training on the principles of duty of candour.

Action taken

A yearly duty of candour report was now published on the service's website and staff had received training on the principles of duty of candour.

Recommendation

The service should ensure that cleaning schedules are completed and signed by the people responsible for cleaning to verify that cleaning tasks are being carried out appropriately and in line with Health Protection Scotland's National Infection Prevention and Control Manual.

Action taken

We saw that cleaning schedules were now being completed to confirm that appropriate cleaning had been carried out.

Recommendation

The service should further develop its programme of audits to cover additional key aspects of care and treatment.

Action taken

The service had expanded its audit programme and now carried out additional audits, including patient care records and prescribing.

Recommendation

The service should review the pre-employment procedure and the information requested for new member of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance.

Action taken

The service's recruitment policy and procedures had now been updated. From the staff files we reviewed, we found that appropriate pre-employment checks had been followed to ensure staff were safely recruited.

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 The St Andrews Practice on Wednesday 1 October 2025. We spoke with a number of staff during the inspection. We received feedback from 16 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in St Andrews, The St Andrews Practice is an independent clinic providing a range of mental health services for adults and children.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For The St Andrews Practice, 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 service had a clear vision and mission, with a comprehensive strategic plan. A wide range of key performance indicators were regularly monitored and helped the service to continually improve. This included producing regular reports and benchmarking to monitor how the service was performing. Clear leadership and governance structures helped to support staff delivering care. A range of development opportunities were available for staff.	✓✓✓ Exceptional
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient, staff and external stakeholder feedback was actively sought through various methods and used to improve the service. A culture of learning from feedback, audits and incidents was evident. A comprehensive audit programme, quality improvement plan and staff training helped to improve the quality of care delivered. Policies and procedures set out the way the service was delivered and supported staff to deliver safe and person-centred care. The service worked collaboratively with local stakeholders, including universities and schools. A duty of candour report was published every year.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and welcoming. Patients were positive about the service, and felt treated with care and compassion. Thorough assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Patient care records were comprehensively completed and demonstrated person-centered care. Staff were safely recruited with ongoing professional monitoring in place.	✓✓✓ Exceptional

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

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

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

What action we expect The St Andrews 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 no requirements and no recommendations.

We would like to thank all staff at The St Andrews Practice 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 service had a clear vision and mission, with a comprehensive strategic plan. A wide range of key performance indicators were regularly monitored and helped the service to continually improve. This included producing regular reports and benchmarking to monitor how the service was performing. Clear leadership and governance structures helped to support staff delivering care. A range of development opportunities were available for staff.

Clear vision and purpose

The service's mission statement 'to help you inhabit your strength, cope with life's challenges, and thrive in your unique way' was available on the service's website and displayed in the service for patients to view. The service's vision and core values helped to inform the strategic direction and continuous growth and improvement of the service. Some examples of the core values included:

- growth mindset - cultivation of learning, resilience and adaptability
- innovation - trying new things and embracing progress
- holistic - treating the whole person, emphasising the connection between the mind and body, and
- community - advocating human rights, dignity and diversity of every person, with respect and compassion.

The service had identified a range of key performance indicators to help measure the effectiveness of the quality of the service delivered to patients. These included measuring:

- waiting times
- complaints
- staff retention
- referral rates
- uptake of services

- regulatory adherence
- reported outcomes from patients
- feedback from patients, their families and carers
- stakeholder engagement
- financial sustainability
- staff morale/cohesion, and
- ongoing learning.

We saw evidence that the senior management team regularly monitored and evaluated the key performance indicators to inform the service's cycle of improvement. Monitoring reports were produced and shared with staff, where appropriate. This also included developing a new 6–10-year strategic plan with input from staff and patients. We saw objectives had been set out for the next 3 months to help the service make progress in achieving its new strategic plan. For example, reviewing the adult attention deficit hyperactivity disorder (ADHD) assessment pathway to increase accessibility for patients.

We saw the service had engaged with a business support organisation to develop a business growth action plan. This included the service considering the challenges of its growth and identifying the necessary support required to develop the service. We were told this had provided training and networking opportunities.

We saw a variety of examples of the service making improvements from its continuous performance monitoring, including:

- the development of the children and young persons service
- recruitment of additional staff, and
- the implementation of a client portal (an online app that allows patients to access their medical records and communicate with the service).

This also included the provider introducing a talking therapies service in another of its practices. The service had significantly expanded since its 2023 Healthcare Improvement Scotland inspection, and now offered a wide range of adult and children mental health services. We noted the service had expanded its clinical space to accommodate its growth and development, and we saw evidence that staff and patient feedback had been carefully considered to implement these changes in line with the service's vision and strategic planning.

We were told the service planned to develop and introduce more services, including a pathway for older adults to access care and treatment. We will follow this up at the next inspection.

- No requirements.
- No recommendations.

Leadership and culture

The service had a clear leadership structure with well-defined roles and responsibilities. The clinical director was a clinical psychologist registered with the Health and Care Professions Council (HCPC). They had a broad range of experience delivering specialist mental health care for patients. A range of clinical healthcare professionals with specialist knowledge and interest of working within mental health and neurodevelopment worked in the service to reflect the needs of its patients. This included staff granted practicing privileges (staff not directly employed by the service but given permission to work in the service). Staff included:

- administrative staff
- clinical psychologists
- specialist speech and language therapists, and occupational therapists
- consultant psychiatrists
- play therapist
- educational and counselling psychologists
- psychotherapist, and
- nurse prescriber.

We saw evidence of succession planning. For example, a member of the administrative team had recently been promoted to assistant practice manager. Their responsibilities included managing the communications within the service and administrative systems. New leadership and service co-ordinator roles had also been developed, and additional clinical and administrative staff had been recruited. We noted this was in line with the strategic aims and quality improvement plan set out by the service and in response to the growing service.

The service had a proactive approach to workforce planning. The clinical director met with the practice manager every 2 weeks to discuss and manage the administrative staff's workload. A weekly meeting was also held between the neurodevelopmental assessment co-ordinator and associate co-ordinator to discuss allocation of work, matching patients with the most suitable clinician and to discuss any clinical issues arising. We saw that the service continually

monitored clinicians' caseloads and capacity, waiting lists and incoming referrals. This allowed the service to make sure clinical provision was continually reviewed to meet the demands of the service and care was delivered safely.

Senior management team meetings were held every 6 weeks. From the minutes we reviewed, we noted discussions centred on operational, strategic, staffing, governance and learning matters. We saw information from these meetings was shared with staff, where appropriate.

Comprehensive governance systems and processes were in place that addressed safe practice and continually improving the service. These included:

- a rolling programme of audits
- complaint reviews
- management and staff meetings
- staff training
- patient and staff feedback, and
- reviewing policies and procedures.

The clinical director took part in a Scottish Enterprise Essential Leadership programme. This included leadership workshops, coaching and support for strategic planning. We saw the clinical director had set out leadership commitments and goals for the service as part of this programme. For example, to develop a psychologically safe environment for staff and developing more opportunities for team-based reflective discussions. We saw evidence of the service implementing actions to achieve these goals and a process to evaluate their impact on the service and staff. This included specific leadership feedback from the staff team.

We were told clinical staff attended conferences, training and workshops in relation to their scope of practice, and that information gained from this was shared with staff. This helped to share learning and to keep the service up to date with best practice.

Good processes were in place to support staff and encourage them to engage in the service. We noted from staff feedback collected by the service that staff felt leadership was visible and that they felt supported in their roles and were able to input into quality improvement ideas. For example, the development of neurodevelopmental assessment pathways.

A raising concerns and whistleblowing policy detailed how staff and stakeholders, such as GPs or universities, could report any concerns about malpractice, wrongdoing or risks to patient safety.

The service provided opportunities for staff development and continuous professional development. This included various training opportunities for both administrative and clinical staff funded by the service. We also saw the service had recently provided specialist training related to the treatments provided in the service. For example, training in ADHD, and developmental trauma and autism. This was provided by a range of staff from the service and staff from another similar independent service in England, and also included a presentation by someone with lived experience. We noted that staff were asked to provide feedback on the training provided and this had been positively received by staff, including suggesting ideas for further training days. This helped them to keep up to date with best practice and shared learning.

The clinical director had developed a good working relationship with the independent service in England. We were told this had provided the clinical director with supervision opportunities to reflect on their practice and identify any learning needs. It also allowed the sharing of valuable experiences and resources across both services, as well as benchmarking to use this information to review and make improvements to its own service.

We saw all clinicians were appointed peer supervisors and newly recruited clinicians were overseen by senior clinicians. We also noted that clinical staff were provided with group supervision sessions and opportunities to engage in multidisciplinary meetings, case discussions and incident debriefs.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patient, staff and external stakeholder feedback was actively sought through various methods and used to improve the service. A culture of learning from feedback, audits and incidents was evident. A comprehensive audit programme, quality improvement plan and staff training helped to improve the quality of care delivered. Policies and procedures set out the way the service was delivered and supported staff to deliver safe and person-centred care. The service worked collaboratively with local stakeholders, including universities and schools. A duty of candour report was published every year.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service engaged and shared information with patients in a variety of ways, including its social media platforms, website and yearly newsletter. Information shared included:

- updates about the service
- wellbeing strategies
- introducing new staff members
- post-diagnostics resources, and
- information about third sector organisations.

The service's website provided information on the range of treatments available in the service, referral processes, potential costs and staff working in the service, including their clinical background and experience. This allowed patients to make an informed decision about accessing the service for treatment.

All patients received a welcome pack once an appointment had been booked. This included general information about the service, the client portal and how to make a complaint.

A comprehensive patient participation policy described how patient feedback would be obtained, reviewed and acted on, where appropriate. A variety of methods were used to gather feedback, including:

- a yearly patient experience questionnaire
- patient evaluation form following an assessment or episode of care
- verbal feedback
- website testimonials, and
- suggestions box.

We saw evidence of patient feedback being regularly reviewed and a range of improvements made a result. 'You said we did' posters were displayed in the service to inform patients of improvements as a result of their feedback. Some examples included*:*

- development of the client portal
- improvements to the website to help patients with a neurodevelopmental diagnosis to find information, and
- improved referral information.

We saw patients were asked to provide feedback and evaluate the improvements made as result of feedback. For example, patient questionnaires were sent out asking for their views and opinions following the introduction of the client portal and the service's updated website. We saw the service responded to further feedback provided and additional improvements were made as a result.

We were told that the service subscribed to the 'choice and medication' website. This gave the service access to a wide range of patient information leaflets about mental health conditions and treatment options available. We were told this information was shared with patients to help them make informed decisions about choosing the right medication according to their needs and circumstances.

Patients who responded to our online survey spoke positively about the service and told us they were well informed about the care and treatment. Comments included:

- 'I'm always involved in the decisions and given all the relevant information required**.'**
- 'I was allowed to decide what sort of treatment I believed would be best suited for my care.'
- 'All treatment has been presented as optional and often with multiple variations or choices.'

The service actively engaged and worked collaboratively with external stakeholders. For example, the service worked closely with the local universities to offer support and help for students with mental health conditions. A yearly meeting was held with one university to provide updates about the service and gather feedback about the service. The service also worked closely with a local private GP and various third sector organisations.

We were also told that the service had recently begun building relationships with local secondary schools. Two clinicians had recently given a clinical psychology presentation to students. We were told the service had received positive feedback about the event and had been asked to attend future events in the school.

We saw the service also engaged with the local community. For example, the service recently hosted a community-led menopause event. As an example of working within its identified values, the service also sponsored and supported a local woman's start-up running group with a focus on improving mental health. Information about this was shared on the service's website.

The service engaged with staff in a variety of ways to communicate updates, gather feedback and discuss improvement suggestions. For example:

- monthly service updates
- a range of staff meetings, including one-to-one meetings
- staff surveys, and
- team building and development days.

We saw that staff feedback was regularly reviewed and used to consider developments in the service. For example, introducing assessment and referral pathways, improving clinical documentation, and ideas for staff training and professional development.

The service recognised and rewarded staff for their achievements. We saw staff wellbeing was seen as a priority and the service often organised social and wellbeing events and outings.

- 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 of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not had any events that should have been notified to Healthcare Improvement Scotland in the last year. A clear system was in place to record and manage accidents and incidents.

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 in place and a yearly report was available on its website.

An up-to-date complaints policy was published on the service's website and in the patient welcome pack. This included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland, if needed. We saw evidence that complaints were well managed, including that complaints and lessons learned were discussed at management meetings, with relevant information disseminated to staff and used to improve the service, where appropriate.

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

Governance structures and comprehensive policies and procedures helped support the delivery of safe, person-centred care. A staff handbook set out all appropriate policies and procedures and new staff members were given this as

part of their induction. Policies were reviewed regularly or in response to changes in legislation, national guidance and best practice. Examples of key policies included those for:

- clinical governance
- duty of candour
- information management
- medication, and
- safeguarding (public protection).

The service's medication policy referenced the National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN) and General Medical Council (GMC) standards and best practice guidelines for prescribing. Prescriptions were delivered directly to patients' home addresses and signed for. No medications were kept on site.

The service had a shared care protocol for medical prescribing for patients with ADHD. This is an agreement that allows a patient's care to be shared between the service and their GP. This helped make sure patients who were prescribed medication were monitored appropriately and in line with national guidelines. Where the service prescribed medication to patients, we saw patients were asked to consent to sharing of information with their GPs. Medication would not be prescribed if consent was withheld.

The service had a detailed and comprehensive patient risk management framework. This helped the service to manage clinical risk for patients accessing treatment. All new referrals were risk assessed with a focus on:

- risk to self and others
- safeguarding issues
- complex or acute mental health, and
- active substance dependence.

Where the service considered that it was not best suited to meet patients' needs, or a high level of risk was identified, patients were sent letters informing them of this and signposted to the NHS or other services where appropriate.

Patients and their carers were asked to complete pre-assessment information and questionnaires. This included asking for consent to share information from their GP or other health professionals and their school with the service. This then allowed the service to assess and consider all information about the

patient's presentation. Consultations and treatments were appointment-only to help maintain patient privacy and dignity. Patients could choose to have their consultations carried out face to face or remotely over a video link.

Comprehensive procedures were in place to help make sure that patients were matched with the clinician best suited to their needs. We saw evidence that multidisciplinary team working and case discussions regularly took place while treatment was provided. This allowed clinicians to discuss complex cases and share learning.

If needed, an external interpreting service could be accessed to promote and respect patients' diverse cultural needs.

Patients were provided with treatment options, including:

- medication
- psychological and/or occupational therapies
- educational, mental health and wellbeing resources, and
- self help.

The service's recruitment policies were in line with current national safer staffing guidance. This helped make sure that suitably qualified staff were recruited. Staff files were held electronically. This meant relevant information was secure but easily accessible and identifiable, as needed.

An induction process was in place for all new staff recruited into the service, including staff working under practicing privileges. Staff were provided with a staff handbook as part of the induction process. Mandatory training included fire safety, safeguarding (public protection) and duty of candour. Staff working under practicing privileges who continued to work with the NHS were asked to provide evidence of their completed mandatory training. New clinical staff were provided with information about assessment processes and protocols used in the service.

A process was in place to make sure ongoing reviews of professional registrations and Protecting Vulnerable Groups (PVG) checks were carried out for all healthcare professionals. This included those granted practicing privileges.

Staff received regular supervision and annual appraisals. This included staff being asked to provide evidence of their continued professional development.

The service had an up-to-date fire risk assessment and we saw that appropriate fire safety equipment and signage was in place. Environmental checks were carried out and portable electrical appliances had been tested.

- No requirements.
- No recommendations.

Planning for quality

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

- auditing
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risks
- risk registers, and
- a range of staff meetings.

This helped to make sure that care and treatment was delivered in a safe environment. The service's risk register was regularly reviewed by the clinical director and covered organisational risks, as well as detailing the actions taken to mitigate or reduce the identified risks.

A business continuity plan described what steps would be taken to protect patient care if an unexpected event happened at short notice, such as a temporary closure of the service due to a power failure or major incident.

A comprehensive programme of audits helped to deliver consistent, safe care for patients and identify areas of improvement. Some examples of audits included:

- patient care records
- prescribing
- patient feedback
- staff training, and
- neurodevelopmental assessment and screening.

These audits were documented and reviewed with action plans developed where necessary. We saw results were shared with staff and information from these audits was used to inform the service's quality improvement plan. This helped the service to continue to develop and improve. We were given examples of where audits had led to improvements in the service such as changes to the referral and screening process.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. The service had a comprehensive quality improvement plan. This included results from audits, improvement priorities, objectives and goals with actions plans to achieve these. We saw the quality improvement plan was regularly reviewed and updated to help inform the strategic plan and objectives. Recent improvements included:

- client portal
- IT systems and processes, and
- staff training.

- No requirements.
- No recommendations.

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 environment was clean and welcoming. Patients were positive about the service, and felt treated with care and compassion. Thorough assessments were carried out for each patient to establish a formal diagnosis and inform their future treatment. Patient care records were comprehensively completed and demonstrated person-centered care. Staff were safely recruited with ongoing professional monitoring in place.

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 environment was clean and tidy throughout the clinic. We saw appropriate cleaning equipment and products were used, and cleaning schedules showed that appropriate cleaning was carried out. The building was in a good state of repair and created a warm, welcoming therapeutic environment that considered the needs of patients accessing the service. We saw toys and resources available for children to help them feel at ease.

During the inspection, we saw evidence of collaborative working, and staff showed care and compassion with a specialist knowledge and expertise in providing mental health and neurodevelopment care for patients accessing the service.

Patients who responded to our online survey told us they were treated with dignity and respect and were satisfied with the care and treatment they received from the service. They were confident about the skills and abilities of the clinical staff. Comments included:

- ‘Excellent level of skill and experience, well managed, responsive, caring and compassionate.’
- ‘The service is well organised, with the right people and skill level, and balances… compassion and professionalism.’

- ‘Overall a very good experience and I would go as far to say a life-changing service for me in a positive way.’
- ‘Very kind, compassionate and understanding team.’

We reviewed three patient care records and found these were fully completed and contained comprehensive information. This included:

- consultation notes for each care episode
- information about the risks and benefits of medication
- self-help information, and
- treatment plans.

We saw that patients and their carers were asked to consent to information being obtained from and shared with their GP, other health professionals and schools where appropriate.

Detailed assessment protocols were in place for patients attending the service for neurodevelopmental disorders such as ADHD and autism. This helped to ensure the service adhered to NICE and SIGN guidelines.

We saw evidence of good multidisciplinary team working and communication between clinicians providing care and treatment. For example, patients attending for an ADHD assessment were always assessed separately by two different clinicians. We saw comprehensive and thorough diagnostic reports were produced for all patients. These detailed the findings from both clinicians and the clinical decision whether a patient had met the criteria for diagnosis. Patients were provided with a copy of their diagnostic report and management plan, and this was also sent to their GP.

Patient risk management processes were in place. For example, we saw the service used a clinical risk assessment tool and patient safety plans to help identify and manage risks appropriately. We noted a risk register was in place for patients presenting with increased risk and these helped the service to monitor a patient’s level of risk. We saw evidence that the service responded appropriately to changes in patients’ clinical presentations. For example, when a patient’s needs changed or when risk escalated, we saw the service had worked collaboratively with NHS mental health services and GPs to inform them of any changes. This helped to make sure patients had the most appropriate care and treatment to meet their needs.

We reviewed three staff files, including two for staff granted practicing privileges. We saw appropriate checks and ongoing professional monitoring were carried out for both employed staff and healthcare professionals appointed under practicing privileges. This included references, professional qualifications and registration with an appropriate professional register such as the GMC, and PVG checks.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

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

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

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

Before inspections

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

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

Before

During inspections

We use inspection tools to help us assess the service.

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

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

During

After inspections

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

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

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

Complaints

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

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.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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