

# Announced Inspection Report: Independent Healthcare

**Service:** Superdrug Nurse Clinic (Craigleith),  
Edinburgh

**Service Provider:** Superdrug Stores Plc

22 October 2025

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# **1 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 Superdrug Nurse Clinic (Craigleith) on Wednesday 22 October 2025. We spoke with the service manager (practitioner), regional nurse manager and clinical excellence manager during the inspection. 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.

This was our first inspection to this service.

Based in Edinburgh, Superdrug Nurse Clinic (Craigleith) is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Superdrug Nurse Clinic (Craigleith), 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
The service's clear vision and mission was supported through a comprehensive strategic plan and measurable key performance indicators. A well-defined leadership structure and effective governance processes informed and directed the future development of the service and provided assurance of safe, effective person-centred care. Staff described the provider's leadership as inclusive and supportive. Regular staff meetings, events and newsletters made sure staff were fully engaged in the future development of the service and wider business plans.		✓✓✓ Exceptional
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>The provider's services were benchmarked against each other to support continuous improvement. Patient and staff feedback was actively encouraged and effectively used to improve the service. A comprehensive audit programme, policies and procedures supported safe and person-centred care. A culture of learning from feedback, audits and incidents was evident. A range of clinical and non-clinical risk assessments were in place. A quality improvement plan and staff training programme helped to improve service delivery.</p> <p>The service's complaints policy and procedure should contain the most up-to-date contact details for Healthcare Improvement Scotland.</p>		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were very satisfied with their care and treatment and spoke positively about the staff who delivered their care. Safe practices were in place for medicines management, infection control and staff recruitment. Patient care records were comprehensive and fully completed.		✓✓✓ 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 Superdrug Nurse Clinic (Craigleith) 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 one recommendation

Implementation and delivery	
Requirements	
None	
Recommendation	
a	<p>The service should update its complaints policy and website with Healthcare Improvement Scotland's current contact details (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</p>

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](#)

We would like to thank all staff at Superdrug Nurse Clinic (Craigleith) for their assistance during the inspection.

## 2 What we found during our inspection

### Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

The service's clear vision and mission was supported through a comprehensive strategic plan and measurable key performance indicators. A well-defined leadership structure and effective governance processes informed and directed the future development of the service and provided assurance of safe, effective person-centred care. Staff described the provider's leadership as inclusive and supportive. Regular staff meetings, events and newsletters made sure staff were fully engaged in the future development of the service and wider business plans.

#### *Clear vision and purpose*

The service provided non-surgical services, including travel vaccination, phlebotomy and occupational health services. The provider has a number of clinics across Scotland registered with Healthcare Improvement Scotland.

The provider, Superdrug stores Plc was responsible for providing leadership and strategic direction to the service. It also provided the tools and technologies to help the service achieve the best clinical outcomes for patients and high levels of patient satisfaction.

A vision and mission statement was available on the websites for the provider and the service. The provider's vision was 'to be the best in everyday accessible beauty and health'. Its mission was to be its customers' first choice in 'up-to-the-minute' beauty and health.



Based on its vision and mission statement, the provider measured the service's performance through key performance indicators (KPIs). These included achieving:

- high standards in customer reviews (called 'Customer Loves') and online reviews
- its clinic budget
- its occupancy target, and
- two 'green audits' every year.

KPIs were measured and discussed regularly through:

- all-staff meetings that senior managers led
- clinical excellence meetings
- clinical governance meetings
- operational meetings, and
- regional and national meetings.

Staff were kept up to date on results through:

- appraisals with their line manager every 6 months
- one-to-one meetings
- regional meetings
- staff newsletters, and
- visits from the regional manager.

Staff received a monetary bonus every year after successfully achieving KPIs.

To help inform the vision statement and KPIs for the next year, the provider carried out a yearly review of staff and patient feedback, audit results and performance.

The provider had developed its new vision statement for 2026 and shared it with staff, along with a reminder of the provider's organisational structure, management hierarchy and support.

All staff were invited to attend a conference that set out the vision for the upcoming year. This yearly conference was a 2-day, face-to-face event with all expenses paid and included:

- hands-on training on basic life support and anaphylaxis
- information sessions from external speakers and stakeholders
- new developments and improvements to the organisation
- overall annual performance
- staff awards and recognition, and
- strategy for the upcoming year.

This helped make sure that staff were very familiar with the provider's vision for the upcoming year.

- No requirements.
- No recommendations.

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

The service manager was a healthcare professional, the service's sole practitioner and responsible for the day-to-day planning and management of the service. The provider also managed the service through:

- national and regional nurse managers
- the clinical excellence team
- the head of healthcare services
- the healthcare director, and
- the senior operations and pharmacy team.

The provider had an effective leadership structure and governance framework in place with well-defined roles, responsibilities and support arrangements. The healthcare director was responsible for the overall management and strategic direction of all of the provider's services registered with Healthcare Improvement Scotland.

Senior managers and management team representatives were members of different committees the provider had in place to monitor and manage all aspects of clinical, operational and financial performance.

The key focus for each committee was linked to the provider's strategic plan and KPIs. For example, the clinical excellence lead chaired the provider's clinical

governance committee. The committee met every 2 months in line with the provider's clinical governance policy. The key focus of this committee was to review patient safety, clinical outcomes and quality of care. Minutes were comprehensive and standard agenda items included clinical audit results, risk management and patient feedback analysis, as well as any actions for improvement, complaints and health and safety. The service manager was responsible for fully implementing the principles of the clinical governance policy to support the consistent delivery of high-quality care for patients in the service.

From minutes of the meetings, we saw a set agenda was in place. The minutes also showed that all staff had a voice to speak up at meetings and were always asked for feedback.

- 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
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

### Our findings

The provider's services were benchmarked against each other to support continuous improvement. Patient and staff feedback was actively encouraged and effectively used to improve the service. A comprehensive audit programme, policies and procedures supported safe and person-centred care. A culture of learning from feedback, audits and incidents was evident. A range of clinical and non-clinical risk assessments were in place. A quality improvement plan and staff training programme helped to improve service delivery.

The service's complaints policy and procedure should contain the most up-to-date contact details for Healthcare Improvement Scotland.

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

The service's website and social media was regularly updated so that patients had the most up to date information and costs about treatments offered. The service displayed a variety of posters on treatments offered and information leaflets available for patients to take away.

The service actively sought feedback from patients about their experience of treatment and care and used this information to continually improve the way its service was delivered. Patients were given a Customer Loves review card containing a QR code at every appointment attended. After scanning the QR code, patients could complete a short survey about their experience of the service. Customer reviews were set up for all of the provider's services to allow for service-specific feedback.

The regional nurse manager collected and analysed all patient feedback received through Customer Loves reviews and senior management met every month to discuss this. Positive feedback was shared with the service and staff through staff newsletters and field visits from the regional manager. Constructive feedback was analysed and acted on promptly. This was used to inform the service's quality improvement plan.

Online reviews were also set up for the provider. We saw that the provider had an overall rating of 'excellent' on an online trust ratings site and the customer services team responded to any constructive feedback from patients. Reviews receiving less than five stars were passed to the clinical excellence team to review and act on.

Improvements made to the service were shared with patients through social media accounts.

A yearly staff engagement survey was sent to all staff in the service. Staff were also encouraged to give feedback during regional nurse manager field visits every 6–8 weeks and with managers at appraisals.

Staff had stated that the provider's new IT system caused some difficulties in planning for patient appointments in advance and making sure the service had stock for patients arriving. Some staff had then been invited to the provider's head office to work with the IT team, helping make the system more user-friendly. At the time of our inspection, we saw the first phase of improvements had been implemented.

The organisation promoted a 'no-blame culture' and staff were encouraged to report concerns and feedback. Policies, such as those for freedom to speak up and whistleblowing support this. Feedback from staff showed that the improvements made and planned had meant that staff felt they had been listened to.

The provider had developed steering groups to promote inclusivity in its workforce, including:

- access all areas (mobility)
- age network
- disability network
- gender equality network
- harmony network, and
- pride network.

The service recognised and offered benefits to its staff for their commitment to the service. This included:

- dental and optical and private health cover
- digital private GP consultations
- long service awards
- mental health support service
- paid sickness absence, annual leave and maternity Leave
- private health insurance for employees and immediate family
- regional hero awards and
- retail benefits
- staff recognition awards and prizes, and
- staff recognition through the organisation's newsletter.

■ 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 our inspection, we saw that the service had not had any incidents or accidents 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.

Policies and procedures set out the way the service was delivered and supported staff to deliver safe, compassionate, person-centred care. A process was in place for writing all policies, submitting these to appropriate corporate groups and approving them through the clinical governance team. Policies and procedures were updated regularly or in response to changes in legislation, national and best practice. To support effective version control and accessibility, policies were held electronically and all staff had access. Staff received information and training on new initiatives and policy updates. Key policies in place included those for:

- clinical governance
- complaints management
- dealing with emergencies
- duty of candour
- infection, prevention and control, and
- medicine management.

The service's complaints policy advised patients could complain or provide feedback to the customer service team at any time. The complaints procedure was published on the service's website and in the clinic. At the time of our inspection, the service had not received any complaints in the last year.

Infection prevention and control policies and procedures were in line with Health Protection Scotland's *National Infection Prevention and Control Manual*. Procedures were in place to help prevent and control infection. Cleaning schedules were in place for all clinical areas.

The service had a medicines management policy in place and had standard operating procedures (SOPs) for the dispensing of medicines. Medicines were stored in locked cupboards and fridges. The fridge temperature was monitored to make sure medicines were stored at the appropriate temperature twice daily. The fridges contained a memory card which could be accessed when the clinic was closed to make sure temperatures remained in safe limits.

Emergency medicines were kept in the service. This was well equipped and contained enough medicines to deal with any foreseeable medical emergency connected to the types of treatments provided. The service also held operating procedures for emergencies.

The service had a duty of candour policy in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). The service's most recent duty of candour report was published on its website. We noted that the service had not experienced any incidents that required it to follow the duty of candour process. All staff had completed duty of candour training.

Patients booked their appointments using the service's online booking system or telephoning the store directly, where they could be directed to the clinic. Patient consultations were carried out face-to-face with the healthcare professional, who determined any treatment (with doctor assistance online if required). Treatments were discussed, including the option to have no

treatment. The healthcare practitioner also advised whether the treatment the patient had booked was available to patients through the NHS free of charge.

The risks and benefits of treatments were discussed and the patient was made aware of costing before proceeding with any treatments. Detailed costing on all treatments was also available on the service's website. Patients reviewed a consent to treatment form which the patient and healthcare professional then signed. The patient was given information on the treatment verbally and in written form. If patients required a course of treatment, the healthcare practitioner could book further appointments in the clinic.

All patient information was stored securely on password-protected device. This helped to protect confidential patient 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). We saw that the service followed the appropriate data protection regulations. A policy was in place for the safe management of information.

The service had recruitment policies in place, which described how staff would be appointed. The human resources team carried out all appropriate pre-employment checks for employed staff.

All staff appointments were subject to satisfactory references, fitness-to-practice checks and a Disclosure Scotland background check or Protecting Vulnerable Groups (PVG) membership update before starting work in the service.

The provider delivered a detailed induction to all new members of staff. All staff had to complete mandatory training before working in the service, which also included competency-based training. A 4-, 8- and 12-week sign-off process then followed with the nurse's managers, including shadowing of the nurse in their clinic. The comprehensive induction process was reviewed regularly to make sure it remained fit for purpose.

Staff told us that they felt well supported in the organisation and the training and development in the service was continuous. Peer-reflection was encouraged and groups were set up to facilitate this. Peer-discussion group included ear wax removal, weight loss and regional group learning.

Staff were given opportunities in the organisation to step up and gain leadership experience. Staff could nominate themselves to cover leadership duties in the absence of managers, be the allocated point of contact and could assist in leading regional meetings.



The organisation encouraged continuing professional development and offered a variety of training opportunities through face-to-face courses, electronic learning and development, and in-house webinars. Senior management monitored training and development to make sure healthcare professionals were fit to practice. The audit process included reviewing the completion of mandatory training as part of the regional nurse manager field visits.

A clear process allowed the senior management team to check that the professional registration status, learning and development of clinical staff was up to date. Staff appraisals every 6 months included regular staff reviews.

### **What needs to improve**

The service's complaints policy and the complaints process published for patients on the website did not include the most up-to-date contact details for Healthcare Improvement Scotland (recommendation a).

- No requirements.

### **Recommendation a**

- The service should update its complaints policy and website with Healthcare Improvement Scotland's current contact details.

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

We saw robust systems were in place to proactively assess and manage risk to staff and patients to make sure that care and treatment was delivered in a safe environment. This included:

- audits
- reporting systems
- risk assessments detailing actions taken to mitigate or reduce risk
- risk register, and
- staff meetings.

A wide range of clinical and non-clinical risk assessments and a comprehensive risk register were in place. We saw this was regularly reviewed and discussed in local, regional and national clinical governance meetings. Risk assessments included:

- DSE risk assessment
- manual handling
- needle stick injury
- safe storage of keys, and
- slips, trips and falls.

This helped to make sure that care and treatment was delivered in a safe environment by identifying and taking action to reduce any risks to patients and staff.

Accidents and incidents were recorded and managed through an electronic incident management system. Each one was reviewed and reported through the clinical governance framework and reviewed by the clinical excellence team. Learning was shared with staff through:

- one-to-one meetings
- staff appraisals
- staff emails, and
- team meetings.

A detailed contingency plan was in place for major incidents that could affect the running of the service and impact patient care. Arrangements were documented for staff to follow in case of events such as a fire, or loss of the water, electrical or gas supplies.

The service had a checklist that was completed at the beginning and end of each clinic day. We saw the completed log of checks, which included:

- cleaning schedule completion
- emergency medicines
- safe key management
- temperature control of fridges, and
- vaccine checks.

A comprehensive programme of clinical and non-clinical audits helped to deliver consistent, safe care for patients and identify areas of improvement. Audits carried out every month included those for:

- key safety
- medicine management
- medicine stock with store manager, and
- patient safety reporting.

Regional nurse managers carried out field visits to services every 6–8 weeks. This visit included reviewing all checklists and audits for the service had been complete.

Twice a year, a member of staff (external to the service) and a regional nurse manager would carry out larger audits in the service, which included those for:

- adverse outcomes affecting patients after treatment
- completion of mandatory training
- full stock check
- hand washing
- health and safety
- infection, prevention and control
- medicine management, and
- patient care records.

Information for patients was displayed that included:

- chaperone policy
- fridge temperatures
- Healthcare Improvement Scotland certificate
- Insurances, and
- treatment information and costing.

The twice-yearly audits were recorded on the electronic reporting management system, where staff could provide updates on any actions taken. The service's regional nurse manager had oversight of all audits carried out in the service and the clinical excellence team reviewed the results. This helped make sure that audits were completed appropriately and that required action had been taken. We saw outcomes from audits were discussed at local and regional clinical

governance meetings and these informed the service's KPIs. This data was used to benchmark the service against the provider's other services. Best practice was shared between services for quality improvement.

We reviewed an organisational newsletter that was sent to all services, which invited all yellow fever vaccination clinics to participate in a yearly audit. Data collection forms had been sent out requesting services to audit five patient care record and answer the following:

- Is the documentation complete and accurate?
- Was the record written retrospectively?
- What could have been done differently?
- How would you implement improvements going forward?

The provider had a corporate quality improvement plan, which included:

- financial targets
- implementation of new training and development to include a new initiative for nurses to complete supplementary prescribing
- increase clinic occupancy
- opening of new services, and
- performance.

We also saw the service's local improvement plan, which focused on clinic occupancy. Staff gave examples of improvements made in the service to increase clinic occupancy, including reaching out to local travel agents and GP practices to promote the travel vaccination service.

- No requirements.
- No recommendations.

## Key Focus Area: Results

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

### Our findings

**The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were very satisfied with their care and treatment and spoke positively about the staff who delivered their care. Safe practices were in place for medicines management, infection control and staff recruitment. Patient care records were comprehensive and fully completed.**

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 clinic environment was clean and well maintained. The service manager cleaned equipment between appointments and the clinic was cleaned at the beginning and end of the day. We saw evidence of completed, up-to-date cleaning schedules in place.

Personal protective equipment (such as disposable aprons and gloves) was readily available. All equipment used 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 for the disposal of sharps and other clinical waste. The service had a contract in place for the uplift of confidential waste.

Patients who responded to our online survey also told us they felt the service was clean and tidy:

- 'Clean, bright and private.'
- 'The treatment room appeared well equipped and was bright and clean.'
- 'Very clean surgery.'

The service's medicine fridges were clean and in good working order. We noted a temperature-recording log was fully completed and up to date. This was used to record fridge temperatures twice daily to make sure medicines were stored at the correct temperature. We saw evidence of yearly calibration of the medicine fridge.

A fire risk assessment was carried out every year. Fire safety signage was displayed and fire safety equipment was regularly checked and logged. Emergency lighting was in place throughout the service. A gas safety certificate and electrical safety certificates were in place for the service's fixed electrical wiring. A log was kept of all portable electrical appliances for safety testing.

We reviewed one staff file. We saw that appropriate background and health clearance checks had been carried out before they started working in the service. We saw evidence of yearly professional registration checks. A signed contract was available in the file we reviewed. We reviewed the electronic system where all learning and development training for staff were logged. We also saw evidence of one-to-one meetings and appraisals carried out every 6 months.

The five patient care records we reviewed showed that patients received a face-to-face consultation and were fully informed about any possible treatments. Patient care records were legible, accurate and up to date. The practitioner had signed and dated their entries. Dosage, batch numbers and expiry dates of medicines used were also documented. The patient care records also included information on:

- consent to treatment and sharing information
- discussion about costs
- emergency contact
- GP details
- medical history
- medications, and
- treatment plans and aftercare.

Patients who completed our online survey said the service was professional and well organised. They said they would not hesitate to return to the service.

Comments included:

- 'Professional and organised.'
- 'Excellent range of times and speedy service.'
- 'We spent sufficient time with the nurse to feel she was experienced, patient and kind.'
- 'We will definitely be back if we need more travel jabs.'

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

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

We check progress against the improvement action plan.



After

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

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



## Complaints

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

Our contact details are:

**Healthcare Improvement Scotland**

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

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

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
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