

# Announced Inspection Report: Independent Healthcare

**Service:** Bupa Health Centre - Edinburgh,  
Edinburgh

**Service Provider:** Bupa Occupational Health  
Limited

20 November 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 Bupa Health Centre - Edinburgh on Thursday 20 November 2025. This was our first inspection to this service. We spoke with a number of staff 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.

Based in Edinburgh, Bupa Health Centre - Edinburgh is an independent clinic providing non-surgical treatments including private GP appointments, health and fitness assessments, physiotherapy and musculoskeletal services.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For Bupa Health Centre - Edinburgh, 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
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
A well-defined leadership structure and governance processes included a strategic plan and quality assurance framework. Senior management was visible. Staff said they felt valued, respected and well supported. Clear and measurable aims and objectives had been identified. Key performance indicators were regularly monitored to measure the service's performance.		✓✓✓ Exceptional
The comprehensive website and other forms of information the service provided helped make sure that patients were fully informed and involved in their treatment and care. Patient, staff and customer feedback was actively sought and used to continuously improve the service. Appropriate safety assurance processes included a comprehensive audit programme. An effective risk register helped make sure all appropriate risks were identified and reviewed regularly. The quality improvement plan helped the service to implement and take forward improvements.		✓✓ Good
The service was clean, tidy and well maintained. Cleaning schedules were completed and up to date. Patients reported high levels of satisfaction with their care and treatment. Staff files were reviewed and updated and all staff had appropriate background checks in place. Patient care records were well completed and securely held.		✓✓✓ 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](https://www.hisc.org.uk/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 Bupa Occupational Health 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.

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 Bupa Health Centre - Edinburgh 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 well-defined leadership structure and governance processes included a strategic plan and quality assurance framework. Senior management was visible. Staff said they felt valued, respected and well supported. Clear and measurable aims and objectives had been identified. Key performance indicators were regularly monitored to measure the service's performance.

#### *Clear vision and purpose*

Bupa Health Centre - Edinburgh provides health assessments, private GP appointments and a wide range of healthcare screenings and tests.

The service's aims were clearly displayed on its website, advising that it aimed to be the most 'customer centric healthcare provider'. The provider's quality strategy described the service's purpose of 'helping people live longer, healthier, happier lives and making a better world' and its values of being 'brave, caring and responsible.'

The service's vision for the next 2 years of 'helping people live longer, healthier, happier lives' included its strategic objectives:

- consistently following the supervision and appraisal process
- developing a plan to work with the local community
- developing the team to make sure it offered a full range of services to suit the wider community, and
- increasing the musculo-skeletal team and resource to meet patients' growing demands.

Key performance indicators had been identified to help measure and evaluate how well the service was performing, including:

- 100% customer record data completion
- fully embedding the customer care experience across the Bupa organisation, and
- supporting more patients while expanding the range of treatments and products on offer.

The service issued a regular staff newsletter, which included information on the service's aims and objectives, as well as how it was performing against the key performance indicators (KPIs). This was also shared through a white board in the staff area and on a digital screen in the patient waiting area.

- No requirements.
- No recommendations.

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

The service manager had oversight of all:

- finances
- patient pathways
- people management, and
- service lines.

The lead physician had oversight of the clinical side of the service and was the line manager for the other GPs. Both had clearly defined roles and worked very effectively together.

The rest of the staff in the service included:

- administrative staff
- GPs
- health advisors
- mammographer, and
- physiotherapist.

The service had an agreement in place with a hospital in London to read the mammograms and provide reports. It also planned to expand the staffing numbers in response to increased service demand.

The service had an effective local leadership structure through its senior management team, which was made up of:

- administration team lead
- health advisor team manager
- lead physician
- regional manager, and
- service manager.

We were told that senior management and the regional manager regularly visited the service. On the day of our inspection, we saw that the regional manager was present and spent time chatting with staff and patients during the visit.

The provider's directors met every 3 months. The regional manager attended these meetings and then shared relevant information with the service's senior management team. Senior management team meetings took place every month. Minutes of these meetings we reviewed showed that topics discussed included updates on:

- audits
- issues
- KPIs
- patient satisfaction
- staff requirements, and
- training compliance.

Updates from the strategic plan were shared at these meetings. New actions and updates on previously agreed actions were recorded. The meetings also discussed service improvements.

Senior management meetings at the beginning of a year advised staff of the provider's vision, goals and objectives for the year and how the service planned to achieve the KPIs. Staff were encouraged to attend management meetings to improve decision-making and transparency. Staff reviewed the vision, goals and objectives set for the year through team meetings. Individual meetings with staff took place with their line managers to set personal aims and objectives, which would contribute to achieving the overall KPIs for the organisation. These goals and KPIs were monitored and revisited during staff supervision and appraisal sessions. Protected-time conversations during the year were carried

out and included discussions about the goals and KPIs, with a final review taking place during appraisals at the end of the year.

Team meetings were also used to update staff on strategy and any changes to KPIs or performance. Staff induction programmes also included the provider's quality strategy, goals and KPIs.

We saw action logs generated from the service's senior management team meetings, with a tracker detailing actions completed and those still outstanding. The service had a comprehensive and inclusive programme of department and staff meetings, including those for:

- diversity and inclusion
- environment and sustainability
- finance and product updates
- incidents, complaints, risk and safeguarding
- infection control and health and safety, and
- patient satisfaction.

The provider's senior management team defined the quality strategy, and this was informed through patients' needs and demands. Each individual Bupa service could contribute to the quality strategy, as well as report on initiatives introduced and action taken to meet the quality strategy's objectives. Staff could access the strategy through the staff intranet.

The quality strategy was embedded in the service's key strategic documents. This included the service's annual strategic plan, the quality improvement plan and a quality assurance framework. The provider assessed its governance processes in line with the quality assurance framework. The strategic plan was reviewed every year to assess progress and this information was discussed at board and senior management meetings. Progress was also demonstrated through the provider's annual report, which was available on the service's website.

A variety of systems and processes were used to monitor performance against the KPIs (such as regularly reviewing audit outcomes, staff development and patient feedback) to help improve the service. The service's software management system also helped to monitor and manage quality improvement in the service. The senior management team continuously reviewed how the service was delivered, including how patient assessments were carried out. Staff and patient feedback and views also helped the service to plan and deliver accessible options for patients.

We saw evidence that the service had identified priorities for the coming year in its strategy. Goals for 2025 had also been identified, including:

- build a supportive and transparent staff culture
- enhanced continuity of care through patient-practitioner matching, and
- enhanced patient experience and satisfaction.

An online staff survey was carried out twice a year. Survey results showed that staff:

- felt able to offer recommendations and suggestions for how to improve the service
- felt that senior management supported and valued them
- had an appropriate work-life balance, and
- were satisfied at work.

For example, we were told that the monthly staff newsletter and '3 Cs' newsletter (compliments, concerns and complaints) issued every 3 months were introduced as a result of feedback in staff surveys.

Staff we spoke with were clear about their roles and responsibilities and how they could impact change in the service. They told us that they felt the senior management supported them. Staff were kept up to date through:

- an annual report available through the staff intranet and the service's website
- internal online communication and digital platform with service updates and meeting minutes
- newsletters
- organisation memos and emails
- staff conferences
- staff information board
- supervision and annual appraisal sessions, and
- team meetings.

The provider had an anonymous 'speak up' facility for staff who had issues or concerns and did not wish to approach their line manager. They could do this through another staff member or through a designated 24-hour helpline.

The service benchmarked (compared) itself against the provider's other services in the UK. For example, the provider considered the activities and quality improvements required across the service, as well as improvements made as a result of:

- patient engagement and feedback
- qualifications and continuing professional development
- staff feedback
- staff training opportunities, and
- staffing and skill mix.

This information was issued through a dedicated quality and clinical newsletter, which was then shared and discussed at team meetings.

Leadership programmes were available to staff through external apprenticeships and internally as part of the provider's 'Unstoppable People Leaders Programme'. We were told that staff from the service were completing this course at the time of our inspection. Leadership modules were also available through the provider's intranet.

The senior management team worked well together and was open to ideas for improvement. Staff told us they felt empowered to speak up and felt safe to do so.

- 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 comprehensive website and other forms of information the service provided helped make sure that patients were fully informed and involved in their treatment and care. Patient, staff and customer feedback was actively sought and used to continuously improve the service. Appropriate safety assurance processes included a comprehensive audit programme. A risk register helped make sure all appropriate risks were identified and reviewed regularly. The quality improvement plan helped the service to implement and take forward improvements.**

Patients could contact the service in a variety of ways, including:

- contacting the service directly
- email
- online enquiries through the service's comprehensive website, and
- telephoning the booking team.

The website provided information on the different services available to patients, as well as:

- costs
- disabled access
- how get to the service
- opening hours
- parking, and
- payment options.

The website included information on how to leave comments and make a complaint. As well as this, a patient information folder in the service's waiting area included information on the services and treatments available. This folder also included changes and improvements to the service and updates from the

wider Bupa organisation. A wall-mounted digital screen in the waiting area also provided information for patients.

We saw that the service used a variety of methods to actively seek feedback from patients about their experience, such as:

- direct requests for feedback
- online apps
- post-treatment or assessment feedback forms, and
- surveys.

The provider's marketing team had oversight of media pages, online apps and website testimonials. As well as this, service level agreements were in place with private hospitals and the service sought feedback from patients who had been referred there. The lead physician also liaised with local NHS board's primary care services to encourage a good working relationship to make sure patients received the best possible service.

The service collated and regularly reviewed all feedback received, with information used to better meet the needs of patients and inform the service's improvement activities and the quality improvement plan. Any changes in the service that led to improvements were monitored and evaluated through the service's audit programme. For example, after receiving feedback around the challenges of parking, the service introduced signage to facilitate where patients attending appointments could park and where appropriate, reserved spaces in advance. The service also noted that many patients said they liked to see the same health care practitioner where possible. The service was able to make sure this happened at the time of booking, so that returning patients were able to see the same GP for consistency.

The senior management team reviewed a summary of patient feedback received and shared this at team meetings. Information on improvements made to the service was communicated to staff in different ways. This included:

- during meetings
- during provider conferences
- internal online communication channels, and
- staff intranet.

The provider also produced a monthly newsletter to share the improvements each service had made across the organisation. In the service, staff noticeboards informed staff locally of changes and improvements.

Staff were encouraged to share positive feedback from patients, other people who engaged with the service and team members through internal online communication channels, such as the monthly newsletter.

The provider recognised staff performance in a variety of ways, including a yearly staff award, called 'Kudos'. All staff were eligible for nominations and staff voted for the awards. The service also had a local staff recognition scheme, called 'Greatix'. This encouraged staff to nominate a colleague in the service and whoever had the most nominations received a certificate in recognition.

Staff also received benefits, which included free health assessments and checks, as well as discounted gym memberships. Staff could also gift family members some of the benefits available to them.

Wellbeing initiatives were also available to staff, including a range of continuous personal and professional development opportunities. Wellbeing hours were also provided for staff to take during their working week to use as they wished. After-work activities were available, such as a team run that staff could join and other activities to help improve fitness and wellbeing. Many ideas for promoting wellbeing came from the staff themselves and senior management shared and acknowledged good news and recognition of achievements.

### **What needs to improve**

Different forms of patient, staff and customer feedback was actively sought and used to continuously improve the service. The service told us that it shared improvements made as a result of feedback with its patients. We will follow this up at future inspections.

- 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 manager was aware of the notification process to Healthcare Improvement Scotland.

A clear system was in place to record and manage accidents and incidents using an electronic incident management system. Each incident was reviewed and

reported through the health and safety risk management framework. Learning was fed back to staff through:

- bulletins
- emails
- one-to-one meetings, and
- team meetings.

The service was proactive in developing and implementing policies to help make sure that patients and staff were safe. All policies were submitted to a document control group for review before being released to staff. Policies were reviewed every 2–3 years, or as required, to make sure they remained relevant to the service and in line with national guidance. Important changes and updates to policies and procedures were discussed at team meetings. Staff could access policies online through the staff intranet, such as:

- emergency and resuscitation
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection) of children and adults.

We saw regular, documented checks carried out for all emergency equipment in the service. An emergency kit was securely stored but easily accessible in the service and a first aid point was clearly identified in the event of an injury. We saw this was checked regularly.

We saw maintenance contracts were in place for equipment, including fire safety equipment and fire detection systems. Electrical and fire safety checks were monitored. At the time of our inspection, a live fire drill demonstrated staff knew their role in the event of a suspected fire and that effective evacuation procedures were in place.

Information about how to make a complaint was clearly displayed in the waiting area and on the service's website. This included details on how to contact Healthcare Improvement Scotland. Staff received training on complaints and complaint handling as part of induction.

The service had a duty of candour policy in place. This is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service fully understood its duty of candour

responsibilities and its duty of candour report was displayed in the reception area. We noted that the service had had no incidents in the previous 12 months. All staff had completed duty of candour training.

The service had a safeguarding (public protection) policy. All staff had completed safeguarding training and staff were able to describe the procedure for reporting concerns about patients at risk of harm or abuse.

Patient consultations included a comprehensive assessment with a list of the patient's medical history, as well as current medications. The service provided aftercare information, which included the service's out-of-hours contact details, where appropriate. We saw examples of information provided, such as for women's health. Patients could contact the service for further information or if they had any additional questions or queries following their appointment. Some patients attended the service for health assessments as part of their employment conditions. This information could also be shared with patients' employers.

Patient care records were stored on an electronic and password-protected system. This protected 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) and we saw that it worked in line with data protection regulations.

Staff were recruited in line with the service's recruitment and staffing policy, which included a description of the expectations on all staff working in the service. The provider's human resources department completed the recruitment process. All staff members were subject to the background checks required during the recruitment process, including Protection of Vulnerable Groups (Scotland) Act 2007. The service was aware of the requirement to make sure checks were in place to confirm that all practitioners' professional registration and revalidation remained up to date.

Staff completed an induction period and were allocated mandatory training to complete, including safeguarding of adults and children, as well as duty of candour. The appropriate manager was responsible for making sure that staff completed mandatory training. Staff files we reviewed included evidence of completed mandatory training and appraisals. Staff were encouraged to identify further training or developmental needs, which they felt would help them develop their skill and knowledge in their current roles and for any future roles. Staff were encouraged to reflect on their practice and through that, identify learning needs and opportunities.

We saw that a variety of staff also delivered informal teaching to the rest of the team. Staff gave suggestions for topics on the staff noticeboard. Staff also volunteered to be champions in addition to their respective roles in the service for subjects, such as health and safety, quality improvement and engagement. These champions met regularly with other services across the country to promote sharing of ideas and encourage engagement. Updates were then shared with the team through the noticeboard and the monthly centre meetings.

All practitioners maintained supportive professional relationships with other independent healthcare peers and NHS services as part of shared patient care arrangements. We were told that the service kept up to date with research and good practice through continued professional development and mutual support of professional colleagues, including working with staff in the provider's other UK services.

- No requirements.
- No recommendations.

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

The service's risk management process included corporate and clinic risk registers, auditing and reporting systems. These detailed the actions taken to mitigate or reduce any identified risks to staff and patients. The service carried out a variety of risk assessments to help identify and manage risk. These included risk assessments for:

- contingency planning
- data protection
- health and safety
- infection prevention and control, and
- patient test results.

The risk assessments were included in a risk register, which was reviewed regularly. We found that the risk assessments were easy to follow. We saw that all risks had been reviewed and that action plans were in place detailing what action had been taken to reduce any identified risks. The provider had recently shared achieving a gold award with the clinic in recognition of safety by the Royal Society of Prevention of Accidents (RoSPA).

The service had a comprehensive business continuity plan that set out what steps to take in the event of an incident that affected patient care, such as a temporary closure of the service. The plan detailed the escalation level and

process to follow. For example, patients would be referred to another service. The aims and objectives of this plan were to help make sure the service could continue to deliver essential patient and associated services. This business continuity information was included as part of the service's quality strategy.

We were told a 'doctor of the day' was nominated daily review patients' results and make sure they had been discussed and sent to patients. This would include whether any follow up was needed from the patient's own GP or referral to another medical specialist. Where possible and for continuity, the GP who had seen the patient would be the one to call them.

The service completed monthly audits, such as those for:

- patient and staff feedback
- patient care records
- safe management of equipment, and
- staff training records.

The regional manager and service managers from other Scottish Bupa services also sometimes carried out audits of other Bupa services to provide an independent review of how each service was performing.

We saw that all results from audits were documented and actions were taken if appropriate. Audit results were also reflected in the service's quality improvement plan, which was regularly reviewed and updated.

Information in the quality improvement plan also included:

- best use of available treatment rooms
- extending the service's opening hours
- maintaining external quality accreditations
- patient experience
- staff development and wellbeing, and
- staff recruitment.

We saw improvements made to the service as a result of staff, patient or customer feedback included:

- having mobile telephone charging points available in the waiting area, and

- introduction of a call system at reception.

- No requirements.
- No recommendations.

## Key Focus Area: Results

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

### Our findings

**The service appeared clean, tidy and well maintained. Cleaning schedules were completed and up to date. Patients reported high levels of satisfaction with their care and treatment. Staff files were reviewed and updated and all staff had appropriate background checks in place. Patient care records were well completed and securely held.**

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

We saw the service appeared clean, tidy and fit for purpose. The environment was secure, organised and well maintained. Cleaning schedules were completed and up to date. Equipment was clean and single-use items used where appropriate to prevent the risk of cross-infection. We saw a current clinical waste contract was in place. Clinical waste and used sharps equipment was disposed of appropriately. The service used an external company to launder towels and a process was in place for the storage and collection of new and used towels. We saw a supply of alcohol-based hand rub at key points throughout the service and appropriate personal protective equipment was available, such as disposable gloves and aprons. We saw the correct cleaning products were used in line with national guidance, such as chlorine-based cleaning products for sanitary fixtures and fittings.

We reviewed four patient care records. All entries were legible, signed and dated. Each patient care record showed a clear pathway from assessment, investigation and treatment, if appropriate. Where applicable, patients' consent to treatment was noted on patient care records. Reports on tests or examinations carried out were recorded and issued to patients following their appointment. Depending on the results of tests, either the 'doctor of the day' or the consulting GP for that patient would call the patient direct to discuss. The patient could also access their own electronic records and results securely through an app.

Patient information documented in the patient care records included a full medical history, with details of any:

- existing physical and mental health conditions
- medications, and
- previous treatments.

The five staff files we reviewed showed that all appropriate pre-employment checks had been carried out. This included information on staff:

- appraisal and supervision sessions
- fitness to practice
- identity
- Protecting Vulnerable Groups (PVG) checks, and
- qualifications.

We also saw evidence in staff files and training records of completed mandatory training and additional role-specific training. Appraisals we looked at were completed, signed and dated.

We saw evidence of good standards of medicines management in line with the service's medicine management policy. Other than those used only in emergency situations, the service did not stock medicines routinely. Medicines for emergency situations were kept securely and checked regularly. If prescriptions were required, the medicines were issued electronically and the patient would collect the prescription from their local pharmacy.

Patients who responded to our online survey told us they were all satisfied with the care and treatment they received from the service. They told us they were treated with dignity and respect. Comments included:

- 'Privacy respected at all times and chaperone offered.'

Patients also told us they felt involved in decisions about their care and treatment. Comments included:

- 'Professional, patient, given plenty of time in assessment.'
- 'All well informed, kind, patient staff.'
- 'Didn't feel rushed.'
- 'Asked if I was happy with discussion.'

### **What needs to improve**

While all patient care records we reviewed had patients' GP details recorded, they did not document patients' next of kin or emergency contacts. We were told that the administration team usually sought information about patients' next of kin before the patient's consultation with the practitioner. The manager and physician lead told us this had already been identified and a process in place to add this information to the existing documentation. We were told that the service would make sure these details were included in the patient care records in future. We will follow up at future inspections.

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

## 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](mailto: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](mailto:his.contactpublicinvolvement@nhs.scot)

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
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