

Announced Inspection Report: Independent Healthcare

Service: The Dawn Practice

Service Provider: Munizco Ltd

18 November 2025

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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 25 May 2023

Recommendation

The service should develop a process of informing patients about how their feedback has been used to improve the service.

Action taken

The service had implemented a 'You said, we did' poster that was displayed in the patient waiting area to inform patients about improvements made as a result of patient feedback.

Recommendation

The service should update its complaints policy to include full contact details of Healthcare Improvement Scotland and clarify that patients can complain directly to Healthcare Improvement at any time.

Action taken

The complaints policy had been updated to include the contact details of Healthcare Improvement Scotland. The policy advised patients that they could complain directly to Healthcare Improvement at any time.

Recommendation

The service should update its infection prevention and control policy to reference current legislation and best practice guidance.

Action taken

The infection prevention and control policy had been updated to reference and include information on Healthcare Improvement Scotland's *Infection Prevention and Control Standards (2022)*.

Recommendation

The service should ensure that safeguarding policies for both vulnerable adults and children are reviewed and in line with Scottish legislation.

Action taken

The service had updated its safeguarding policy and we saw this was in line with Scottish legislation.

Recommendation

The service should expand the range of information audited as part of the clinical record keeping audit.

Action taken

The service had expanded the range of information audited as part of the clinical record-keeping audit to include consent, accuracy of documentation, timeliness and storage and security.

Recommendation

The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service.

Action taken

Whilst we saw the service had developed actions plans and made improvements as a result of patient feedback, this was not documented in the service's quality improvement plan. This recommendation is reported in Domain 5: Planning for quality (see recommendation b on page 21).

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 Dawn Practice on Tuesday 18 November 2025. This service was previously known as The Purple House Clinic. We spoke with a number of staff during the inspection. We received feedback from 22 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, The Dawn 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 and one clinical expert.

What we found and inspection grades awarded

For The Dawn Practice, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
	<p>Vision and mission statements were available on the service's website. Clear leadership and governance processes and reporting structures were in place to support staff delivering care. Development opportunities were available for staff.</p> <p>A strategic plan and key performance indicators would help the service set out key priorities and measure its performance.</p>	✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
	<p>Patient feedback was regularly sought to inform improvements in care delivery. Policies and procedures set out the way the service was delivered and supported staff to deliver person-centred care. An audit programme helped to improve the quality of care delivered. The service worked collaboratively with external stakeholders, including charity organisations and local NHS boards. A duty of candour report was published every year.</p> <p>Processes must be in place for patients to consent to obtain and share information with patients' GPs to safely prescribe medication. Quality Improvement plan should be further developed.</p>	✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
	<p>The environment was clean, tidy and welcoming. Patient care records were comprehensively completed. Thorough assessments were carried out to inform patients' future care and treatment. Patients and families spoke positively about the care received. Staff were safely recruited with ongoing professional monitoring in place.</p>	✓✓ Good

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 Munizco Ltd to take after our inspection

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

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

This inspection resulted in one requirement and two recommendations.

Direction
Requirements
None
Recommendation
<p>a The service should develop a strategic plan that sets out its key priorities for the future direction of the business. This should include clear aims and objectives, along with key performance indicators, and should be shared with staff and patients (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery

Requirement

1 The provider must implement a system to ensure that:

- (a) It has access to relevant information from the patient's primary care healthcare record before prescribing controlled drug or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.*
- (b) All relevant information about the consultations and treatment is shared with the patient's NHS GP when the consultation or episode of care is completed (see page 20).*

Timescale – by 18 February 2026

Regulation 3(a)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

b The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the 25 May 2023 inspection report for The Dawn Practice.

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](#)

Munizco Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Dawn 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

Vision and mission statements were available on the service's website. Clear leadership and governance processes and reporting structures were in place to support staff delivering care. Development opportunities were available for staff.

A strategic plan and key performance indicators would help the service set out key priorities and measure its performance.

Clear vision and purpose

The service's vision was to improve lives through 'earlier access, seamless experiences and lasting impact', providing 'ethical, evidenced-based mental healthcare.'

The service's mission statement was 'to deliver trusted, evidenced-based psychological, psychiatric and allied health care through a truly expert, multidisciplinary service.' This was available on the service's website for patients to view, along with the vision. A set of core values helped direct the service to deliver care and treatment. Some examples included:

- always improving
- clinical excellence
- ethical practice
- inclusive and neuroaffirmative
- integrity and trust, and
- person-centred care.

What needs to improve

The service had recently moved away from operating under a franchise organisation. It now provided care and treatment under its own provider registration. The clinical director told us the service was in the early stages of operating independently and its focus for the next 6 months was to stabilise the

service while establishing a clear strategic direction and developing key performance indicators (recommendation a).

- No requirements.

Recommendation a

- The service should develop a strategic plan that sets out its key priorities for the future direction of the business. This should include clear aims and objectives, along with key performance indicators, and should be shared with staff and patients.

Leadership and culture

The service had a clear leadership structure in place, 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. The service had a variety of clinical healthcare professionals with specialist knowledge and interest in working in mental health and neurodevelopment to reflect the needs of its patients. This included staff granted practicing privileges (staff not directly employed by the provider but given permission to work in the service). Staff included:

- administrative staff
- clinical psychologists
- consultant psychiatrists
- dieticians
- specialist nurses, and
- speech and language therapists and occupational therapists.

The service provided opportunities for staff development and continuous professional development. For example, two clinicians had taken on deputy roles to support the clinical director. We also saw one clinician had been given the role of clinical co-ordinator for the neurodevelopmental pathway. Since our last inspection in May 2023, a member of the administration team had been promoted to administrative team leader.

Governance systems and processes were in place to help support staff deliver care safely and make sure the service was continuously improving. This included:

- a range of staff meetings
- an audit programme
- incident and complaint reviews
- policy and procedure reviews, and
- staff and patient feedback.

Senior management team meetings were held every 3 months. From the minutes we reviewed, we saw that these meetings discussed operational, staffing, governance and learning matters. We saw information from these meetings were shared with staff, where appropriate.

Clinical governance meetings were scheduled to take place every 3 months. Minutes we reviewed showed that these meetings discussed:

- patient safety and risk management
- policies and compliance
- quality of care and outcomes
- service development, and
- workforce and staff training.

We saw actions plans had been identified where necessary and information shared with staff.

Administrative staff attended a weekly informal huddle and a 3-monthly formal staff meeting. These meetings gave staff the opportunity to raise any concerns and keep up to date with developments in the service.

Staff were supported and kept informed of updates and developments in the service. This included a 'weekly brief' with updates from the directors, clinical team and weekly staff huddle. We saw the weekly brief was also used to gather staff feedback and allowed directors to respond to any issues or suggestions raised.

Staff contracted to work were sent a newsletter every 3 months to provide updates about the service, governance procedures and any changes to practice. This helped to make sure staff were kept informed of changes or developments in the service.

The service introduced a weekly reflective de-brief session between a senior psychologist and administrative staff. This provided staff with the opportunity to reflect on and address concerns or worries that occurred through the week. We were told these sessions were implemented as a result of staff feedback.

We were told clinical staff attended conferences, training and workshops about their scope of practice. Information gained from this was shared with staff. Staff could also access external training for areas of interest, if suitable to meet the needs of the service. This helped to share learning and to keep the service up to date with best practice.

A whistleblowing policy detailed how staff could report any concerns about malpractice, wrongdoing or risks to patient safety.

- 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

Patient feedback was regularly sought to inform improvements in care delivery. Policies and procedures set out the way the service was delivered and supported staff to deliver person-centred care. An audit programme helped to improve the quality of care delivered. The service worked collaboratively with external stakeholders, including charity organisations and local NHS boards. A duty of candour report was published every year.

Processes must be in place for patients to consent to obtain and share information with patients' GPs to safely prescribed medication. Quality Improvement plan should be further developed.

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 and website. Information shared included:

- introducing staff members
- mental health advice, and
- updates about the service.

The service's website provided information on the range of treatments available and information about 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.

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:

- patient satisfaction questionnaires
- suggestion box
- verbal feedback, and
- website testimonials.

We saw evidence that patient feedback was regularly reviewed and improvements made as a result. 'You said, we did' posters were displayed in the service to inform patients of improvements made as a result of their feedback. For example, the service had included new books, toys and colouring pens for children after patient feedback.

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:

- 'Every step involved discussions, asking/answering questions and weighing up best options for our child based on their individual needs.'
- 'Every decision regarding treatment... was always on my terms...what I felt comfortable with...genuine care.'
- 'It's always collaborative.'
- '... clearly communicated throughout.'

The service actively engaged and worked collaboratively with external stakeholders. For example, the service had secured service level agreements for providing neurodevelopmental assessments in two local NHS boards. A monthly meeting was held with the NHS boards to provide feedback.

The service also engaged with a range of charity organisations and had recently provided in-depth training to a local music festival and event organiser. It provided training and consultation on supporting neurodivergent attendees, including sensory-based approaches. We were told the clinical director or deputies met with organisations to gather and provide feedback.

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

- a range of staff meetings, including one-to-one meetings
- anonymous feedback
- staff surveys, and
- weekly updates.

We saw that staff feedback was regularly reviewed and used to consider developments in the service. For example, the development of a neurodevelopment pathway.

- 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 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 included information on how to make a complaint and details of how to contact Healthcare Improvement Scotland. We saw evidence that complaints were well managed, including discussing complaints and lessons learned at management meetings. Relevant information was disseminated to staff and used to improve the service, where appropriate.

Consultations were recorded on paper and electronic devices. We found all patient care records were stored securely in lockable filing cabinets or on password-protected electronic devices. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

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. 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
- prescribing, and
- safeguarding (public protection).

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.

Patients and their carers were asked to complete pre-assessment information and questionnaires. If appropriate, this included asking for consent to share information from their GP or other health professionals and their school with the service. This 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.

The service had a clinical risk assessment policy in place, which helped to support staff to manage clinical risk for patients accessing treatment from the service. Risk assessments focused on:

- history of risk behaviours
- protective factors and support systems
- risk to self and others
- safeguarding, and
- substance misuse.

Assessment consultations were carried out using a range of validated screening tools. These tools helped assess the patient's medical and psychosocial history (mental, emotional, environmental and cultural factors that can influence an individual's wellbeing and behaviour) to determine therapeutic interventions and diagnosis if appropriate.

Patients were provided with treatment options, including:

- medication
- occupational therapy
- psychological therapy, and
- speech and language therapy.

Patients were provided with additional information when medications were being considered as a treatment option. We were told patients were given time to consider options to help them make an informed decision about their treatment.

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.

Policies and procedures were in place for recruitment, induction and for staff (including those granted practising privileges). This helped to make sure that suitably qualified staff were recruited. We saw that the appropriate level of Disclosure Scotland background checks were carried out to make sure staff were safe to work in the service.

An induction process was in place for all new staff recruited into the service, including staff working under practising privileges. Mandatory training included fire safety, safeguarding (public protection) and basic life support.

Employees received an induction, regular supervision and yearly appraisal. We were told clinicians contracted to work under practising privileges agreements were responsible for arranging and carrying out their own clinical supervision. Staff working under practising privileges who continued to work with the NHS were asked to provide evidence of their continued professional development, supervision and appraisal and professional registration.

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.

What needs to improve

During our inspection, we noted that the service did not routinely request GP summaries of patients' medical records before prescribing controlled drugs. The

General Medical Council (GMC)'s guidance *Good practice in prescribing and managing medicines and devices (2021)* states:

- 'If you don't have access to relevant information from the patient's medical records you must not prescribe controlled drugs or medicines that are liable to abuse, overuse or when there is a risk of addiction and monitoring is important' (requirement 1).

Requirement 1 – Timescale: by 18 February 2026

- The provider must implement a system to ensure that:
 - (a) *It has relevant information from the patient's primary care healthcare record before prescribing controlled drugs or medicines that are liable to abuse, overuse or misuse, or when there is a risk of addiction.*
 - (b) *All relevant information about the consultations and treatments is shared with the patient's NHS GP when the consultation or episode of care is completed.*
- 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 register, and
- 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 and covered organisational risks, as well as detailing the actions taken to mitigate or reduce the identified risks.

A process was in place for managing incidents and accidents, which was easily accessible for all staff. We noted that incidents were appropriately managed with lessons learned shared with staff where appropriate.

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 programme of clinical and non-clinical audits helped to deliver consistent, safe care for patients and identify areas of improvement. For example, audits were carried out on:

- health and safety
- infection control
- patient care records, and
- staff training.

These audits were documented and reviewed with action plans developed where necessary. We saw results were shared with staff and information from these audits were used to inform the service's quality improvement plan. For example, making sure patients' histories were recorded consistently in the patient care record.

Quality improvement is a structured approach to evaluating performance, identifying areas of improvement and taking corrective actions. The service's quality improvement plan identified areas of improvement with documented action plans and named staff responsible for carrying out these actions.

Examples of improvements included:

- development of key performance indicators
- improvements to the service website to make information accessible to all patient groups, and
- staff training.

What needs to improve

As we found in our previous inspection of the service in May 2023, the service's quality improvement plan should be further developed to include outcomes from patient feedback and complaints. This would demonstrate how patient feedback and complaints are used to drive and inform improvements in the service (recommendation b).

Recommendation b

- The service should further develop its quality improvement plan to include outcomes from patient feedback and complaints to help inform improvements in the service.

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 environment was clean, tidy and welcoming. Patient care records were comprehensively completed. Thorough assessments were carried out to inform patients' future care and treatment. Patients and families spoke positively about the care received. 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 satisfactory self-evaluation.

The environment was clean and tidy. 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. Cleaning schedules had been completed to evidence that appropriate cleaning was carried out.

The clinical director showed compassion and we saw a high standard of care was provided, including specialist knowledge and expertise in mental health and neurodevelopment disorders.

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

- 'Our child is always given his dignity throughout sessions.'
- 'Very caring and compassionate...very patient with our son.'
- 'All staff were knowledgeable and clearly experienced.'

We reviewed five patient care records and saw a comprehensive record was made for each. All entries were legible, signed and dated by the practitioner. We saw patients were asked for their GP and next of kin details and consent to share information with their GP, other health professionals and schools where appropriate.

Assessment protocols were in place for patients attending the service for neurodevelopmental disorders, such as ADHD and autism. This helped to make sure the service followed National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

We saw thorough and comprehensive documentation, such as patient reports and communication with the patient's GP and other health professionals involved in their care. We saw evidence that patients had been involved in making decisions about their treatment.

We reviewed four staff files, including two for staff granted practising privileges. We saw appropriate checks and ongoing professional monitoring was carried out for employed staff and healthcare professionals appointed under practising privileges. This included:

- Disclosure Scotland background checks
- professional qualifications
- references, and
- registration with an appropriate professional register, such as the GMC.
 - 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](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

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

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot