



Healthcare
Improvement
Scotland

Inspections
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To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Truly Dental, Glasgow
(previously known as 3 Step Smiles)

Service Provider: EDG Restore Limited

3 February 2026

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Healthcare Improvement Scotland Announced Inspection Report
Truly Dental Glasgow (previously known as 3 Step Smiles), EDG Restore Limited:
3 February 2026

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 3 March 2022

Requirement

The provider must reduce the number of cables on the work surfaces and ensure sharps bins are not placed on the floor but wall mounted above work surface height or on the work surface if space allows.

Action taken

The surgery equipment had been reorganised to reduce the number of cables lying on the work surface. This meant these surfaces could now be more easily cleaned. Sharps bins were now also located on the work surface rather than on the floor. **This requirement is met.**

Requirement

The provider must register with the Medicines and Healthcare products Regulatory Agency (MHRA).

Action taken

We saw evidence that the service manager had been advised by the Medicines and Healthcare products Regulatory Agency (MHRA) that the service did not need to register with them. **This requirement is no longer applicable.**

Requirement

The provider must ensure that all staff employed or engaged to work in the service have appropriate health checks carried out and an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.

Action taken

We reviewed records for all staff members and noted that appropriate background and health clearance checks had now been carried out. A system had been put in place to regularly check these to ensure staff remained safe to work in the service. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 3 March 2022

Recommendation

The service should develop and implement a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Action taken

We saw evidence of audits being completed, including infection prevention and control, hand hygiene and radiograph quality audits. However, this should be extended to include more clinical and non-clinical audits, including patient care record audits. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation g on page 19).

Recommendation

The service should develop an adverse event policy and provide training to staff on dealing with near misses and adverse events.

Action taken

An adverse event policy had now been implemented and training for staff had been carried out.

Recommendation

The service should provide training on duty of candour or provide information to staff on where to access training, such as online modules.

Action taken

This had not yet been actioned. This recommendation is reported in Domain 4 (Quality improvement) (see recommendation d on page 17).

Recommendation

The service should develop and implement a quality improvement plan.

Action taken

A quality improvement plan had now been implemented with key strategic priorities highlighted.

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 3 Step Smiles on Tuesday 3 February 2026. We spoke with four members of staff during the inspection. We received feedback from 10 patients through an online survey we had asked the service to issue to its patients for us before the inspection. Since this inspection, and before this inspection report published, the service changed its name to Truly Dental Glasgow. However, we will refer to 3 Step Smiles for this report.

Based in Glasgow, 3 Step Smiles is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For 3 Step Smiles, 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>Key performance indicators were being used to measure how well the service was performing, and these were aligned to the service's operational plan.</p> <p>The service's website should be updated to reflect the service's current mission. Regular, formalised staff meetings should be held using a standardised agenda template.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patient feedback was actively encouraged. Key policies and procedures were in place to make sure treatment was delivered safely. Staff development was encouraged. A quality improvement plan linked to the service's key performance indicators helped to ensure patient care and treatment was regularly reviewed.</p> <p>An annual duty of candour report must be published and staff should have training in the principles of duty of candour. An effective process must be in place for carrying out checks of all stock and medical emergency equipment. Staff must follow national guidance for decontaminating dental instruments to reduce the risk of sharps injuries. Patients should be informed of the results of their feedback. The service's audit programme should continue to be developed to include key aspects of care and treatment.</p>	✓ Satisfactory	
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The service was provided from a clean and comfortable environment. Staff had been recruited safely. Patients spoke positively about their experience of using the service.</p> <p>The standard of record keeping in patient care records must be improved. Although appropriate infection prevention and control practices were in place, some areas require to be decluttered and expired dental materials disposed of.</p>	✓ Satisfactory	

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

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

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

What action we expect EDG Restore 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 four requirements and nine recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should update its website to ensure that information about the service’s current mission is available to patients (see page 13). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Direction (continued)

Recommendations

- b** The service should ensure team meetings take place on a regular basis and formalise these with an agenda and record of discussions and decisions reached, with actions to be taken forward shared appropriately with the team (see page 13).

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

Implementation and delivery

Requirements

- 1** The provider must produce and publish an annual duty of candour report each year and make this available to patients (see page 17).

Timescale – immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

- 2** The provider must follow national guidance for the decontamination of dental instruments in a local decontamination unit (see page 17).

Timescale – immediate

Regulation 3(d)(ii)

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

- 3** The provider must ensure an effective process is in place for carrying out checks of all stock and medical emergency equipment to make sure all items are always in date and available for use (see page 17).

Timescale – immediate

Regulation 13(2)(a)

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

Implementation and delivery (continued)

Recommendations

- c** The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback (see page 15).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8
- d** The service should ensure that all clinical staff are trained in the duty of candour principles (see page 17).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4
- This was previously identified as a recommendation in the March 2022 inspection report for 3 Step Smiles.
- e** The service should make formal arrangements with an occupational health service for staff to use as needed, such as for immunisations and blood tests (see page 18).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
- f** The service should update its safeguarding policy to reflect Scottish legislation. Local authority and police contact details should be available in the event of a safeguarding (public protection) concern (see page 18).
- Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
- g** The service should continue to develop an audit programme to include key aspects of care and treatment, including patient care record audits. Audits should be documented and improvement action plans implemented (see page 19).
- 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 March 2022 and September/October 2020 inspection reports for 3 Step Smiles.

Implementation and delivery (continued)	
Recommendations	
h	<p>The service should share outcomes from quality improvement activities with staff and ensure any relevant learning is actioned (see page 19).</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>

Results	
Requirement	
4	<p>The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images (see page 21).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
i	<p>The service should declutter all clinical areas and ensure drawers and cabinets are well organised, including removing any expired or out-of-use materials (see page 21).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.24</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](#)

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

We would like to thank all staff at 3 Step Smiles 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

Key performance indicators were being used to measure how well the service was performing, and these were aligned to the service's operational plan.

The service's website should be updated to reflect the service's current mission. Regular, formalised staff meetings should be held using a standardised agenda template.

Clear vision and purpose

The service provided dental treatments, including implants. Patients could be referred by their own dentist or could refer themselves to the service.

The service's current mission was 'to provide patient-centred dental care in a welcoming and safe environment, where quality, trust, and continuous improvement are at the core of everything we do'.

Several key performance indicators had been identified to monitor and measure the quality and effectiveness of the service. These included workflow compliance, infection control, patient feedback and incidents/near misses.

A strategic and operational plan, which also acted as the service's quality improvement plan, identified four strategic priorities for the service. These were:

- safe care
- quality and patient experience
- team and governance, and
- continuous improvement.

These priorities were aligned with the key performance indicators, and we were told they had been recently reviewed with staff input to ensure they reflected the evolving goals of the service and patient needs.

What needs to improve

Although the service had updated its mission, this had not been updated on its website (recommendation a).

- No requirements.

Recommendation a

- The service should update its website to ensure that information about the service's current mission is available to patients.

Leadership and culture

The service was staffed by a small team of dentists, dental nurses, a patient co-ordinator and a receptionist. The lead clinician was also the registered service manager with Healthcare Improvement Scotland.

The lead clinician took most of the responsibility for the governance and day-to-day running of the service. Staff meetings were held and minutes documented, including any actions to be taken forward where appropriate. The strategic priorities were discussed at meetings with relevant information informally shared with staff, for example through internal messaging forums.

Staff told us they felt supported and that they could easily discuss any issues with the lead clinician, if needed. The service had a clear team structure, and staff were aware of their own and other team members' roles and responsibilities. Leadership was visible and supportive.

What needs to improve

Staff meetings were not held on a regular basis, and there was no set agenda or core discussion items. We also noted that, as the minutes were handwritten by the lead clinician, they were the only staff member with a record of the meeting and they took most of the responsibility for taking forward any actions. Having formalised and minuted meetings, with operational standing agenda items, such as staffing, quality improvement activity, risk, and health and safety would ensure that key areas are monitored regularly. Sharing minutes with staff and delegating responsibilities to the team for taking forward any actions, as appropriate, would also encourage shared accountability (recommendation b).

- No requirements.

Recommendation b

- The service should ensure team meetings take place on a regular basis and formalise these with an agenda and record of discussions and decisions reached, with actions to be taken forward shared appropriately with the team.

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 actively encouraged. Key policies and procedures were in place to make sure treatment was delivered safely. Staff development was encouraged. A quality improvement plan linked to the service's key performance indicators helped to ensure patient care and treatment was regularly reviewed.

An annual duty of candour report must be published and staff should have training in the principles of duty of candour. An effective process must be in place for carrying out checks of all stock and medical emergency equipment. Staff must follow national guidance for decontaminating dental instruments to reduce the risk of sharps injuries. Patients should be informed of the results of their feedback. The service's audit programme should continue to be developed to include key aspects of care and treatment.

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

Information about the treatments and care delivered by the service was available on the service's website. This included information on fees which was also available in the reception area.

A patient participation policy and process detailed how feedback from patients was gathered and used to make improvements to the way the service was delivered. Patients were asked to provide feedback using a form available in the reception area. They were also sent an automated message seeking feedback on two specific questions. Patients could also use an online site to post comments or email the practice directly. Any comments or feedback received was reviewed by the patient co-ordinator and discussed verbally with the team.

An example of an improvement made as a result of patient feedback was the introduction a patient appointment reminder the day before patients' treatment. A patient recall system had also been implemented to schedule and remind patients of their follow-up appointments.

What needs to improve

There was no evidence that results of patient feedback, such as changes or improvements made to the service, was shared with patients (recommendation c).

- No requirements.

Recommendation c

- The service should ensure that patients are kept informed of any changes made to the service as a result of their feedback.

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 lead clinician was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

Key relevant policies were in place that were in line with appropriate legislation and guidance, and we saw evidence that all staff had signed to indicate that they had read and understood them.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong.

The service's complaints policy was available in the service. This included contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Information on how to make a complaint was also available on the service's website for patients to access. No complaints had been received by Healthcare Improvement Scotland since the service was registered with us in July 2019. We saw that complaints received directly by the service had been dealt with appropriately and in line with the service's policy.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfectant and autoclave used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination room. During the inspection, a staff member demonstrated how the team processed instruments. We saw evidence that regular appropriate testing of decontamination equipment had been undertaken.

Each treatment room had an intraoral X-ray machine (used for taking X-rays inside patients' mouths). The X-ray equipment was digital, and all X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system. We saw that the radiation protection file was up to date. The service also had a dedicated room with a 3D X-ray machine that took life-like radiographic images of patients' teeth.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure staff could quickly support patients in the event of a medical emergency. This included evidence that staff were up to date with medical emergency training.

Patient care records were kept in electronic format on the service's practice management software system. A suitable back-up system was in place in case of system failure. Access to the practice management software system and patient care records was password protected, and 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.

We saw certification to show that the fixed electrical installation was being maintained in satisfactory condition with a planned date for the next electrical installation condition report check. A system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed, and we saw evidence to show that the fire safety equipment was being maintained. An appropriate water management system was in place to manage the risks from legionella (water-borne bacteria).

A recruitment policy and a staff induction procedure were in place. Ongoing training was provided through an online system for which staff had personal logins to access. The lead clinician carried out annual checks for professional registration and indemnity insurance renewal dates to ensure staff remained safe to work in the service. Staff development was encouraged, including staff appraisals carried out annually, as well as informal discussions held throughout the year. We noted that one of the dental nurses was currently training to take on additional practice management duties.

What needs to improve

Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure. Duty of candour reports were not being produced and published (requirement 1).

Staff were manually cleaning dental instruments without wearing the correct personal protective equipment (eye protection, aprons, gloves) before these instruments were processed in the washer disinfectant. Manual cleaning of used dental instruments before processing in a washer disinfectant is not routinely required. There is also a bloodborne virus exposure risk for staff if a sharps injury were to occur (requirement 2).

Although stock checks were being carried out, we found that the defibrillator pad was significantly out of date. A spare defibrillator pad must also be available at all times (requirement 3).

Staff had not undertaken training in duty of candour principles (recommendation d).

We saw no evidence of an occupational health contract between the service and an external occupational health provider. This is needed to provide staff with support for sharps injuries, health clearance and immunisations (recommendation e).

The safeguarding policy referred to English rather than Scottish legislation, and did not contain details of the local safeguarding contact where staff should report any safeguarding (public protection) concerns (recommendation f).

Requirement 1 – Timescale: immediate

- The provider must produce and publish an annual duty of candour report each year and make this available to patients.

Requirement 2 – Timescale: immediate

- The provider must follow national guidance for the decontamination of dental instruments in a local decontamination unit.

Requirement 3 – Timescale: immediate

- The provider must ensure an effective process is in place for carrying out checks of all stock and medical emergency equipment to make sure all items are always in date and available for use.

Recommendation d

- The service should ensure that all clinical staff are trained in the duty of candour principles.

Recommendation e

- The service should make formal arrangements with an occupational health service for staff to use as needed, such as for immunisations and blood tests.

Recommendation f

- The service should update its safeguarding policy to reflect Scottish legislation. Local authority and police contact details should be available in the event of a safeguarding (public protection) concern.

Planning for quality

A risk register was in place and was reviewed regularly. We also saw several risk assessments had been carried out, including radiation, legionella and fire risk assessments.

A business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

We saw evidence of audits being carried out, including infection prevention and control, hand hygiene and radiograph quality. Actions from these audits were linked to the service's key performance indicators.

The service's quality improvement plan contained performance against the key performance indicators with actions to be taken against identified timescales. The plan also included improvements made to the service as a result of patient and staff feedback, results from audits, changes to best practice and risk assessments.

What needs to improve

While some audits had been carried out, there was no set frequency identified in a formal audit programme, and audits of some key aspects of care and treatment were not being undertaken. For example, audits of patient care record audits should be carried out to ensure they are being fully and accurately completed (recommendation g).

We saw no evidence that quality improvement outcomes and associated learning, such as from audits, was being shared with staff (recommendation h).

- No requirements.

Recommendation g

- The service should continue to develop an audit programme to include key aspects of care and treatment, including patient care record audits. Audits should be documented and improvement action plans implemented.

Recommendation h

- The service should share outcomes from quality improvement activities with staff and ensure any relevant learning is actioned.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The service was provided from a clean and comfortable environment. Staff had been recruited safely. Patients spoke positively about their experience of using the service.

The standard of record keeping in patient care records must be improved. Although appropriate infection prevention and control practices were in place, some areas require to be decluttered and expired dental materials disposed of.

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 service was delivered from premises that provided a safe environment for patient care and treatment. The fabric and finish of the building was very good. We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

We reviewed all staff files, and found that these showed that the appropriate background and health clearance checks had been carried out. They also showed that staff had been safely recruited and inducted into the service.

We reviewed six electronic patient care records stored on the practice management software system. We found that the majority were of a good standard with details of patient assessment, treatment completed, consent and cost estimates in place.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment they were treated in.

Comments included:

- ‘The practice feels very clean and modern.’
- ‘Excellent facilities.’

They also told us the service was professional and well-organised.

- ‘Fully trusted my dentist’s expertise. I have had multiple visits over the years and have found them extremely professional and helpful.’
- ‘Very professional, very well organised. Great team.’
- ‘I feel very confident I am in the right place, and would not go anywhere else for treatment... .’

What needs to improve

We found that the patient care records were of varied quality and not all had been fully completed. For example, one patient care record had no notes or findings recorded from an appointment where a restoration (routine filling) was carried out. All patient records must include details of treatment carried out in addition to medicines administered, any aftercare advice and reporting of X-ray images (requirement 4).

At the time of our inspection, we found that some clinical surfaces, drawers and cabinets were cluttered with both expired materials and those that were no longer being used, such as materials used for dental impressions (recommendation i).

Requirement 4 – Timescale: immediate

- The provider must improve the standard of record keeping to ensure all patient care records contain appropriate details about patient assessment, treatment, medicines administered, aftercare advice and reporting of X-ray images.

Recommendation i

- The service should declutter all clinical areas and ensure drawers and cabinets are well organised, including removing any expired or out-of-use materials.

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.



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

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

Complaints

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

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihcregulation@nhs.scot

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