Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Nadcell Mindcare Limited, Glasgow

Service Provider: Nadcell Mindcare Ltd

16 September 2026

NHS SCOTLAND

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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 23 September 2025

Requirement

The provider must ensure that instructions for the administration of vitamins, minerals and prescription-only medications are written in English.

Action taken

The provider had changed its medicines supplier and made sure that instructions on all products bought were written in English. **This requirement is met**.

Requirement

The provider must ensure an annual gas safety check is carried out on the gas boiler and system.

Action taken

We saw that a yearly gas safety check had been carried out recently. The check deemed the gas system as safe. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 23 September 2025

Recommendation

The service should implement a process to monitor and evaluate whether its aims and objectives are being achieved. The results should be shared with staff and patients.

Action taken

We did not see evidence that the service was evaluating whether its aims and objectives were being achieved. This recommendation is reported in Domain 1: Clear vision and purpose (see recommendation b on page 15).

Recommendation

The service should ensure that relevant information is shared with all staff working in the service, such as minutes of meetings, outcomes from audits and patient feedback.

Action taken

Other than the registered manager (practitioner), only one other person worked in the service. We were told that they had access to minutes of meetings, audits and patient feedback. However, a formal process of sharing information to evidence this was not in place. This recommendation is reported in Domain 2: Leadership and culture (see recommendation c on page 17).

Recommendation

The service should develop a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Action taken

The service had developed a contingency and business continuity policy that set out the arrangements for patients in the event of temporary or permanent closure of the clinic.

Recommendation

The service should ensure that patient care records contain appropriate information detailing the assessment carried out by the practitioner and the aftercare provided.

Action taken

After reviewing its patient care records, the service had taken steps to document information gathered during the assessment, providing the rationale for treatment options. It was documented that the patient received a patient information leaflet following treatment, which detailed what to expect and potential side effects. A follow-up review timescale was also documented in patient care records.

Recommendation

The service should ensure that a new medical questionnaire and consent form is completed for each treatment episode.

Action taken

Consent forms were signed on the initial treatment forms. However, consent forms were not documented for each following treatment. We also saw no clear evidence that a review of medical conditions took place at each follow-up session. This recommendation is reported in Domain 7: Results (see recommendation h on page 26).

What the provider had done to meet the requirement carried forward from our March 2024 inspection

Requirement

The provider must follow national weight management guidance and the practitioner must clearly document the following in the patient care record:

a) the rationale for prescribing outwith national guidelines in respect of the patient's BMI
b) the rationale for prescribing a centrally acting appetite suppressant for those patients in which it is contraindicated
c) treatment plans, including follow up and monitoring
d) a record of the written information provided to the patient, including dietary, physical and lifestyle advice, and
e) next of kin and patient's GP.

Action taken

We reviewed the patient care records of patients who had received treatment for weight loss management. We saw that relevant information was documented in the patient care records, including:

- discussions around current weight, dietary and lifestyle discussion, as well as non-pharmacological advice
- the patient's NHS GP and next of kin
- the rationale for prescribing appetite-supressing medication, which was within national guidelines
- treatment plans and the review of the plans at each follow-up appointment, with a body composition analysis report completed at each follow-up appointment. **This requirement is met**.

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 Nadcell Mindcare Limited on Wednesday 16 September 2026. We spoke with the registered manager of the service and their contracted healthcare consultant. We received feedback from four patients through an online survey we had asked the service to issue for us during the inspection.

Based in Glasgow, Nadcell Mindcare Limited is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Nadcell Mindcare Limited, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
Support processes were in place to help the service with clinical governance. The professional registration status of staff must be accurately stated. Further developing the service's key performance indicators would help its evaluation against its aims and objectives. The vision and purpose statement should be shared with patients.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Policies and procedures set out the way the service delivered safe care, including a range of policies related to the protection of patients' and staff wellbeing. An audit programme, quality improvement plan and a system for gathering and reviewing patient feedback helped the service to improve and help to ensure the safe delivery and quality of the service. Development of clinical risk assessments would also help safe delivery of care. Displaying or publishing the complaints process would make it accessible to patients.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment was clean and well maintained, with appropriate infection prevention and control practices in place. Patients were complimentary about the clinic environment. Confirming patient consent before each episode of care would help make sure that informed consent is maintained throughout the course of treatment. Documenting the aftercare advice would evidence that the discussion had taken place.	✓ 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:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Nadcell Mindcare 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 nine recommendations.

Direction	
Requirement	
1	The provider must ensure that individuals who are not registered with the General Medical Council (GMC) are not described, advertised, or represented as doctors in any patient-facing or promotional materials, including the service's website, social media platforms, and other marketing communications (see page 16). Timescale – immediate *Regulation 2* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
a	The service should share its vision and purpose statement with patients (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Direction (continued)	
Recommendations	
b	The service should implement a process to monitor and evaluate whether its aims and objectives are being achieved. The results should be shared with staff and patients (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a requirement in the 23 September 2025 inspection report for Nadcell Mindcare Limited.
c	The service should ensure that a process is implemented to evidence that relevant information is shared with all staff working in the service, such as minutes of meetings, outcomes from audits and patient feedback (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a requirement in the September 2025 inspection report for Nadcell Mindcare Limited.

Implementation and delivery	
Requirements	
	None
Recommendations	
d	The service should ensure that patients are fully aware of costs of treatment plans (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
e	The service should ensure that its website is kept up to date and relevant to how the service is delivered and aligned to the registration conditions on the service's registration certificate (see page 22). 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	
Recommendations	
f	The service should ensure that its complaints process is easily available to patients (see page 22). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20
g	The service should expand the range of risk assessments carried out to ensure all clinical risks to patients and staff have been identified and are being managed (see page 24). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

Results	
Requirements	
	None
Recommendations	
h	The service should ensure that a new medical questionnaire and consent for is completed for each treatment episode (see page 26). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 This was previously identified as a requirement in the September 2025 inspection report for Nadcell Mindcare Limited.
i	The service should ensure that a summary of the aftercare advice given is recorded in the patient care record (see page 26). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Nadcell Mindcare 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 Nadcell Mindcare Limited for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

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

Our findings

Support processes were in place to help the service with clinical governance. The professional registration status of staff must be accurately stated. Further developing the service's key performance indicators would help its evaluation against its aims and objectives. The vision and purpose statement should be shared with patients.

Clear vision and purpose

The service's vision was to help its patients achieve 'optimal health and wellbeing'. To do this, its registered healthcare professionals used 'intravenous (IV) therapies and evidence-based medically assisted weight loss management programmes.'

The service had a business case and clinic expansion plan in place for the next 2 years, 2026–2028. This plan outlined the service's strategic vision of developing the clinic into a 'multidisciplinary health and wellbeing centre.'

The manager and an external healthcare consultant had developed aims and objectives for the service. Some examples of the service's aims included:

- building lasting 'patient empowerment'
- embedding safety and quality assurance
- encouraging the holistic wellbeing of its patients, and
- providing nutritional IV therapy.

The service's objectives included:

- implementing patient feedback mechanisms for the continuous quality improvement of the service
- making sure registered clinicians and the regulated service work in line with regulatory requirements
- providing patient-centred and tailored care, and
- sharing knowledge and tools for lifelong wellness with its patients.

What needs to improve

While the service's vision and purpose had been developed, these had not been shared with its patients (recommendation a).

We saw documents that showed the service's key performance indicators (KPIs) focused mostly on patient satisfaction and experience. A 'continuous quality improvement report' also evaluated the service's performance against its strategic vision, assessing its:

- effectiveness
- future development
- governance
- patient experience
- quality, and
- safety.

However, these documents were not in line with the service's stated aims and objectives. This meant that the service did not fully or clearly evidence that its performance was evaluated against achieving its aims and objectives (recommendation b).

- No requirements.

Recommendation a

- The service should share its vision and purpose statement with patients.

Recommendation b

- The service should implement a process to monitor and evaluate whether its aims and objectives are being achieved. The results should be shared with staff and patients.

Leadership and culture

The manager (who was also a registered doctor) always provided visible leadership in the service. One member of staff trained in phlebotomy (taking bloods) worked under a contractual agreement to carry out cannulations for IV treatments, such as vitamin therapy.

The manager had a contractual agreement in place with an external healthcare consultant who provided clinical governance support to the service. The manager and the healthcare consultant held 3-monthly clinical governance meetings. We saw that minutes of the meetings included discussions on topics, such as:

- clinical outcomes
- governance and training
- medicines management
- patient satisfaction, and
- policies.

What needs to improve

At the time of our inspection, the contracted staff member was advertised on the service's website and social media platforms as a doctor at the time of our inspection. This would reasonably lead patients to believe that they would be receiving treatment from a doctor registered to practise in the United Kingdom. The individual had qualified as a doctor in another country. However, they were not registered with the General Medical Council (GMC) and therefore not authorised to practise or represent themselves as a doctor in the UK. Patients must be made fully aware of a practitioner's qualifications, registration status and scope of practice when making informed decisions about their care (requirement 1).

We were told that the staff member could access meeting minutes, audit results and patient feedback. We were also told that the clinic’s performance and outcomes were consistently discussed with the member of staff. However, the service did not have a formal process in place that evidenced sharing this information (recommendation c).

Requirement 1 – Timescale: immediate

- The provider must ensure that individuals who are not registered with the General Medical Council (GMC) are not described, advertised, or represented as doctors in any patient-facing or promotional materials, including the service's website, social media platforms, and other marketing communications.

Recommendation c

- The service should ensure that a process is implemented to evidence that relevant information is shared with all staff working in the service, such as minutes of meetings, outcomes from audits and patient feedback.

Key Focus Area: Implementation and delivery

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

Our findings

Policies and procedures set out the way the service delivered safe care, including a range of policies related to the protection of patients' and staff wellbeing. An audit programme, quality improvement plan and a system for gathering and reviewing patient feedback helped the service to improve and help to ensure the safe delivery and quality of the service. Development of clinical risk assessments would also help safe delivery of care. Displaying or publishing the complaints process would make it accessible to patients.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patient information leaflets available in the service detailed the treatments provided. Informative posts and blogs were also shared on the service's website and social media accounts.

We saw that the service had recently carried out a patient feedback quality improvement review, which analysed reviews received from an online review platform. The report stated that while a QR code linked to a structured questionnaire had been displayed in the service, patients did not use it. However, 70 online reviews had been received with a high rate of satisfaction. Potential areas for improvement had been identified and plans for improvement put in place for areas, such as:

- investigating ways to capture structured feedback, and
- strengthening follow-up processes.

Some actions had been carried out to address the feedback received. These actions had been shared with patients in a 'How your feedback helps us improve our service' poster.

What needs to improve

The service's 'Patient Feedback Quality Improvement Review' document identified that transparency around treatment plans and costs was an area for improvement. During our inspection, we were told that the prices of treatments

were published on the service's website. Not all treatments had prices displayed on the website (recommendation d).

- No requirements.

Recommendation d

- The service should ensure that patients are fully aware of costs of treatment plans.

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 that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. Since its registration with Healthcare Improvement Scotland in October 2022, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies were in place to deliver safe, person-centred care. A rolling programme of policy updates set out that the high-risk subject matter policies were updated first. Staff could access policies and clinical standard operating procedures that detailed how procedures and processes should be carried out to maintain patient safety.

A variety of policies were in place for the protection of patient and staff wellbeing. A safeguarding policy described the actions staff should take in case of an adult protection concern. A whistleblowing policy detailed how staff could raise concerns about patient safety or practice in the service.

A medicines management policy and protocols detailed how the service made sure medicines were managed safely and effectively. As the registered manager and only prescriber, the doctor was always in the clinic when patients were present. This is important in case an emergency medicine would need to be prescribed. Medicines were ordered and stored appropriately. The temperature of the pharmacy fridge was monitored and documented to make sure medicines were stored at the appropriate temperature. The service was registered to receive Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts. These alert healthcare providers of potential issues with medicines and medical devices that may pose a risk to patient health, safety and welfare.

A management of emergencies policy was in place. Emergency medicines and equipment, such as an anaphylaxis (severe allergic reaction) kit and defibrillator were easily accessible. A defibrillator is a device that gives a high energy shock to the heart of someone who is in cardiac arrest to correct life-threatening irregular heart rhythms. A first aid kit was also in place.

An infection prevention and control policy described the precautions in place to prevent patient and staff from being harmed from avoidable infections. These precautions included:

- hand hygiene practice
- the management of sharps and clinical waste, and
- the use of personal protective equipment (such as disposable aprons, gloves and face masks).

Hand hygiene instructional posters were displayed at the clinical hand wash basins. Appropriate products were used to clean equipment and the environment. A cleaning schedule detailed the required cleaning tasks.

The service is permitted, under the conditions of its Healthcare Improvement Scotland registration to offer laser treatments. However, the laser equipment was not in the service during our inspection as it had malfunctioned and had not been replaced. The service told us no patients had attended for laser treatments. However, appropriate documentation for safe use of the equipment, if replaced, was in place and in date. Staff involved in the laser treatments had completed appropriate laser safety training.

A yearly fire risk assessment had been carried out, we saw fire safety signage displayed and fire safety equipment was regularly checked. A safety certificate was in place for the gas boiler and fixed electrical wiring. We saw evidence that the portable electrical equipment had been tested.

An accident and incident reporting logbook was in place. We were told no accidents or incidents had taken place since the service's registration with Healthcare Improvement Scotland.

We were told that the service had received no complaints and Healthcare Improvement Scotland had also not received any complaints about the service since registration in October 2022. A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A yearly duty of candour report was published on the service's website and displayed in the clinic.

The service used an electronic system for bookings and sending out consent forms through email and it had also used paper records for care documentation after some system issues. Paper format patient care records were stored in a lockable metal filing cabinet. We were advised that the service was obtaining a license for an alternative electronic system to capture all documentation electronically.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. Policies were in place to help make sure patient information was appropriately managed in the service.

All patients who responded to our online survey told us they had received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- 'Everything about the procedure was explained well.'
- 'The doctor answered my questions and involved me in choosing the most appropriate treatment.'
- 'The doctor gave me enough time to make an informed decision without feeling pressured.'

Policies were in place that detailed how recruitment and staffing would be safely managed. Staff had received an appropriate level of Disclosure Scotland background check to make sure they were safe to work in the service.

We saw a list of mandatory staff training that the staff had completed. Training topics included:

- adult support and protection
- consent and capacity
- duty of candour
- emergency procedures and life support, and
- infection prevention and control.

Patients told us in our online survey that they had confidence in the service and staff. Comments included:

- ‘The staff were highly knowledgeable, professional and skilled.’
- ‘The whole staff was very knowledgeable and professional.’

What needs to improve

At the time of our inspection, the service’s website included some diagnoses and treatments that the service is not permitted to carry out under the conditions of its Healthcare Improvement Scotland registration. We were told that they were errors on the part of the website designers (recommendation e).

The service had a complaints policy in place. However, it was not displayed in the clinic or on the service’s website to make it accessible to patients (recommendation f).

- No requirements.

Recommendation e

- The service should ensure that its website is kept up to date and relevant to how the service is delivered and aligned to the registration conditions on the service’s registration certificate.

Recommendation f

- The service should ensure that its complaints process is easily available to patients.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the service or cancellation of appointments, such as flooding or sickness. This helped to make sure patients could continue their treatment plans.

Appropriate insurances were in-date, such as for medical malpractice, as well as public and products liability.

A yearly audit programme was in place which detailed the type and frequency of each audit. Audits covered areas, including:

- medicines management
- patient care records
- staff training, and
- the environment (fire safety, infection prevention and control, cleanliness).

The service manager and healthcare consultant carried out audits. Audit results were discussed at the 3-monthly clinical governance meetings and were available for the staff member to view. We saw that where non-compliance had been recorded, an action was completed.

Quality improvement is a structured approach to evaluating performance, identifying areas for development and implementing actions to enhance service quality and outcomes. The service had carried out a 'Patient Feedback Quality Improvement Review' report, which was developed from the findings of patient feedback. This feedback had identified opportunities for improvement.

An 'Annual Continuous Quality Improvement Report' also included a quality improvement plan and had been completed. This provided a review of the service's performance and set out planned actions to further improve the quality of care.

The quality improvement plan detailed the improvements achieved during the reporting period. Where planned improvements had not been fully implemented, the reasons were clearly documented, along with the actions proposed for the following year. Improvement activities focused on improving:

- clinical quality
- patient care records
- patient experience
- patient safety
- person-centred care
- professional practice
- the analysis of patient feedback
- the clinic management system, including bookings, and
- workforce development.

What needs to improve

Risk assessments had been carried out for fire safety and water safety, as well as laser safety. Business risks involved in a clinic expansion plan had also been assessed. However, the service did not have risk assessments in place for clinical risks to staff and patients from the treatments provided (recommendation g).

- No requirements.

Recommendation g

- The service should expand the range of risk assessments carried out to ensure all clinical risks to patients and staff have been identified and are being managed.

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 clinic environment and equipment was clean and well maintained, with appropriate infection prevention and control practices in place. Patients were complimentary about the clinic environment. Confirming patient consent before each episode of care would help make sure that informed consent is maintained throughout the course of treatment. Documenting the aftercare advice would evidence that the discussion had taken 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 clinic was modern, clean and organised. We saw that it was well equipped and well maintained. Equipment was in good condition and a cleaning schedule was in place. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'The clinic itself is clean and tidy with calming and healing atmosphere.'
- 'The clinic was clean, comfortable and well equipped.'

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment and alcohol-based hand gel. Clinical waste and sharps (needles and syringes) were well managed and an appropriate clinical waste management contract was in place.

The staff file we reviewed included evidence of relevant background and identity checks to help make sure the staff member was safe to work in the

service. We also saw evidence of training in aesthetic procedures that the staff member had completed.

We reviewed five patient care records and saw that assessments and consultations were completed before treatment started. We saw that all records were documented with:

- medicines dosage and batch numbers
- next of kin or emergency contact
- NHS GP contact details and consent for sharing information with other healthcare professionals, if required
- patients' medical history, and
- psychological assessment (for weight loss management treatments).

The service also carried out assessments of patients to monitor wellbeing before a treatment and any improvement afterwards.

What needs to improve

We found that while patients and the clinician had signed consent forms on the initial treatment forms, this had not been documented for each following treatment. In addition, we noted that a medical questionnaire had been completed at initial assessment. However, we saw no evidence that this had been reviewed or updated at each follow-up session. Ongoing consent and updated medical information should be documented in patient care records before each individual treatment (recommendation h).

Patient information leaflets containing aftercare instructions were available. While it was documented that a patient information leaflet had been given, patient care records did not formally document the aftercare advice discussion between the healthcare professional and the patient (recommendation i).

- No requirements.

Recommendation h

- The service should ensure that a new medical questionnaire and consent for is completed for each treatment episode.

Recommendation i

- The service should ensure that a summary of the aftercare advice given is recorded in the patient care record.

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: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

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

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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