

Unannounced Inspection Report: Independent Healthcare

Albyn Hospital | BMI Healthcare Limited | Aberdeen

1 May 2012

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1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’), and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting these standards, the Act gives us powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. You can, however, complain

directly to us about an independent healthcare service without first contacting the service.

Our contact details are:

Healthcare Improvement Scotland

Elliott House
8–10 Hillside Crescent
Edinburgh
EH7 5EA

Telephone: 0131 623 4300

Email: hcis.chiefinspector@nhs.net

2 Summary of inspection

Albyn Hospital is registered with Healthcare Improvement Scotland as an independent hospital. The hospital has a maximum of 44 inpatient beds and provides a range of medical and surgical healthcare services, which include medical consultations, diagnostic tests and surgical treatments to inpatients over the age of 14 years.

The hospital has two inpatient wards called Balmoral and Cairngorm, three operating theatres, twelve outpatient consulting rooms, a pathology laboratory, pharmacy, physiotherapy department, audiology and an imaging department providing X-ray services, computerised tomography (CT), ultrasound scanning, mammography and magnetic resonance imaging (MRI) services. The hospital also provides a private general practitioner (GP) service, counselling and travel health services.

The hospital is comprised of three traditional built townhouses and purpose built single storey accommodation. All patient rooms have en-suite facilities. At the time of the inspection, a new ground floor extension was being constructed to increase the MRI facilities. This new building is expected to be operational by July 2012.

The hospital is located in the west end of Aberdeen and is close to public transport services. On-site car parking facilities are available.

We carried out an unannounced inspection to Albyn Hospital on Tuesday 1 May 2012.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Albyn Hospital can be found in Appendix 4.

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

During the inspection we took into account The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011. We assessed the service against two Quality Themes related to the National Care Standards and inspected the following areas:

- the reception and arrival area
- Balmoral ward
- Cairngorm ward
- general corridor areas
- the outpatient department
- the imaging department
- the high dependency unit (HDU), and
- a sample of en-suite patient rooms.

In this inspection, evidence was gathered from various sources. This included the relevant sections of:

- organisational and hospital policies and procedures
- medical advisory committee (MAC) meetings
- clinical governance committee meetings
- participation strategy
- information leaflets
- risk assessments
- satisfaction questionnaire analysis reports, and
- four healthcare records of people who use the service.

We had discussions with a variety of people, including:

- the executive director
- the quality and risk manager
- the imaging manager
- the clinical nurse manager
- a senior registered theatre practitioner, and
- two people who use the service.

The inspectors spoke informally with two people who used the hospital services. Each person spoke positively about the care and support they had received, the hospital environment and the food. Comments included the following.

- 'I've been pleasantly surprised with the staff friendliness, efficiency and attention to detail.'
- 'My consultant showed me my X-rays and explained what all my options were.'
- 'All my questions were answered.'
- 'My blood tests were explained.'
- 'Everything was explained well.'
- 'My buzzer was answered promptly when I pressed it.'
- 'My surgeon is very good.'
- 'My physiotherapist gave me a good booklet with diagrams for my exercises.'
- 'The food is good quality and there is good variety.'

Based on the findings of this inspection this service has been awarded the following grades:

Quality Theme 1 – Quality of Care and Support: 5 - Very Good

Quality Theme 2 – Quality of Environment: 5 - Very Good

Overall, we found evidence at Albyn Hospital that:

- people who use the service are treated as individuals within a structured model of treatment, care and support
- a multidisciplinary approach to treatment and care is in place
- staff are maintaining excellent healthcare records, and
- regular satisfaction surveys are being carried out and improvements being made as a result of feedback.

We did find that improvement is required in one area, which relates to:

- the administration controls in respect of laser equipment used in the hospital.

This inspection resulted in three requirements and one recommendation (see Appendix 1 for full list). The requirements are linked to compliance with the Act and regulations or orders made under the Act, or a condition of registration.

BMI Healthcare Limited must address the requirements as a matter of priority.

We would like to thank all staff at Albyn Hospital for their assistance during the inspection.

3 Key findings

Quality Theme 1

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Grade awarded for this statement: 6 - Excellent

Discussions with people who use the service indicated that people felt fully involved in their treatment and care. People talked about their involvement in discussions with hospital staff and told us that good explanations were given about their treatment. People told us they had attended pre-admission assessment appointments and commented on the helpful information they received in advance of their treatment going ahead.

The hospital had excellent systems in place to encourage and involve people who use the service to comment and participate in how the hospital is run. This included inpatient and outpatient satisfaction questionnaires, leaflets on 'expressing your views' and a website with a facility for people to provide feedback.

All people who use the service receive a telephone call 48 hours after discharge as part of their nursing care pathway. A dedicated discharge nurse was recruited in 2011 to ensure that the distribution of patient satisfaction questionnaires is an integral part of the discharge process.

The hospital uses an external company to collate the feedback results from satisfaction questionnaires. We saw evidence of the collated monthly reports and a breakdown of the comments made. The most recent information showed that the vast majority of patients had high levels of satisfaction with the care they received.

Area for improvement

Albyn Hospital should consider different methods to encourage more people to complete and return satisfaction questionnaires.

- No requirements.
- No recommendations.

Quality Statement 1.2

We ensure that the care, support and treatment received by service users across all aspects of our service provision, is supported by evidence-based practice and up-to-date policies and procedures. These reflect current legislation (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very Good

A random selection of policies and procedures were reviewed during the inspection. All policy documents reviewed were presented in a consistent style which included the title of the policy, the issue date, date for review and the name of the person responsible for the policy. Two groups of policies and procedures are provided to hospital staff to support the healthcare service. One group of policy documents is

produced by the corporate organisation (BMI Healthcare Limited) which owns the hospital. Other policies are developed by the senior staff in the hospital.

A random sample of both groups of policies was viewed during the inspection. A small number of the corporate policies viewed were out of date. Review dates had expired and there was no evidence that a further review had taken place.

All of the hospital's own policy documents were up-to-date.

Area for improvement

All corporate policies should be reviewed to ensure that all policy documents are in date at all times.

- No requirements.

Recommendation a

- We recommend that Albyn Hospital should review its system for updating policies at Albyn Hospital to ensure that all documents are up-to-date. This is to ensure that hospital staff have the most up to date reference information.

Quality Statement 1.5

We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Grade awarded for this statement: 6 - Excellent

During this inspection, we looked at four sets of healthcare records of people who use the service. Comprehensive health assessments are being carried out for each person who uses the service. All healthcare records viewed during the inspection were completed to an excellent standard. All individual written entries were observed to be appropriately dated and clearly written. The majority of the various sections of the records were appropriately detailed, legible, and signed and dated by the healthcare professional making a written entry. All information was person centred, well set out and easy to find.

The hospital uses nursing documentation provided by its corporate organisation. We were told that this documentation is continually reviewed at head office as and when feedback is received from people who use the service. Quarterly audits of the 'completeness of medical notes' are undertaken at the hospital. The outcome of these audits is discussed at both the clinical governance committee and the medical advisory committee.

Area for improvement

Albyn Hospital should continue with regular audits of people's healthcare records to maintain and develop this excellent practice.

- No requirements.
- No recommendations.

Quality Statement 1.6

We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Grade awarded for this statement: 4 - Good

There is a quality and risk manager in post at Albyn Hospital and a regional quality and risk manager available for advice and support. There is a risk management policy in place at corporate level and there was evidence of a review system being in place. All accidents and incidents that occur at the hospital are recorded on a central system and reports are collated on a regular basis. The hospital quality and risk manager reviews all accidents and incidents and investigates if necessary. We saw evidence that incidents were recorded in appropriate detail and investigated where necessary and also that action was being taken to minimise the risk of future incidents occurring. The outcome of investigations and any action taken as a result is shared at various internal meetings, including health, safety and environmental team, management team and clinical governance team meetings.

Albyn Hospital has recently introduced a new audit action plan tracker system. This computer-based system enables outstanding actions from all audits undertaken within the hospital to be tracked. Two colours are used, red and green. All outstanding actions remain in red colour until completed, when they are changed to green. This system allows all audit action plans to be kept in one place, allowing more efficient management of risk.

The hospital has a two-bedded high dependency unit which was refurbished in 2011. Agreed emergency transfer arrangements are in place with NHS Grampian in the event that someone requires urgent additional care and treatment.

Some of the treatments provided to people using the healthcare services at Albyn Hospital require the use of class 4 laser equipment. Class 4 laser machines are very powerful and emit a strong laser beam to treat a number of different health conditions. This equipment can only be used under very strict safety controls by specially trained healthcare staff. An external laser protection adviser (LPA) had been appointed by Albyn Hospital to provide qualified laser safety advice. There was evidence that the LPA had visited the hospital and produced laser protection reports. Staff complete a laser treatment register each time they use the laser equipment. The written records within this register were completed to a good standard.

Areas for improvement

During the inspection, we spoke with the laser protection supervisor (LPS) and discussed how the laser equipment is used and stored at the hospital. A reference folder is kept which contains some staff laser training records, laser maintenance records and a written risk assessment to support the use of the laser equipment. However, this folder did not contain all the required information to confirm that the laser safety considerations and necessary administration controls were fully in place.

A local rules document was in place. This document is required and sets out the laser safety considerations and safe working practices that must be followed by laser operator staff and assisting staff. The local rules must be produced, signed and dated by the adviser in conjunction with the LPS. The purpose of the local rules is to ensure

that all staff are working in a safe environment and that all people who receive laser treatments are treated safely. The local rules document currently in place at Albyn Hospital makes reference to two laser machines, but does not describe the technical specification of the equipment. The current local rules must be reviewed and a separate local rules document produced for each laser device used on the premises. The guidance contained in the MHRA Device Bulletin 'Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices DB2008(03)' should be followed.

There was evidence that seven healthcare staff (medical practitioners) use the laser equipment to treat patients. These staff are known as authorised users or laser treatment operators. There were no written records being kept of these members of staff's training confirming their competence in providing laser treatments. There was also no evidence that these seven staff had attended laser 'core of knowledge' laser safety training. This training is necessary to confirm awareness and understanding of laser safety issues.

Out of the seven treatment operator staff, there was no evidence of an identified expert medical practitioner (EMP). This is a qualified doctor who has verifiable clinical skills and experience in laser treatment procedures. The EMP should produce a laser treatment protocol document confirming the clinical procedure and steps to follow to safely carry out laser treatments. There was no laser treatment protocol in place.

In addition, 19 named healthcare staff were identified as assisting staff (staff who assist the authorised users of the laser equipment). There was no evidence that these 19 members of staff had attended the 'core of knowledge' laser safety training. However, there was written evidence that the supervisor and two deputising staff had attended the required core of knowledge laser safety training in 2010 and 2011.

We saw protective laser eyewear during the inspection. We noted it was in good condition with clear identification markings in relation to the laser wavelength protection provided. However, the eyewear specification details were not recorded in the local rules document.

Requirement 1 – Timescale: by 15 July 2012

- The provider must ensure that a local rules document is in place for each item of class 4 laser equipment used at Albyn Hospital. The local rules document should align with the guidance set out in MHRA Device Bulletin 'Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices DB2008(03).

This is to ensure that there is an appropriate system, process and procedure in place relating to the use of class 4 laser equipment.

Requirement 2 – Timescale: by 15 July 2012

- The provider must ensure that a laser treatment protocol document is produced for each laser treatment provided at Albyn Hospital. The laser treatment protocol should be produced by an identified expert medical practitioner (EMP) with verifiable clinical expertise in laser treatments.

This is to ensure that there is an appropriate system, process and procedure in place relating to the use of class 4 laser equipment.

Requirement 3 – Timescale: by 15 July 2012

- The provider must ensure that laser treatment operators and laser assisting staff at Albyn Hospital attend 'core of knowledge' laser safety training and that a record of attendance is kept.

This is to ensure that there is an appropriate system, process and procedure in place relating to the use of class 4 laser equipment.

- No recommendations.

Quality Theme 2

Quality Statement 2.1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Grade awarded for this statement: 6 - Excellent

This statement should be read in conjunction with statement 1.1 above. The corporate quality and risk team from head office carries out unannounced visits to the hospital twice a year. The aim of these visits is to objectively review performance at the hospital and suggest any improvements that could be made.

An external company collates and analyses results from all returned satisfaction questionnaires. We saw evidence of the monthly reports collated by this company and a breakdown of the comments made. The information gained from patient comments is used by the hospital to make improvements where necessary. We saw evidence of this with the ongoing refurbishment of patient bedrooms and en-suite toilet and showers. This refurbishment programme was commenced following feedback received in the satisfaction questionnaires.

Area for improvement

Albyn Hospital should consider different methods to encourage more people to complete and return satisfaction questionnaires.

- No requirements.
- No recommendations.

Quality Statement 2.2

We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Grade awarded for this statement: 5 - Very Good

All patient bedrooms are single, with en-suite facilities that are currently in the process of being upgraded to wet rooms based on patient feedback comments. Many

of the rooms have been upgraded with the remainder on a planned programme of refurbishment.

A temporary mobile MRI unit was in use at the time of inspection, which is currently on-site 4 days a week. A new MRI suite is currently being built, as an extension to the existing single storey part of the main building. This facility is expected to be completed and fully operational by July 2012 and will provide an increased MRI investigation service.

There are plans in place to redevelop the physiotherapy/health screening department in the future, to incorporate a dedicated pre-assessment clinic room. There are also plans in place to redecorate the outpatient department.

The hospital has a two-bedded high dependency unit which was upgraded and refurbished in 2011.

Area for improvement

Albyn Hospital should continue to maintain and develop upon the excellent practice.

- No requirements.
- No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 5 - Very Good

The hospital has a wide range of policies to support infection prevention and control. These policies are used throughout the hospital and are produced, reviewed and amended at head office. There was evidence that these documents were being kept up to date.

During our inspection, we walked around the hospital and found all areas to be clean and well maintained. People who used the service supported our findings.

We spoke with the clinical nurse manager and found that the hospital had clearly defined responsibilities, accountability and reporting structures for infection control. One of the registered nurses employed at the hospital has dual responsibility as an infection control co-ordinator, with input and support from the regional infection control advisor. This post has 8 hours protected time each week dedicated to infection control and this time is spent:

- training staff in hand hygiene and infection control practice
- undertaking infection control audits
- investigating any reported infections and,
- gathering monthly surveillance data for external agencies and the corporate infection control department.

The infection control co-ordinator post is currently being advertised and we were advised that the protected time allocated to the post is currently under review, to ensure it is appropriate for the needs of Albyn Hospital.

We found staff being encouraged to put forward ideas to improve infection control. There is a comments and suggestions envelope on the staff notice board and staff can also provide comments and feedback on the company intranet site.

Equipment was clean, well maintained and appropriately stored. We saw that personal protective equipment, such as aprons, gloves and hand gel, were readily available and being used by staff.

Area for improvement

Albyn Hospital should review the hours allocated to infection control to ensure this is appropriate to meet the needs of the service.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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 Act or a condition of registration. Where there are breaches of the regulations, orders or conditions, a requirement must be made. Requirements are enforceable at the discretion of the Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Quality Statement 1.1	
Requirements	
None	
Recommendations	
None	

Quality Statement 1.2	
Requirements	
None	
Recommendation	
We recommend that Albyn Hospital should:	
a	review its system for updating policies at Albyn Hospital to ensure that all documents are up to date. This is to ensure that hospital staff have the most up-to-date reference information.

Quality Statement 1.5	
Requirements	
None	
Recommendations	
None	

Quality Statement 1.6

Requirements

The provider must:

- 1** ensure that a local rules document is in place for each item of class 4 laser equipment used at Albyn Hospital. The local rules document should align with the guidance contained in MHRA Device Bulletin 'Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices DB2008(03).

This is to ensure that there is an appropriate system, process and procedure in place relating to the use of class 4 laser equipment.

Timescale – by 15 July 2012

SSI 2011 No. 182 Regulation 3(d)(v)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 2** ensure that a laser treatment protocol document is produced for each laser treatment provided at Albyn Hospital. The laser treatment protocol should be produced by an identified expert medical practitioner (EMP) with verifiable clinical expertise in laser treatments.

This is to ensure that there is an appropriate system, process and procedure in place relating to the use of class 4 laser equipment.

Timescale – by 15 July 2012

SSI 2011 No. 182 Regulation 3(d)(v)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 3** ensure that laser treatment operators and laser assisting staff at Albyn Hospital attend 'core of knowledge' laser safety training and that a record of attendance is kept.

This is to ensure that there is an appropriate system, process and procedure in place relating to the use of class 4 laser equipment.

Timescale – by 15 July 2012

SSI 2011 No. 182 Regulation 3(d)(v)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Quality Statement 2.1**Requirements**

None

Recommendations

None

Quality Statement 2.2**Requirements**

None

Recommendations

None

Quality Statement 2.4**Requirements**

None

Recommendations

None

Appendix 2 – Inspection process

Inspection is a process which starts with self-assessment, includes at least one inspection to a service and ends with the publication of the inspection report and improvement action plan.

First, each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five Quality Themes:

- **Quality Theme 0 – Quality of information:** this is how the service looks after information and manages record keeping safely.
 - **Quality Theme 1 – Quality of care and support:** how the service meets the needs of each individual in its care.
 - **Quality Theme 2 – Quality of environment:** the environment within the service.
 - **Quality Theme 3 – Quality of staffing:** the quality of the care staff, including their qualifications and training.
 - **Quality Theme 4 – Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for.
- We assess performance both by considering the self-assessment data and inspecting the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

Types of inspections

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

- **Announced inspection:** the service provider will be given **at least 4 weeks' notice** of the inspection by letter or email.
- **Unannounced inspection:** the service provider **will not be given any advance warning** of the inspection.

Grading

We grade each service under Quality Themes and Quality Statements. We may not assess all Quality Themes and Quality Statements.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade for an inspection.

Follow-up activity

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

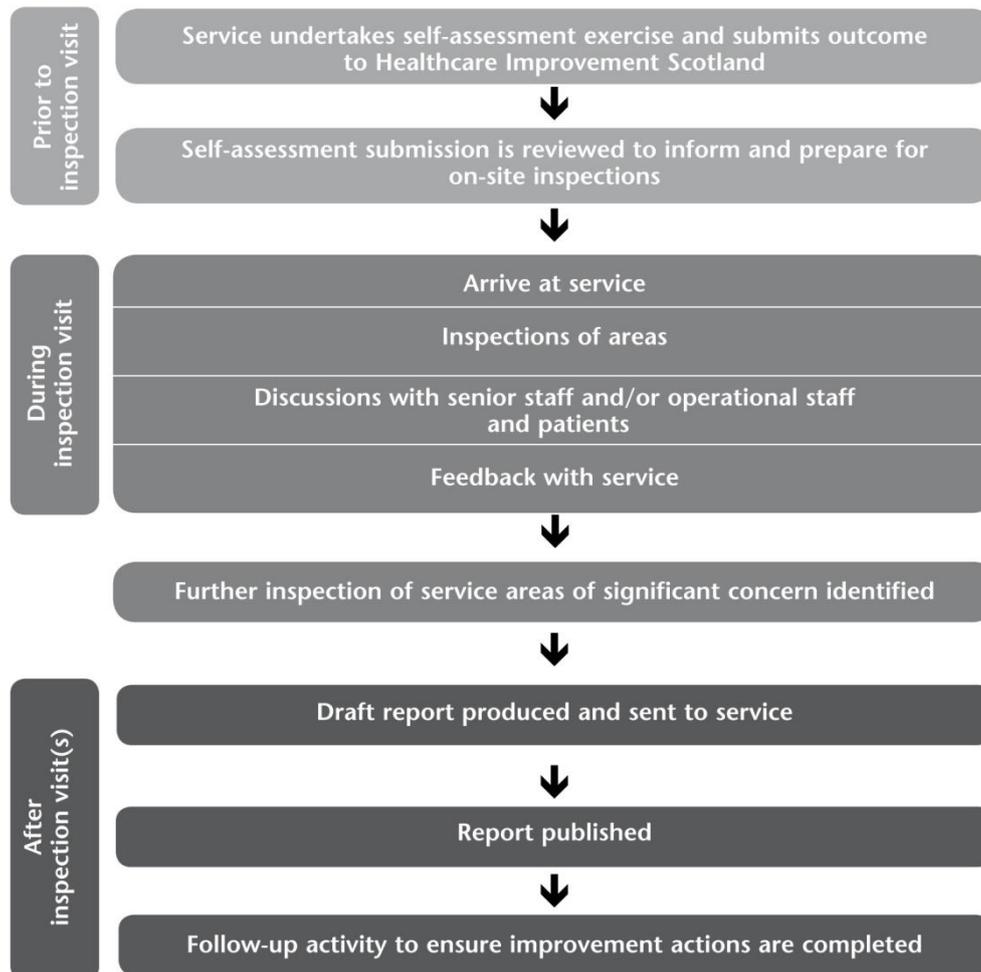
The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection
- a targeted announced or unannounced inspection looking at specific areas of concern
- an on-site meeting
- a meeting by video conference
- a written submission by the service provider on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about the Healthcare Improvement Scotland, our inspections and methodology can be found at http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/independent_healthcare.aspx.

Appendix 3 – Inspection process flow chart



Appendix 4 – Details of inspection

The inspection to **Albyn Hospital** was conducted on **Tuesday 1 May 2012**.

The inspection team consisted of the following members:

Anna Brown
Lead Inspector

Gerry Kennedy
Regional Inspector

Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.
-

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS

Telephone: 0131 662 8283

Email: Edinburgh@blackwells.co.uk

We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.



Edinburgh Office

Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300

Glasgow Office

Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are key components of our organisation.