Unannounced Inspection Report: Independent Healthcare

Marie Curie Hospice - Edinburgh | Marie Curie Cancer Care | Edinburgh
22 May 2013
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Officer on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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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’)
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, 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 the requirements of the Act, we have 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. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
2 Summary of inspection

Marie Curie Hospice - Edinburgh is registered with Healthcare Improvement Scotland as a voluntary hospice providing 24-hour specialist palliative care to adults who are affected by cancer and non-cancer related illnesses within Edinburgh, Midlothian and West Lothian.

The hospice states that the aim of the service is to provide specialist, research-based palliative care which enhances quality of life for people affected by cancer and other illnesses. The care provided by Marie Curie Hospice - Edinburgh aims to meet the:

- physical
- psychological
- social
- cultural, and
- spiritual needs of patients and their families.

Support and care are provided to individuals and families by a multidisciplinary healthcare team which includes:

- specialist nurses
- doctors
- physiotherapists
- occupational therapists
- complementary therapists
- social workers, and
- a chaplaincy service.

A team of trained volunteer staff supports the hospice in various activities such as driving patients to appointments, working on reception, helping on the wards and supporting day services.

Marie Curie Hospice - Edinburgh has recently carried out a refurbishment of the hospice building. The service was temporarily based in wards 12 and 15 of the Western General Hospital, Edinburgh. This refurbishment was carried out to improve the standards of privacy and dignity offered to patients and their families. The project has now been completed and the service has reopened at the original hospice site.

We carried out an unannounced inspection to Marie Curie Hospice - Edinburgh on Wednesday 22 May 2013.

The inspection team was made up of one inspector and one public partner, with support from a project officer. Membership of the inspection team visiting Marie Curie Hospice - Edinburgh can be found in Appendix 4.

We assessed the service against five quality themes related to the National Care Standards. Based on the findings of this inspection, this service has been awarded the following grades (more information on grading can be found on page 19):
Quality Theme 0 – Quality of information: 5 - Very good
Quality Theme 1 – Quality of care and support: 6 - Excellent
Quality Theme 2 – Quality of environment: 5 - Very good
Quality Theme 3 – Quality of staffing: 6 - Excellent
Quality Theme 4 – Quality of management and leadership: 5 - Very good

In this inspection, evidence was gathered from various sources. This included the relevant sections of policies, procedures, records and other documents including:

- patient care records
- health and safety maintenance records
- information leaflets
- relevant sections of policies and procedures
- risk assessments
- public liability certificate
- certificate of registration, and
- cleaning schedules.

We had discussions with a variety of people including:

- the hospice manager
- registered nurses
- healthcare assistants
- domestic staff, and
- people who use the service.

We spoke with six people who use the service and one volunteer.

Overall, we found evidence at Marie Curie Hospice - Edinburgh that:

- people who use the service are complimentary of the service they receive
- people who use the service were being consulted about the development of the service, and
- people who use the service and their relatives are supported by a dedicated, multidisciplinary healthcare team to make choices about their care.

We found that improvement is required in some areas which include:

- further attention to the cleaning of high-level areas and bed frames, and
- review of information leaflets about the complaints procedure.

This inspection resulted in no requirements and one recommendation. Details of the recommendation can be found in Appendix 1.

We would like to thank all staff at Marie Curie Hospice - Edinburgh for their assistance during the inspection.
3 Progress since last inspection

What the service has done to meet the requirements and recommendation we made at our last inspection on 12 and 20 July 2012

Requirement

The provider must ensure that there is an agreement in place with the landlord detailing specific timescales for any remedial works to be undertaken. This includes the fabric of the building and any equipment the landlord is responsible for maintaining. This is to ensure that the building is kept in a good state of repair both externally and internally and the service has adequate and suitable equipment.

Action taken

We wrote to the provider immediately following the inspection. They provided information to us within 24 hours of receiving our letter and we were satisfied that the requirement had been met. This was reflected in the report we published following the inspection.

Requirement

The provider must perform a full domestic cleanliness and infection control audit of the environment. They must supply copies of this audit to Healthcare improvement Scotland, along with any actions required and an action plan to meet these actions. This is to ensure that any areas where the environment requires immediate cleaning or issues with infection control practice are identified and addressed. This will help reduce the risk of infection to people using the service.

Action taken

We wrote to the provider immediately following the inspection. They provided audits and action plans to us within 48 hours of receiving our letter and we were satisfied that the requirement had been met. This was reflected in the report we published following the inspection.

Requirement

The provider must ensure that appropriate systems, processes and procedures are in place for the continued monitoring of domestic cleanliness in the ward environment. This must include regular checks of the cleanliness of the environment and a process for ensuring that any areas of concern are addressed. This is to ensure that people using the service are looked after in a clean environment which will help to reduce the risk of infection.

Action taken

We wrote to the provider immediately following the inspection. They provided information to us within 24 hours of receiving our letter and we were satisfied that the requirement had been met. This was reflected in the report we published following the inspection.
Recommendation

We recommended that Marie Curie Hospice - Edinburgh should ensure that health records are fully completed, documenting the care given to people who use the service.

Action taken

This recommendation was not investigated during this inspection. This will be followed up at future inspections to Marie Curie Hospice - Edinburgh.
4 Key findings

Quality Theme 0

Quality Statement 0.2

We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs.

Grade awarded for this statement: 5 - Very good

An information booklet is available for every person using the service. The booklet contains information on:

- visiting the service
- local amenities
- local transport
- infection control, and
- the aims and objectives of Marie Curie Cancer Care.

A separate information booklet is available for people who may want to use the service. This gives details of the services offered in Marie Curie Hospice - Edinburgh, and includes information on day services and inpatient care areas. The information includes details on:

- the types of support offered
- how medication will be managed
- discharge planning, and
- support groups that are available.

Marie Curie Cancer Care has a website which includes a dedicated section about Marie Curie Hospice - Edinburgh. The website includes information on:

- the services offered at the hospice
- staff members
- how to refer a person to the service, and
- how to contact the service.

There is also information available about how people who use the service, and visitors can give their comments about the service and how to make a complaint.

Areas for improvement

We saw that a range of information is available for people who use the service and visitors. However, most of the people we spoke with told us they had not been made aware of this information. The service should consider how to make sure that the information it provides is available for people who use the service.

We saw that the service provides information to people who use the service about how they can make a complaint. Some information did not make it clear that people can make a
complaint to Healthcare Improvement Scotland at any point, regardless of whether they are also using the service’s own complaints procedure (see recommendation a).

- No requirements.

**Recommendation a**

- We recommend that Marie Curie Hospice - Edinburgh should review all its information leaflets to guide people who use the service appropriately to Healthcare Improvement Scotland if they want to make a complaint.

**Quality Theme 1**

**Quality Statement 1.4**

We are confident that within our service, all medication is managed during the service user’s journey to maximise the benefits and minimise any risk. Medicines management is supported by legislation relating to medicine (where appropriate Scottish legislation) and current best practice.

Grade awarded for this statement: 6 - Excellent

Marie Curie Hospice - Edinburgh has pharmacy input available 5 days a week. The service has a full-time pharmacy technician and a part-time pharmacist who works 2.5 days a week.

During the inspection, we spoke with the pharmacist to discuss their role and responsibilities. One of the main areas of responsibility for the pharmacist and pharmacy technician is around medicines reconciliation. Medicines reconciliation is when the medical staff, who are prescribing medication to people using the service, check that the medication they prescribe is the same as the medication the person was receiving before they were admitted to the service. The admitting doctor will use at least two sources of information to verify the medication that a person is prescribed. This can include looking at a summary sheet from the GP, through discussion with the person who uses the service or people who care for them, or by looking for information from the Marie Curie Cancer Care community service. The pharmacist will then confirm this information and ensure that the correct medication has been prescribed. The prescription sheet for the person who uses the service is countersigned to confirm it has been checked. There is a very clear procedure in place to support medicines reconciliation.

During the inspection, we looked at a recent admission with the pharmacist. We saw that the procedure had been followed correctly. The pharmacist and pharmacy technician are also involved in ensuring that the discharge medication for the person who uses the service is prescribed correctly.

We were told that there is good access to medication if the person who uses the service is prescribed something new. The local pharmacy will deliver prescriptions up to twice a day, if required. This means people who use the service do not have to wait for long periods for any new medication they need.

We saw that there is an open culture in the service when reporting medication errors. There is a robust system for dealing with medication errors. When an error happens, staff will complete an incident form. All errors are reviewed at a weekly drugs review meetings that form part of the hospice governance structure. These meetings are chaired by the hospice manager and are attended by the medical director, consultant, pharmacist, ward sisters and
inpatient nurse manager. Actions from this meeting are agreed and may include a change in practice, additional education or training, clinical supervision of individuals or disciplinary. The pharmacist also reviews errors every 3 months to look at wider trends and identify any actions that need to be taken. Errors are also discussed at the medicines review meeting. We saw examples of changes that took place as a result of learning from medication errors which included the following.

- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. The way controlled drugs are stored has been changed to avoid staff selecting the wrong medication from the shelf. For example, morphine and diamorphine are kept apart and medicines of the same name, but different strengths, are also kept apart. The pharmacist audits this every 3 months to make sure that the medication is stored in the correct place.

- A calculation test has been introduced for nurses to demonstrate they are able to calculate the number of doses of medication to be given within a 24-hour period.

- A system has been put in place to check the use of fentanyl patches. Fentanyl patches are placed on a person’s skin and provide slow release pain relief. These patches stay on for 3 days. The system includes twice daily checks that the patch is still in place, where it is situated or when it was removed.

We also looked at minutes from the weekly medicine review. We could see that all errors, or issues from the previous week, were discussed. There were clear actions to be taken, when they were to be taken by and if they had been completed.

During the inspection, we looked at six prescription sheets. We found that they were all completed correctly and included the name, date of birth and allergies of the person using the service. All prescriptions were legible and were signed and dated by the prescribing doctor. The prescriptions also identified the dose of the medicine, the frequency it should be taken and the method it should be administered, for example by mouth or injection.

We looked at the recording sheets for these prescriptions. We saw that there were no gaps in recording. Staff had recorded that medication had been given or stated a reason why it was not given. We saw that the prescription recording sheets are checked after every medication round. Nurses check that all medicine has been given and have been signed for.

We looked at the minutes from the medicines management group. There were clear discussion points, actions to be taken, who was responsible and when the action should be completed.

We looked at the medication induction carried out by staff who will be administering medication. This includes:

- a drug calculation test
- questions about best practice
- assessment of the staff member giving out routine medication, and
- assessment of the staff member giving out controlled drugs.

Staff are not allowed to administer medication until they have demonstrated that they are competent to do so. Staff also undergo annual competency checks and online training.
Marie Curie Cancer Care has recently introduced a new organisational medication policy. We saw that there is a detailed action plan in place to ensure the service is compliant with the new policy. There are clear actions to be taken, who is responsible, timescales and outcomes.

- No requirements.
- No recommendations.

Quality Theme 2

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

The hospice has recently undergone significant refurbishment. There are now more single occupancy rooms and all rooms now have en-suite facilities. All bedrooms have doors to outside areas. On the ground floor, there is access to a patio area and, on the first floor, there is access to a balcony area. The patio and balcony overlook the landscaped gardens. There are also several areas for people who use the service to use including lounges and quiet rooms.

We saw that there are environmental risk assessments in place that have been updated to reflect the changes made to the hospice building.

We were told that changes have been made to the environment as a result of feedback from people who use the service. For example, shower curtains have been fitted into all shower rooms, including the single occupancy rooms.

Area for improvement

We saw the report from an audit undertaken by an external company to look at health and safety in the service. The audit was carried out on 6 March 2013. The visit resulted in 37 areas for action. The service has supplied us with the action plan that was created as a result of this audit. We saw that the majority of the high-risk actions had already been completed. We will follow this up at future inspections to ensure that all actions have been completed and that a follow-up audit has been carried out.

- 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 hospice receives infection prevention and control advice from an infection control link nurse based in NHS Lothian. During the inspection, we spoke with the infection control link nurse. We were told that there is a good relationship between the infection control link nurse and the hospice. The infection control link nurse carries out audits about infection prevention and control and provides any advice as required.

We saw examples of audits carried out within the hospice on 29 April, 1 May and 2 May 2013. The audits included topics such as:

- hand hygiene
- management of sharps
- procedure for managing needle stick injuries, and
- compliance with dress code.

During the inspection, we observed compliance with standard infection control precautions. These are the precautions staff should take when caring for patients to prevent the spread of infection. This included observing how staff:

- washed their hands
- dealt with linen
- dealt with waste
- used protective equipment, such as gloves and aprons, and
- managed the use of sharps, such as needles.

During the inspection, we saw that some people in the service were isolated in their bedrooms because they had a suspected infection. We found that staff were following standard infection control procedures when entering and leaving these rooms.

We looked at the programme for a recent clinical update attended by nursing staff. We saw that infection control training was included as part of the course. Staff also told us that they undertake annual update training online.

We saw examples of cleaning schedules that are in use in the hospice. We were told that these had recently been made more detailed as there had been an increased use in agency domestic staff. We saw that senior staff also carry out a weekly walk-round. Monitoring cleanliness is part of this walk-round and any areas requiring further attention are addressed immediately.

During the inspection, we saw that the hospice was mostly clean. We looked in the bedrooms, bathrooms and communal areas of people who use the service. We also looked at patient equipment and found these to be clean.
There are policies and procedures in place to support the control and prevention of infection. These include policies on:

- standard infection control procedures
- how to manage people in isolation
- decontamination (cleaning) of patient equipment, and
- policies on the management of specific conditions such as *Clostridium difficile*, meticillin resistant *Staphylococcus aureus (MRSA)* and measles.

**Area for improvement**

Although we found that the hospice was mostly clean, more attention to detail should be taken in some areas. For example, we saw that some bed frames and high-level areas, such as cabinets, were dusty. We will monitor this at future inspections.

- No requirements.
- No recommendations.

**Quality Theme 3**

**Quality Statement 3.4**

*We ensure that everyone working in the service has an ethos of respect towards service users and each other.*

**Grade awarded for this statement: 6 - Excellent**

During the inspection, we spoke with six people who use the service. The people we spoke with were using both the day services and inpatient services in the hospice. They told us that staff treated them with respect. Some of the comments we received included:

- ‘staff are very attentive and supportive'  
- ‘can’t improve on perfection’  
- ‘the care I receive is reassuring and makes me calm’, and  
- ‘it is a great comfort knowing the support available’.

We spoke with staff in the hospice who told us that colleagues and management in the hospice treated them with respect.

During the inspection, we observed staff interacting well with the people who use the service. The interactions we observed all appeared warm and caring. Staff were seen to be taking the time to offer reassurance to people.

- No requirements.
- No recommendations.
Quality Theme 4

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Grade awarded for this statement: 5 - Very good

There is a clear clinical governance structure in the organisation which shows the lines of accountability from the trustees of the organisation and the executive team, to the local hospice managers.

We saw that Marie Curie Hospice - Edinburgh has developed a local governance structure. There are several subgroups in place which meet about specific topics. Issues from these meetings are reported to the senior management team. The subgroups include:

- environment and risk group - covering cleanliness, infection prevention and control, and health and safety
- people governance group - covering workforce planning and training
- quality governance group - covering audit, research and documentation
- patient user group - covering suggestions and feedback received from people who use the service, and
- medicines management group.

We looked at minutes from the subgroup meetings. We saw that there were clear discussion points, actions to be taken, who was responsible and a timescale for completion. We also saw from the minutes of the senior management team meeting that issues from the subgroups are brought to this meeting for further discussion.

We saw that there is a planned programme of audit in place for the upcoming year. The planned audits include:

- pressure ulcer prevalence
- falls
- controlled drugs
- pain management
- management of referrals
- blood transfusion
- legionella, and
- fire.

The service has recently carried out a patient-led assessment of the care environment (PLACE). These assessments involve volunteers going into the hospice as part of a team to assess how the environment supports the privacy and dignity of the people who use the service, food, cleanliness and general building maintenance.
Area for improvement

We saw that people who use the service and volunteers have started to be involved in assessing the quality of the care delivered. The hospice should continue to develop this. We will review this at future inspections.

- 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, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of 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.

<table>
<thead>
<tr>
<th>Quality Statement 0.2</th>
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<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
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<tr>
<td><strong>We recommend that Marie Curie Hospice - Edinburgh should:</strong></td>
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<tr>
<td>a Review all their information leaflets to guide people who use the service appropriately to Healthcare Improvement Scotland if they want to make a complaint (see page 11).</td>
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Appendix 2 – Inspection process

Inspection is part of the regulatory process.

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. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **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 by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect 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 8 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** excellent
- **5** very good
- **4** good
- **3** adequate
- **2** weak
- **1** unsatisfactory

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**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 Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit

Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

During inspection visit

Arrive at service

Inspections of areas

Discussions with senior staff and/or operational staff, people who use the service and their carers

Feedback with service

Further inspection of service areas of significant concern identified

After inspection visit(s)

Draft report produced and sent to service to check for factual accuracy

Report published

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to Marie Curie Hospice - Edinburgh was conducted on Wednesday 22 May 2013.

The inspection team consisted of the following members:

Gareth Marr
Lead Inspector

Marguerite Robertson
Public Partner

Supported by:

Jill Sands
Project Officer
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
We can also provide this information:

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

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