Unannounced Inspection Report: Independent Healthcare

Service: Surehaven Hospital, Glasgow
Service Provider: Surehaven Glasgow Ltd

12–13 November 2019
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 Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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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 21–22 November 2017

Requirement
The provider must ensure that staff are aware of the correct procedure for storage of gas cylinders and that all cylinders are stored safely.

Action taken
We saw that all gas cylinders were secured and that staff were aware of how they should be stored. This requirement is met.

Requirement
The provider must ensure that its infection prevention and control policies and practices are in line with current legislation and best practice (where appropriate, Scottish legislation).

Action taken
The service had updated its policies on infection prevention and control and these now reflected best practice, in line with Healthcare Improvement Scotland’s Healthcare Associated Infection Standards (2015). This requirement is met.

Requirement
The provider must complete a formal review of the service against Healthcare Improvement Scotland’s Healthcare Associated Infection Standards (2015) and take appropriate actions to ensure compliance with the standards.

Action taken
We saw that the service had updated its infection prevention and control policy, had provided training to staff and had developed an action plan to demonstrate compliance with Healthcare Improvement Scotland’s Healthcare Associated Infection Standards (2015). This requirement is met.
What the service had done to meet the recommendations we made at our last inspection on 21–22 November 2017

Recommendation
We recommend that the service should introduce consent forms for patients to agree to have their photograph taken and to share information with other relevant agencies.

Action taken
The service had introduced consent forms for the taking of photographs and for sharing information with other relevant agencies. **This recommendation is met.**

Recommendation
We recommend that the service should develop a medicines ordering system which is centrally held to avoid over-ordering medication.

Action taken
The service had introduced an ordering process and had a contract for a pharmacy technician to help manage the ordering of medication. **This recommendation is met.**

Recommendation
We recommend that the service should store its medicines administration and recording files in a uniform manner and make sure that any documents can be securely contained within the file.

Action taken
The medication files were in a consistent format, with any loose sheets securely contained in document wallets. **This recommendation is met.**

Recommendation
We recommend that the service should provide extra medicines storage cabinets in each treatment room.

Action taken
Better management of medicines ordering and additional storage for lotions and over-the-counter medication had ensured the safe storage of prescription-only medication. **This recommendation is met.**
Recommendation
We recommend that the service should ensure that the security and risk management meetings take place in line with the provider’s policy.

Action taken
The service now held security and risk management meetings in line with the provider’s policy. This was now a standing agenda item in the clinical governance meetings. This recommendation is met.

Recommendation
We recommend that the service should ensure all clinical equipment is regularly maintained and calibrated and this is recorded.

Action taken
Contracts were in place to ensure maintenance and calibration of clinical equipment. This recommendation is met.

Recommendation
We recommend that the service should ensure that rooms are being used correctly and that there is enough cupboards and shelving for supplies to be stored correctly.

Action taken
Adequate storage arrangements had now been put in place. This recommendation is met.

Recommendation
We recommend that the service should review hand washing practice and carry out a risk assessment and action plan to address any issues identified.

Action taken
The service had introduced a new staff training system which included hand washing. An audit of hand washing procedures took place every 3 months. Recent audit results displayed throughout the hospital showed a very high level of compliance. This recommendation is met.
**Recommendation**

*We recommend that the service should assess its clinical wash hand basins to inform a risk-based refurbishment plan.*

**Action taken**

The service had carried out an audit and catalogued all non-compliant sinks to be upgraded at the next planned refurbishment of the hospital. **This recommendation is met.**

**Recommendation**

*We recommend that the service should follow the guidance in Health Protection Scotland’s national infection prevention and control manual for the management of blood and body fluid spillage, and linen, and provide face-to-face training for staff.*

**Action taken**

The service had updated its infection prevention and control policy. Training had also been provided to staff on blood and body fluid spillages and the management of linen. **This recommendation is met.**

**Recommendation**

*We recommend that the service should develop full cleaning schedules for clinical areas and equipment to make sure that high standards of cleaning can be maintained and evidenced.*

**Action taken**

We saw that cleaning schedules for the environment and patient equipment had been developed. This included a tracking form to confirm each area had been cleaned. **This recommendation is met.**

**Recommendation**

*We recommend that the service should make sure that infection control is a standing item on the clinical governance meeting agenda.*

**Action taken**

From minutes of the clinical governance group, we saw that infection prevention and control was a standing agenda item. **This recommendation is met.**
Recommendation

We recommend that the service should ensure that all issues raised at supervision are recorded and actioned by the appropriate staff including senior management.

Action taken

The service had revised its supervision practice to make sure that all issues raised at supervision were recorded and actioned by the appropriate staff. Both senior managers and staff kept a copy of the supervision discussion. **This recommendation is met.**

Recommendation

We recommend that the service should ensure that all audits and meetings are carried out as per company policy.

Action taken

The service had developed a comprehensive audit programme that included audits carried out internally by staff in the service, as well as audits carried out by the provider. Meetings were carried out in line with the provider’s policies. We were satisfied that key issues were discussed at clinical governance meetings. **This recommendation is met.**

Recommendation

We recommend that the service should review the format of the charge nurse’s monthly audit.

Action taken

While the service had a comprehensive audit programme in place, senior managers acknowledged that the charge nurses’ monthly audit was still unnecessarily complicated and required further work to make sure that it was fit for purpose. **This recommendation is not met and is reported in Quality indicator 9.4.**
2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Surehaven Hospital on Tuesday 12 and Wednesday 13 November 2019. We spoke with a number of staff and patients during the inspection.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Surehaven Hospital, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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### Key quality indicators inspected (continued)

#### Domain 9 – Quality improvement-focused leadership

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<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service encouraged a culture of learning from both within and outside the organisation. Staff were members of professional groups and good practice from other areas was considered in the service’s quality improvement plans. A consistent approach to how risk management plans are reviewed across the hospital needs to be developed.</td>
<td>✔️ Good</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

#### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were well organised and provided evidence of assessment and management of patients. Environmental safety checks should be recorded separately from checks carried out on patients to make sure they are safe and well.</td>
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#### Domain 7 – Workforce management and support

<table>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>A safe recruitment process was in place, and an induction programme for new staff. Good opportunities were provided for staff development. Staff took advantage of development opportunities and felt supported in their personal and professional development.</td>
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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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Surehaven Glasgow Ltd to take after our inspection

This inspection resulted in three recommendations. See Appendix 1 for a full list of the recommendations.

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

We would like to thank all staff at Surehaven Hospital for their assistance during the inspection.
3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients felt involved and fully informed about their treatment. Good systems were in place to gather and respond to patient feedback, and then use the feedback to improve the service.

The service’s participation policy included the methods and sources from which patient feedback would be gathered and used to improve their stay and care in the hospital.

We saw that patients were very comfortable when interacting with staff. It was clear that staff had a very good knowledge of any patient communication difficulties and showed patience and understanding to avoid patients becoming frustrated and angry. Patients we spoke with did not voice any concerns about their treatment in the service. They told us they liked the staff and felt safe.

Feedback was gathered using patient questionnaires, community meetings and encouraging each patient to attend their multidisciplinary team meeting. These meetings are where each patient’s progress and any future planning takes place. We saw minutes from the multidisciplinary team meetings, minutes from the community meetings, results from patient questionnaires and feedback from outside agencies who had an interest in patients in the hospital.

From the minutes of the community meetings, we saw patients were reminded they could access the advocacy services which the service worked with. They were also used to remind people they could access further education and healthy living services, such as smoking cessation and healthy eating. Patients we spoke with told us they could express their views safely in the community meetings. From the minutes, we saw this mainly related to the variety of social activities available and the food.
We noted the service had a ‘patients’ rights champion’. Dedicated time was given to allow patients to meet with them and discuss any concerns they had about their treatment and detention. We also saw they supported patients to make representations about their treatment at mental health tribunals.

We saw the service involved patients in care delivery. For example, patients could participate in the recruitment of staff by sitting on an interview panel or by submitting questions to prospective employees.

Patients could also contribute to staff training. We saw a very comprehensive report on how some patients were asked their ideas on staff training. We saw that patients were supported throughout this process to make sure they were made to feel safe and their ideas were valued. This included constant feedback on how their views were not seen as a criticism of the present staff group but could enhance the care that they and future patients would receive. This had led to staff being given extra training in identifying and helping people with self-harming behaviors, helping people with eating disorders and people who had committed or been the victim of sexual offences.

The service had a duty of candour policy (this is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). Staff we spoke with had a good understanding of how this influenced their working practice.

The service had amended the provider’s complaints policy to comply with Scottish legislation and included contact details for Healthcare Improvement Scotland. We looked at how the service logged complaints and how they were dealt with. We saw that the service followed its policy to ensure each complaint was dealt with within a specific timescale and that each complainant received a comprehensive answer to any issues raised.

■ No requirements.
■ No recommendations
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service’s environment met both the need for a homely feel while maintaining the safe and low level security required for its patients. Medicines administration records need to clearly indicate when a new prescription chart has been started.

The environment was suitably clean and safe while maintaining a more homely feel for patients using the service. We saw evidence of regular cleaning of the environment and equipment. Staff had access to personal protection equipment, such as disposable gloves and aprons, to prevent the risk of cross-infection. We were shown documentation that demonstrated regular safety and security checks were completed. We were told security locks had recently been replaced to ensure a safe environment for patients, staff and public.

The hospital had systems to keep patients and staff safe. These included:

- keypad and security pass access into the ward areas
- closed circuit television observation of communal areas
- patient call bells, and
- personal security alarms for staff.

Some patients required a higher level of observation and supervision. Extra staff were in place to carry out the observations and provide a safe environment for the other patients. Clear reasons for the enhanced level of observation and supervision were contained in patients’ care plans.
We saw evidence of a programme of planned maintenance, including water safety, gas appliances, and electrical and fire safety. We were told about current planned long and short-term replacement projects such as replacing light fittings, and ongoing carpet removal and vinyl replacement. These had been prioritised on a risk assessed basis. We were told the provider was responsive to the service’s requests for funds to maintain the environment.

We looked at four patient care records and found evidence of medicines reconciliation following admission. This ensures that a patient's medication list is as up to date as possible. Medicines were stored in a safe and organised manner. We saw evidence of the pharmacy technician checking the medicine cupboards to ensure good stock rotation, and the disposal of out-of-date medicines or those no longer required.

Emergency medical equipment was available to staff. Following a recent risk assessment, this had been repositioned to ensure that staff could quickly and safely access what they needed in an emergency. We saw evidence of regular checks of the emergency equipment.

We were shown evidence of both clinical and environmental risk assessments. We tracked an incident and found a system in place to raise and identify the type of incident, carry out a risk assessment, identify any actions to be taken and report the findings. The action plan for the incident we tracked was completed and had been reviewed. All incidents were collated to look for trends, with directorate managers directly informed of any medium and high-level incidents. One of the senior staff had recently completed root cause analysis training and reviewed any adverse events that took place in the service.

**What needs to improve**

The medicines administration record did not clearly record when a prescription chart had been replaced with a new one (recommendation a).

- No requirements.

**Recommendation a**

- The service should review the process of recording when a new prescription chart has been started on the medicines administration record to ensure medicines are administered safely to patients.
Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were well organised and provided evidence of assessment and management of patients. Environmental safety checks should be recorded separately from checks carried out on patients to make sure they are safe and well.

We saw a number of different communication mechanisms to ensure handovers and regular updates took place on the wards. These mechanisms included handovers between shifts, using patient safety boards, safety briefings, and carrying out regular assessments to predict, reduce and manage risks before any violent behavior occurred.

We saw evidence of monthly care summaries and multidisciplinary review of the mental health needs of patients. We reviewed four patient care records and saw that care plans were regularly evaluated and reviewed. There was evidence that staff took every opportunity to include patients in their care planning and recorded when this was not possible, such as due to the mental state of the patient at the time. We saw that patients had completed a ‘My Story’ form to express their needs and feelings.

A ‘care programme approach’ review was in progress during our inspection. This approach helps to ensure patients with complex mental health needs have their needs formally reviewed on a regular basis. We saw that care programme approach review dates for each patient were recorded alongside their mental health status review dates. Although the service did try to include family members in this, there was a low uptake from family members and carers.

Staff were complimentary about the current GP service provided to ensure the physical health needs of patients were met. They told us the same GP attended regularly, helping to increase the consistency of the care provided. Staff told us they felt patients benefited from having this input from the GP service. We saw evidence of patient reviews with the GP and heard patients offered the opportunity to see the GP.

Both paper and electronic records were stored in a secure manner. Paper files were stored in a lockable cupboard and electronic patient data was password protected.
The majority of patient care records reviewed were completed, legible, timed, dated and signed. Senior charge nurses included audits of patient care records in their audit programme.

**What needs to improve**

The service used monthly record books to document the regular environmental safety checks carried out. However, these books also contained some records of patient-specific general observation checks carried out to ensure patients remained safe and well. The service should review this practice to separate environmental safety checks from patient care checks. All patient safe and well checks should be recorded in individual patient care records (recommendation b).

- No requirements.

**Recommendation b**

- The service should review its documentation to ensure that records about patients’ safe and well checks are maintained separately.

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**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

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**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

A safe recruitment process was in place, and an induction programme for new staff. Good opportunities were provided for staff development. Staff took advantage of development opportunities and felt supported in their personal and professional development.

We reviewed four staff files and saw that appropriate references and Protecting Vulnerable Groups (PVG) checks were in place. Staff qualification certificates were held on file, and job descriptions, interview records and contracts were in place. We saw that the occupational health status of all staff was checked and recorded.
Annual professional registration and revalidation status checks were in place for all clinical staff. Revalidation is where clinical staff are required to send evidence of their competency, training and feedback from patients and peers to their professional body, such as the Nursing and Midwifery Council, every 3 years.

All staff carried out an induction programme. A checklist was used to make sure this was completed. Mandatory topics for new staff included:

- fire safety
- infection prevention and control
- managing challenging behavior, and
- safeguarding vulnerable adults.

All new staff were required to complete a probationary period. We saw they were supported and supervised by their line manager throughout this time.

Continuing professional training and development opportunities were available for staff. This included education in updated policies and procedures, and other core topics such as advanced infection prevention and control. We saw staff were supported to gain Scottish Vocational Qualifications and some staff who had been supported to complete registered nurse training.

Further initiatives to support staff development included funding support for any qualified staff who wished to pursue external training. For example, healthcare support workers were supported to undertake Scottish Vocational Qualifications. The service had also developed senior healthcare support worker posts to provide career progression opportunities. This had been welcomed by staff.

The service was supporting and engaging staff to view supervision as an ongoing process, rather than just for when things go wrong. Staff told us they had appropriate supervision in place and that they participated in annual appraisal meetings. Following a recommendation made during the November 2017 inspection, the service had revised its supervision practice to ensure that all issues raised at supervision were recorded and actioned by the appropriate staff. Both staff and senior managers reserved a copy of the supervision discussion for their records.

The service had introduced a series of ‘champions’ roles. The service told us this had motivated staff and had been of benefit in the championing of patients’ rights, infection prevention and control, and managing medicines.
What needs to improve
The service had informally supported some staff to complete registered nurse training. This had been done by ensuring that staff rota did not overlap with time at university and by offering work opportunities at the weekends. We discussed how this could be taken forward by the provider by offering a more structured form of support. The service agreed this was an area that it would explore.

■ No requirements.
■ No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service encouraged a culture of learning from both within and outside the organisation. Staff were members of professional groups and good practice from other areas was considered in the service’s quality improvement plans. A consistent approach to how risk management plans are reviewed across the hospital needs to be developed.

Staff told us that senior management were visible and approachable. Both staff and patients were confident they could approach senior managers with any issues and felt listened to. We saw evidence of issues being discussed at team meetings resulting in action plans being produced to support improvement.

Staff told us the results of a recent staff survey had been shared with them. Results from the survey showed that 100% of staff who participated in the survey said they would recommend the service to others as a good place to work. We were encouraged to see that staff had been updated on the results of the survey and that an action plan was being developed to address issues raised.

It was clear that the leadership supported a culture of learning and staff were encouraged to actively seek out good practice. All qualified staff were members of the Forensic Network. This ensured that the service kept up to date with changing legislation and best practice guidance.

The service had a quality improvement plan and we were encouraged to see that action plans were informed by learning from within and outside the organisation. For example, the service had reviewed its incident and restraint policy in line with recommendations made in an inspection report for a similar service.
A wide-ranging staff recognition programme included an employee of the month award. Staff could be nominated by colleagues, management, patients and carers for an annual UK-wide award. Several staff from the service had been nominated for the award this year. The service had introduced various champions’ roles such as for patients’ rights and infection prevention and control. We recognised that these roles were empowering, particularly for junior staff, as it provided an opportunity for staff to develop autonomy and leadership skills while supporting the service’s delivery of care and support for patients.

**What needs to improve**
A comprehensive audit programme was in place which included audits carried out internally by staff in the service, as well as audits carried out by the provider. However, the format of the charge nurses’ audit had still not been updated despite a recommendation made during the November 2017 inspection (recommendation c).

- No requirements.

**Recommendation c**
- The service should review the format of the charge nurses’ monthly audit.
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 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 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.

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<tr>
<td><strong>Requirements</strong></td>
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<th><strong>Recommendations</strong></th>
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<tbody>
<tr>
<td>a  The service should review the process of recording when a new prescription chart has been started on the medicines administration record to ensure medicines are administered safely to patients (see page 15).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

| b  The service should review its documentation to ensure that records about patients’ safe and well checks are maintained separately (see page 17). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
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<td>c  The service should review the format of the charge nurses’ monthly audit (see page 21).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

This was previously identified as a recommendation in the November 2017 inspection report for Surehaven Hospital.
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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.

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.

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.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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: hcis.ihcregulation@nhs.net