Announced Inspection Report: Independent Healthcare

Service: La Belle Forme, Glasgow
Service Provider: La Belle Forme Ltd

12 December 2018
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 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 announced inspection of La Belle Forme on Wednesday 12 December 2018. We spoke with a number of staff during the inspection, and received written feedback from three patients following the inspection.

The inspection team was made up of two inspectors. This was our first inspection of this service.

What we found and inspection grades awarded

For La Belle Forme, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2 – Impact on people experiencing care, carers and families</td>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Care was provided in a responsive and respectful way. Patients were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place. A patient engagement strategy should be developed to allow better engagement with patients. Patient feedback should then be used to improve the service.</td>
<td>Satisfactory</td>
</tr>
<tr>
<td></td>
<td>5.1 - Safe delivery of care</td>
<td>Lasers were managed safely and arrangements were in place to deal with medical emergencies. Although the service was clean, a more structured approach to cleaning is needed. Improvements must be made.</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

Healthcare Improvement Scotland Announced Inspection Report
La Belle Forme, La Belle Forme Ltd: 12 December 2018
made to the service’s risk management systems and procedures and a regular programme of audit implemented. Policies must also reflect how the service is delivered.

### Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Staff at all levels are involved in national and local training events. Staff and senior management meetings and actions taken should be formally documented. Regular reviews of the quality of treatment provided must be carried out and a quality improvement plan developed. | Unsatisfactory |

The following additional quality indicators were inspected against during this inspection.

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
<td></td>
</tr>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a good quality patient assessment before any treatment was provided, including a medical history questionnaire. We saw clear and accurate documentation in patient care records. Patients were fully informed about the risks and benefits of treatments.</td>
</tr>
<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
<td></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Recruitment, induction and training policies were in place. Staff appraisals were carried out. Staff told us there were opportunities for training and development. Staff files were incomplete and the service could not demonstrate that recruitment checks were carried out. Improvements must be made to ensure the safe recruitment of staff.</td>
</tr>
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</table>

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 and grading history of individual services can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

What action we expect La Belle Forme Ltd to take after our inspection

This inspection resulted in eight requirements and six recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and 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

La Belle Forme Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at La Belle Forme for their assistance during the inspection.
2 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

Care was provided in a responsive and respectful way. Patients were fully involved and informed about their treatment. A clear and accessible complaints procedure was in place. A patient engagement strategy should be developed to allow better engagement with patients. Patient feedback should then be used to improve the service.

Patients were required to have an initial consultation to determine suitability for treatment. Depending on the requested treatment, consultations were carried out by either a plastic surgeon or cosmetic nurse. This meant that patients were supported to make informed decisions before giving their consent to treatment.

We reviewed how patients who had recently used the service had been involved in making decisions about their care and treatment. We saw evidence that treatment had only been provided after a thorough consent process had taken place. The patient care records we reviewed showed that patients had received written information about:

- what they could expect from using the service
- the proposed treatment costs, and
- the risks and benefits involved with the treatment.

All three patients we received feedback from said they strongly agreed that the service provided easy to understand information and treated them with dignity and respect. One patient commented: ‘All information provided was clearly explained and my questions answered.’
A number of different methods were used by the service to obtain feedback from patients. This included:

- a website
- a Facebook page, and
- online sites used to rate clinic services.

A written complaints procedure made clear to patients that they could complain to Healthcare Improvement Scotland at any time. The service was also a member of the Independent Sector Complaints Adjudication Service (ISCAS). This is a voluntary subscriber scheme for the independent healthcare sector that sets standards to be met when handling complaints about their services. Two complaints from patients had been received by the service in the past year and both had been dealt with appropriately. Healthcare Improvement Scotland have not received any complaints about the service.

**What needs to improve**

The service was unable to demonstrate any improvements it had made as a result of patient feedback. While the service proactively sought feedback from patients, these were website and social media testimonials. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement.

The service should provide a more structured approach to patient engagement by developing and implementing a patient engagement strategy that sets out its approach to:

- gathering patient feedback
- analysing the results
- implementing changes to drive improvement, and
- measuring the impact of the changes (recommendation a).

We also discussed the benefits of developing a more comprehensive patient questionnaire about each aspect of the patient’s treatment.

- No requirements.
Recommendation a

We recommend that the service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
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

Lasers were managed safely and arrangements were in place to deal with medical emergencies. Although the service was clean, a more structured approach to cleaning is needed. Improvements must be made to the service’s risk management systems and procedures and a regular programme of audit implemented. Policies must also reflect how the service is delivered.

Patients were cared for in a clean environment. All patients we received feedback from said they were extremely satisfied with the cleanliness and maintenance of the service. Some comments we received included:

- ‘All treatment areas are maintained and cleaned to a high standard.’
- ‘I have been a customer with La Belle Forme for several years and have only seen the clinic demonstrate very high standards of cleanliness.’

To keep the clinic secure, the service operated an appointment only system for all consultations and treatments.

Arrangements were in place to deal with medical emergencies. This included training for staff, first aid supplies and equipment. We saw the service had an automatic defibrillator. This meant that trained and informed staff could support patients in an emergency.

Lasers used in the service were managed safely. Regular input had been provided to the service by an appropriately qualified, named laser protection advisor. ‘Local rules’ are the local arrangements to manage laser safety usually developed by the laser protection advisor. These were in place for each laser. Staff were in the process of receiving core knowledge refresher training from
the laser protection advisor to maintain their knowledge about the safe use of lasers.

To assess the safety culture in the service, we discussed with staff the importance of following World Health Organization guidelines during surgical procedures. For example, taking a ‘surgical pause’ before starting surgery to check they had the correct patient and equipment. Staff told us they were aware of these checks and carried them out. We did not have the opportunity to observe a surgical pause in practice. However, we saw that staff recorded swabs and instruments used in line with guidelines, to enable the tracking and tracing of instruments used. Staff also told us that team briefs were carried out before and after surgery.

**What needs to improve**

We were concerned about the lack of awareness from senior management about risk management processes and how these linked to different aspects of the service. We saw no evidence that effective strategies were in place, such as:

- a comprehensive risk register
- appropriate risk assessments to protect patients and staff, or
- an accident and incident investigation procedure (requirement 1).

Although the service was clean and well maintained, we found no evidence of a structured approach to cleaning. For example, we found:

- most dressing trolleys were dusty, dirty and disorganised
- the storage cupboard for cleaning materials was cluttered and cramped and colour-coded mops were stored in direct contact with each other (separate coloured equipment should be used when carrying out certain cleaning tasks), and
- no evidence of a cleaning system for patient equipment and other areas that are not covered by the cleaner.

We noted that bath towels were being used to cover treatment couches in most treatment rooms, despite disposable paper couch roll being available. No system was in place to manage and launder these towels between patients (requirement 2).

The service had installed a new ventilation system in its procedure room. However, no evidence could be provided that the system complied with the
required specification for the surgical procedures carried out in the service (requirement 3).

The service had a medication policy that described how medicines (including controlled drugs) were procured, stored, prescribed and administered within the service. Controlled drugs are medications that require to be controlled more strictly such as some types of painkillers. Although the service used controlled drugs, we saw no evidence of a Home Office license or that an application for one had been made. Providers must have a Home Office license if they wish to, supply or possess controlled drugs (requirement 4).

Although key policies had been produced, most of these did not accurately reflect how the service was delivered. For example, the clinical governance policy stated that an audit programme was in place. However, we saw no evidence of this. We discussed the importance of implementing policies and procedures that accurately reflect practice (requirement 5).

We saw little evidence of audit activity. For example, we saw a recent consent audit. However, the only infection prevention and control audit we were provided with was from 2013. No further audits on any aspect of care and treatment were available. The service manager told us health and safety audits were carried out, but not recorded. A programme of regular audit should be implemented which includes, as a minimum:

- medicine management
- patient care records
- health and safety, and
- cleaning and maintenance of the care environment (recommendation b).

Although staff told us they carried out safety checks during surgical procedures in line with World Health Organization guidelines, no record of these checks were being documented (recommendation c).

**Requirement 1— Timescale: by 30 April 2019**

- The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.
Requirement 2 – Timescale: by 30 April 2019

- The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Requirement 3 – Timescale: by 30 April 2019

- The provider must provide evidence to demonstrate that the ventilation system installed in the procedure room conforms to the specification required for the surgical procedures carried out in the service.

Requirement 4 – Timescale: immediate

- The provider must demonstrate that it has obtained or applied for a Home Office license for controlled drugs.

Requirement 5 – Timescale: by 30 April 2019

- The provider must review and update its policies and procedures for all aspects of care and treatment to ensure each one accurately reflects practice in the service.

Recommendation b

- We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Recommendation c

- We recommend that the service should ensure all patients undergoing surgery have safety checks completed and documented in line with the World Health Organization Guidelines for Safe Surgery (2009).

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a good quality patient assessment before any treatment was provided, including a medical history questionnaire. We saw clear and accurate documentation in patient care records. Patients were fully informed about the risks and benefits of treatments.
We discussed with staff how patients' needs were assessed, and how treatment was planned and delivered, in line with patients' individual treatment plans. The three patient care records we reviewed showed that comprehensive assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications, allergies and previous treatments. The service used different forms to record medical history depending on treatments being undertaken. Staff told us this was under review to create a standardised comprehensive form to be used for all procedures.

We saw evidence of treatment plans being developed and agreed with patients. These set out the course and frequency of treatment. Records were kept of each treatment session, including a diagram of the area that had been treated. Dosage and medicine batch numbers were also recorded for each treatment. Patients were given verbal and written aftercare advice, and this was recorded in patient care records.

Information about risks and benefits of treatment was given to patients. This was done in a way that they understood. Some comments we received included:

- ‘[…] explains the procedures very well, using language/terminology that is easy for someone like myself that is not in the medical profession to understand. […] welcomes any queries I have and always makes me feel informed if anything changes etc’. I was informed and had total control over all decisions and continually consulted.’
- ‘[…] always listens to my own preferences/desired outcomes with procedures and ensures I am informed prior getting anything done.’

**What needs to improve**

Staff told us that when patients returned for further treatment, they were asked if their medical history was still correct and up to date. We discussed the benefit of formally recording that this check had taken place in the patient’s care record.

- No requirements.
- No recommendations.
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.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Recruitment, induction and training policies were in place. Staff appraisals were carried out. Staff told us there were opportunities for training and development. Staff files were incomplete and the service could not demonstrate that recruitment checks were carried out. Improvements must be made to ensure the safe recruitment of staff.

A number of different clinical and non-clinical staff worked in the service. Recruitment, induction and training polices were in place. A mentor system was used to pair new employees with existing employees until they were competent and confident to perform their job role independently.

Records of ongoing training were held in individual staff files. Staff we spoke with told us there were good training and development opportunities. We saw that staff appraisals were being carried out annually.

What needs to improve

Although a recruitment policy was in place, this was not being followed. Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable groups. We found multiple gaps in the four clinical staff files we reviewed. This included no evidence of application forms and interview notes, Protecting Vulnerable Groups (PVG) checks, professional registration checks, and employment references. We noted similar gaps for two independent practitioners granted practicing privileges by the provider (practitioners not employed directly by the provider but given permission to work in the service). We also found one member of non-clinical staff had no recruitment or training record (requirement 6).

Managers were unaware of the requirements for completing disclosure or PVG checks for non-clinical staff. For example, non-clinical staff access sensitive and personal information about patients using the service (requirement 7).
We found no system was in place for ongoing checks on staff professional registration status (recommendation d).

**Requirement 6– Timescale: by 30 April 2019**
- The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff.

**Requirement 7– Timescale: by 30 April 2019**
- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.

**Recommendation d**
- We recommend that the service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks.
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

Staff at all levels are involved in national and local training events. Staff and senior management meetings and actions taken should be formally documented. Regular reviews of the quality of treatment provided must be carried out and a quality improvement plan developed.

Staff told us that regular staff meetings took place. The service manager told us any issues raised were reported into a formal quality assurance meeting held every 3 months.

The medical director and other staff were members of professional organisations such as the British Association of Aesthetic Plastic Surgeons. The medical director is a trainer for a cosmetic company and training events are run from the clinic on a regular basis. Staff work with others in the industry and attend trade events to develop and keep their skills up to date. Any new techniques demonstrated at trade events are reviewed and, if appropriate, implemented in the service.

What needs to improve

No overarching quality assurance structures were in place, and no system for reviewing the quality of the service delivered. We saw no evidence of lessons being learned from complaints, incidents or audits which would help improve service delivery. Regular reviews of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients (requirement 8).

The service’s clinical governance policy stated that various staff meetings and reviews were taking place. While the service manager confirmed that staff meetings took place, the medical director told us that no minutes from senior staff or board meetings were kept (recommendation e).
A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation f).

The service could consider benchmarking itself against other services to help improve how the service is delivered.

**Requirement 8 – Timescale: by 30 April 2019**

- The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and service users.

**Recommendation e**

- We recommend that the service should formally record the minutes of staff and senior management meetings. These should include any actions taken and those responsible for the actions.

**Recommendation f**

- We recommend that the service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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.

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>We recommend that the service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 9).</td>
</tr>
</tbody>
</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>1 The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 12).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timescale</td>
<td>– by 30 April 2019</td>
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</tbody>
</table>

*Regulation 13(2)(a)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Timescale</th>
<th>Regulation</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately (see page 13).</td>
<td>by 30 April 2019</td>
<td>3(d)(i)(ii)</td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td>3</td>
<td>The provider must provide evidence to demonstrate that the ventilation system installed in the procedure room conforms to the specification required for the surgical procedures carried out in the service (see page 13).</td>
<td>by 30 April 2019</td>
<td>10(2)(c)</td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td>4</td>
<td>The provider must demonstrate that it has obtained or applied for a Home Office license for controlled drugs (see page 13).</td>
<td>immediate</td>
<td>3(d)(iv)</td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
<tr>
<td>5</td>
<td>The provider must review and update its policies and procedures for all aspects of care and treatment to ensure each one accurately reflects practice in the service (see page 13).</td>
<td>by 30 April 2019</td>
<td>3(d)(iv)</td>
<td>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
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</table>
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendation

**b** We recommend that the service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 13).

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

**c** We recommend that the service should ensure all patients undergoing surgery have safety checks completed and documented in line with the World Health Organization *Guidelines for Safe Surgery* (2009) (see page 13).

Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me Statement 1.24

## Domain 7 – Workforce management and support

### Requirements

**6** The provider must implement effective systems that demonstrate the safe recruitment of appropriate staff (see page 16).

Timescale – by 30 April 2019

*Regulation 8*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 7 – Workforce management and support (continued)

Requirements

7 The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 16).

Timescale – by 30 April 2019

Regulation 9(2)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

d We recommend that the service should ensure that a system is in place to make sure that staff are subject to ongoing professional registration checks (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me Statement 3.14

Domain 9 – Quality improvement-focused leadership

Requirements

8 The provider must implement a suitable system of regularly reviewing the quality of the service. A written record of the review must be made available to Healthcare Improvement Scotland and service users (see page 18).

Timescale – by 30 April 2019

Regulation 13
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
### Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>Recommendation</th>
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| **e** | We recommend that the service should formally record the minutes of staff and senior management meetings. These should include any actions taken and those responsible for the actions (see page 18).  

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

| **f** | We recommend that the service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 18).  

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
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](http://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](http://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:** comments.his@nhs.net