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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2  Progress since our last inspection  

3

1 A summary of our inspection

About the service we inspected

The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre is registered with Healthcare Improvement Scotland as an independent hospital. The hospital provides specialist assessment and rehabilitation healthcare services to people aged 16 years and above with a brain injury or other complex neurological conditions.

Located within the grounds of Murdostoun Castle near Newmains, the hospital is a single storey building with single room accommodation. Healthcare services are provided for up to a maximum of 21 people.

Previous inspection

We previously inspected The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre on 28 and 29 October 2014. That inspection resulted in nine requirements. As a result of that inspection, Four Seasons Health Care Properties (Frenchay) Limited (the provider), produced a detailed improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website [http://www.healthcareimprovementscotland.org/HEI.aspx](http://www.healthcareimprovementscotland.org/HEI.aspx)

About our follow–up inspection

We carried out an unannounced follow-up inspection to The Huntercombe Services - Murdostoun Brain Injury Rehabilitation Centre on Wednesday 8 April 2015.

The inspection team was made up of two inspectors: Kevin Freeman-Ferguson and Karen Malloch.

This follow-up inspection is our assessment of the progress the service has made in addressing the requirements from the last inspection. This report should be read along with the October 2014 inspection report.

We have not regraded the service as a result of this follow-up inspection as the focus was limited to the action taken as a result of the requirements. Grades may still 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.

The grading history for Murdostoun Brain Injury Rehabilitation Centre can be found in Appendix 2 and more information about grading can be found in Appendix 4.

We noted that the service has been working hard to address the requirements:

- four requirements made following the last inspection have been met
- four requirements made following the last inspection have been carried forward with a revised timescale for completion, and
- one requirement has been carried forward as it had yet to meet the deadline for completion.
Four Seasons Health Care Properties (Frenchay) Limited, the provider, must continue to address the remaining requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Murdostoun Brain Injury Rehabilitation Centre for their assistance during the follow-up inspection.
2 Progress since our last inspection

What the provider has done to meet the nine requirements we made at our last inspection on 28–29 October 2014

Quality Theme 1 – Quality of care and support

Quality Statement 1.1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Requirement
The provider must ensure that the complaints policy is updated to make it clear to the complainant that they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Action taken
The service’s timescale for completion for this requirement was 31 January 2015.

We saw a revised complaints policy was now available. This made it clear that the regulator for the service was Healthcare Improvement Scotland and that patients could make a complaint to us at any time. This requirement is met.

Quality Statement 1.5
We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users’ physical, psychological, emotional, social and spiritual needs at all times.

Requirement
The provider must ensure the service is provided in a way which promotes quality and safety, and respects the independence of clients by giving them choice in the way the service is provided.

Action taken
The service’s timescale for completion for this requirement was immediately on receipt of the report.

A working group was established to review the care planning processes and develop a person-centred integrated approach to planning care. This was co-ordinated by the head of therapy along with clinical staff. A ‘life story book’ had been introduced for all new patients. We saw that these provided an opportunity for staff to gain information about patients that could inform how care could be delivered. The life story asked patients about their background and encouraged patients to give their perception on what help they needed for all aspects of their activities of daily living. It included likes and dislikes, spiritual and emotional needs, and personal interests. The named carer helped patients to complete the
book and information was added as new facts were found. If a patient was unable to complete the book, then family members were asked to be involved.

We saw this as a useful tool in gathering information about patients' expectations and preferences. It provided an opportunity for patients to have a choice in all aspects of their care.
This information was used to develop care plans in line with personal preferences. We looked at four integrated care plans and saw these were person centred. All developments from the working group were discussed through the clinical governance meetings. Education and support had been provided to staff to implement these changes. This requirement is met.

Requirement
The provider must ensure that the care planning process includes how all the identified care needs of a client are to be met. This should include their psychological, social and spiritual needs.

Action taken
The service's timescale for completion for this requirement was 28 February 2015.

The care planning process had been reviewed and new integrated care plans were in place for 40% of patients using the service at the time of our inspection. This included all new patients. It was planned that all existing patients moved to an integrated care plan in the next 2 months, depending on the time remaining in the service. We looked at four new integrated care plans and saw that all members of the multidisciplinary team were involved. We saw a good example where a patient with a percutaneous endoscopic gastrostomy (PEG) had psychological support included in their care plan. A PEG is a tube inserted into the patient’s stomach to provide complete nutrition when a patient is unable to eat or drink normally. We also saw a care plan which detailed how the patient should be supported to maintain their dignity in relation to management of their catheter.

Patients were asked about their spiritual needs on admission. We saw this was included as part of the care plan if appropriate.

Patients’ social needs were also clearly included and we saw meaningful activity included in the care plans. Family evenings were planned and the service was currently increasing weekend activities for those who had limited or no weekend visitors.

A new electronic care management system was being introduced. However, the senior management team was uncertain at this point how this would be implemented in the service, and if it would use the newly introduced integrated care plans. This requirement is partially met and will be carried forward with a revised timescale of 1 June 2015.

Quality Statement 1.6
We ensure that there is an appropriate risk management system in place, which covers the care, support and treatment delivered within our service and, that it promotes/maintains the personal safety and security of service users and staff.

Requirement
The provider must ensure that the premises are suitable for the client group. To do this, the provider must ensure that the building and external areas are accessible and safe.
Action taken
The service’s timescale for completion for this requirement was 31 July 2015.

During the inspection, we saw that the provider had refurbished the two sluice rooms and worked to make sure that all the footpaths were free from litter, mud, moss and other debris. Changes and improvements to the campus roads and paths and the area in front of the hospital main entrance were still in the planning stages. Proposals included providing a level access to the hospital, an external smoking shelter, reducing the severity of the speed bumps on the campus driveway and improved access across the campus. Inside the hospital, hoist tracking would be installed in five bedrooms, two further bathrooms would be refurbished and general redecoration would take place. The timescale for completing this requirement stays the same and it will be followed up at the next inspection.

Requirement
The provider must ensure the service is provided in a way which ensures the safety, and respects the independence, of the clients. To do this, it must review the delivery of the service in line with the aims of rehabilitation and develop a person-centred proportionate risk management approach.

Action taken
The service’s timescale for completion for this requirement was 28 February 2015.

The newly implemented integrated care model considered activities of daily living skills for each patient in a way that encouraged independence whilst ensuring that risk was managed safely. We saw a comprehensive range of risk assessments was available for use. This included falls, dietary/swallowing and absconding. We looked at the risk assessment and controls put in place for a patient who had been identified as likely to abscond. We saw that positive strategies such as meaningful activity and support had been implemented to manage the risk. Regular reviews were carried out with the patient. This included a 2-weekly review, a 4-weekly integrated care plan review and an 8-weekly progress meeting. ‘Expectation’ meetings were held with patients and families to ensure they had realistic expectations about the progress that was likely to be made while the patient was using the service. We saw a positive change had been made from having a blanket approach to risk assessment to a more person-centred approach. This new approach considered the individuals’ abilities and offered tailored support, for example giving patients the opportunity to make their own snacks and tea, when they are able to do so. This requirement is met.

Quality Theme 3 – Quality of staffing

Quality Statement 3.3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Requirement
The provider must, having regard to the size and nature of the service, and the numbers and needs of service users, ensure that at all times suitably qualified and competent persons are working in the independent health care service in such numbers as are appropriate for the health, welfare and safety of service users.
Action taken
The service’s timescale for completion for this requirement was 28 February 2015.

The therapy team was fully staffed. The nursing team had two registered nurse vacancies and the provider was recruiting to fill these posts. The provider had found recruitment at the service difficult due to the geographic location. As a result, the service was due to participate in a recruitment exhibition shortly after this inspection. The service had built up a list of casual staff to cover shifts when there were not enough permanent staff available due to holidays or illness; agency staff were only used as a last resort. We looked at the duty roster and saw that all shifts were covered. We were told that when agency staff were required, the same individuals were requested to promote continuity of care.

The service manager had been trying to source rehabilitation training for staff, but had not found a suitable course in Scotland. Staff reported that their training needs were being met. Training specifically to the patient profile and related clinical procedures was provided. A new supervision and appraisal framework was being rolled out for all staff. The service was planning to undertake the necessary assessment and training to allow it to offer placement for nursing students. This requirement is met.

Requirement
The provider must ensure that each person employed in the provision of the independent healthcare service receives regular supervision, performance review and appraisals.

Action taken
The service’s timescale for completion for this requirement was 28 February 2015.

Since the October 2014 inspection, the provider had developed a new supervision and appraisal framework for the service. This sets out the arrangements and requirements for supervision and appraisal for all members of staff for their first year of employment and every subsequent year. The process requires a full appraisal every year, a mid-year review and at least two additional supervision meetings. These meetings allow for two-way communication between employees and their line manager covering performance issues, clinical matters and staff support. A comprehensive suite of supporting documentation had also been developed to help staff and management have a meaningful discussion at the meeting. We were told that the human resources (HR) team and the service manager would be carrying out audits to make sure that the supervision meetings were taking place as required.

While a lot of work had been carried out to develop this system, it had yet to be implemented in the service and staff had not yet had supervision meetings using this new system. This requirement is partially met and will be carried forward with a revised timescale of 1 October 2015.
Quality Theme 4 – Quality of management and leadership

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.

Requirement
The provider must ensure that any treatment or services provided by the service are of a quality which is appropriate to meet the needs of the service user. To do this, the provider must develop a system of clinical governance that gathers information from feedback and reporting mechanisms and uses this information to measure and improve the quality of the service provided.

Action taken
The service’s timescale for completion for this requirement was 31 January 2015.

The service manager had carried out a review of the governance structure. The new structure comprised four groups:

- finance governance
- staff governance
- clinical governance, and
- corporate governance.

With the exception of the corporate governance group, the groups met monthly and outcomes were reported to the overarching clinical governance committee. The manager told us that meeting of the corporate governance group had not taken place due to staff changes affecting the group membership. It was planned the meetings would reconvene within the next month and follow a regular monthly schedule.

The corporate governance group included valuable discussion of accidents/incidents data, feedback from stakeholders and audit results. Action plans were developed to address any areas for improvement. This group formed an important part of the governance framework and should inform service development.

We looked at minutes from the staff governance clinical governance groups, and the overarching clinical governance committee. We saw that, other than the clinical governance committee, there were no set agendas for the other groups. It was also difficult to follow if the actions identified at the meetings had been completed. Terms of reference for these groups and committees would be useful to clarify their purpose, membership and reporting structures. The senior management team told us that the governance structure was continuing to develop. **This requirement is not met** and will be carried forward with a revised timescale of 1 June 2015.
**Requirement**

The provider must ensure that there are appropriate systems and processes in place for all aspects of care and treatment including infection control. To do this, the provider must:

a) undertake a review of infection control management within the service including policies and procedures
b) undertake a risk assessment of each area
c) implement a regular audit system
d) review staff training, and
e) review provision of staff hand washing facilities.

**Action taken**

The service’s timescale for completion for this requirement was 31 January 2015.

The provider had an ongoing programme of review for policies and procedures. The service was able to show us the policies that were currently scheduled for review. However, this did not include those relating to infection control.

Training for infection prevention and control was provided by e-learning modules. The package provided reports on how many staff had completed the training by the due date. The most recent report available during our inspection showed that 85% of staff had completed the training. Those still needing to complete the training were either new staff, or those who had been off work for an extended period.

A schedule of monthly audits on a variety of topics had been developed. However, there was little evidence to support that this had been implemented. The infection control quality audit had been completed in January 2015.

While the two sluice areas had been refurbished, including new clinical wash hand basins, these were not compliant with the Health Facilities Scotland’s Scottish Health Technical Memorandum (SHTM) 64: Sanitary Assemblies for clinical wash hand facilities. More work was needed to review the provision of staff hand washing facilities, particularly considering the number and location of facilities for clinical hand washing. This requirement is partially met and is carried forward with a revised timescale of 1 June 2015.
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 1.5</th>
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</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>The provider must:</td>
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<tr>
<td>1</td>
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</table>

   ensure that the care planning process includes how all the identified care needs of a client are to be met. This should include their psychological, social and spiritual needs (see page 7).

   Timescale – by 1 June 2015

   *Regulation 4(1)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 14 – Information held about you)

   This was previously identified as a requirement in the October 2014 and February 2014 inspection reports for Murdostoun Brain Injury Rehabilitation Centre.

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Quality Statement 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>The provider must:</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

   ensure that each person employed in the provision of the independent healthcare service receives regular supervision, performance review and appraisals (see page 9).

   Timescale – by 1 October 2015

   *Regulation 12(c)(i) and (ii)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
National Care Standards – Independent Hospitals (Standard 10 – Staff)

This was previously identified as a requirement in the October 2014 and February 2014 inspection reports for Murdostoun Brain Injury Rehabilitation Centre.

**Recommendations**

None

## Quality Statement 4.4

### Requirements

**The provider must:**

3. ensure that any treatment or services provided by the service are of a quality which is appropriate to meet the needs of the service user. To do this, the provider must develop a system of clinical governance that gathers information from feedback and reporting mechanisms and uses this information to measure and improve the quality of the service provided (see page 9).

   **Timescale – by 1 June 2015**

   *Regulation 13(a)(b)*

   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 12 – Clinical effectiveness)

   This was previously identified as a requirement in the October 2014 inspection report for Murdostoun Brain Injury Rehabilitation Centre.

4. ensure that there are appropriate systems and processes in place for all aspects of care and treatment including infection control. To do this, the provider must:

   a) undertake a review of infection control management within the service including policies and procedures
   b) undertake a risk assessment of each area
   c) implement a regular audit system
   d) review staff training, and
   e) review provision of staff hand washing facilities (see page 10).

   **Timescale – by 1 June 2015**

   *Regulation 3(d)(i)*

   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

   National Care Standards – Independent Hospitals (Standard 13 – Prevention of infection)

   This was previously identified as a requirement in the October 2014 inspection report for Murdostoun Brain Injury Rehabilitation Centre.
Quality Statement 4.4 (continued)

Recommendations

None

Requirement carried forward from our 28–29 October 2014 inspection

The provider must:

- ensure that the premises are suitable for the client group. To do this, the provider must ensure that the building and external areas are accessible and safe (see page 8).

Timescale – by 31 July 2015

Regulation 10(2)(c)

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

National Care Standards – Independent Hospitals (Standard 15 – Your environment)
## Appendix 2 – Grading history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Quality of information</th>
<th>Quality of care and support</th>
<th>Quality of environment</th>
<th>Quality of staffing</th>
<th>Quality of management and leadership</th>
</tr>
</thead>
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<tr>
<td>10/02/2012</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>3 - Adequate</td>
<td>2 - Weak</td>
<td>Not assessed</td>
</tr>
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<td>07/06/2012</td>
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<td>3 - Adequate</td>
<td>4 - Good</td>
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<td>Not assessed</td>
</tr>
<tr>
<td>10/01/2013</td>
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<td>4 - Good</td>
<td>4 - Good</td>
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<td>Not assessed</td>
</tr>
<tr>
<td>23–25/02/2014</td>
<td>Not assessed</td>
<td>3 - Adequate</td>
<td>4 - Good</td>
<td>4 - Good</td>
<td>3 - Adequate</td>
</tr>
<tr>
<td>28–29/10/2014</td>
<td>Not assessed</td>
<td>2 - Weak</td>
<td>Not assessed</td>
<td>4 - Good</td>
<td>2 - Weak</td>
</tr>
</tbody>
</table>
Appendix 3 – Who we are and what we do

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland. We are also responsible for the registration and regulation of independent healthcare services.

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 5 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (we call this ‘the Act’ in the rest of the report),
- 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. The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act and the associated regulations. 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.

**Our philosophy**

We will:

- work to ensure that patients are at the heart of everything we do
- measure things that are important to patients
- are firm, but fair
- have members of the public on 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 hospitals and services we inspect
- if necessary, inspect hospitals and services again after we have reported the findings
- check to make sure our work is making hospitals and services cleaner and safer
- publish reports on our inspection findings which are always available to the public online (and 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: comments.his@nhs.net
Appendix 4 – How our inspection process works

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 Appendix 5.

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 provider in relation to the implementation of the improvement action plan. Healthcare Improvement Scotland will request an updated action plan 16 weeks after the initial inspection. The inspection team will review the action plan when it is returned and decide if follow up activity is required. The nature of the follow-up activity will be determined by the nature of the risk presented and may involve one or more of the following elements:

- a planned announced or unannounced inspection  
- a planned targeted announced or unannounced follow-up inspection looking at specific areas of concern  
- a meeting (either face to face or via telephone/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 the initial inspection.

A report or letter may be produced depending on the style and findings of the follow-up activity.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 5 – Inspection process

We follow a number of stages in our inspection process.

**Before inspection**

The independent healthcare service undertakes a self-assessment exercise and submits the outcome to us.

We review the self-assessment submission to help inform and prepare for on-site inspections.

**During inspection**

We arrive at the service and undertake physical inspection.

We have discussions with senior staff and/or operational staff, people who use the service and their carers.

We give feedback to the service’s senior staff.

We undertake further inspection of services if significant concern is identified.

**After inspection**

We publish reports for patients and the public based on what we find during inspections. Healthcare staff can use our reports to find out what other services do well and use this information to help make improvements. Our reports are available on our website at [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require 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.
## Appendix 6 – Terms we use in this report

### Terms and explanation

<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>provider</td>
<td>A provider is an individual, partnership or business that delivers and manages a regulated healthcare service.</td>
</tr>
<tr>
<td>service</td>
<td>A service is the place where healthcare is delivered by a provider. Regulated healthcare services must be registered with Healthcare Improvement Scotland.</td>
</tr>
</tbody>
</table>
We can also provide this information:

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