Unannounced Inspection Report: Independent Healthcare

**Service:** Graham Anderson House, Glasgow

**Service Provider:** The Disabilities Trust

17–18 October 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 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 18–19 October 2016

Requirement
The provider must ensure that all prescriptions for medications are complete and comply with best practice and legal guidelines. This must include the route of administration.

Action taken
We saw that all prescriptions were generated by a general practice outwith the service. The prescriptions that we looked at complied with current legislation. This requirement is met.

Requirement
The provider must provide and keep an appropriate back-up generator for the service on site and maintain it in suitable working order.

Action taken
We saw that the service had a new back-up generator and suitable arrangements had been made to maintain it in good working order. This requirement is met.

What the service had done to meet the recommendations we made at our last inspection on 18–19 October 2016

Recommendation
We recommend that the service should review the service level agreement with their pharmacy advisors.

Action taken
The service had changed its pharmacy and medicines administration system. Stock medication was not held at the service and medications were patient-specific. This had reduced the level of pharmacy input needed. This recommendation is met.
Recommendation
We recommend that the service should make sure all sharps bins are dated when first used and again when closed for disposal.

Action taken
We saw that all sharps bins were dated on opening and closing. This recommendation is met.

Recommendation
We recommend that the service should review its medicines admission documentation to enable comprehensive recording of medicines reconciliation to meet the best practice guidance: Safer Use of Medicines: Medicines Reconciliation SGHD/CMO (2013). This information should also be incorporated into the service’s procedure for the management of medicines.

Action taken
We saw that each patient had their medication reviewed and reconciled on admission to the hospital. This recommendation is met.

Recommendation
We recommend that the service should replace clinical hand wash sink splashbacks with a material that is waterproof and which can be easily and effectively cleaned.

Action taken
All clinical hand wash sink splashbacks had been replaced since our last inspection. A regular programme of upgrading made sure they were always fit for purpose. This recommendation is met.

Recommendation
We recommend that the service should make sure any blood glucose meters which are the property of an individual patient are labelled and stored separately. Any blood glucose meters which are used for multiple patients are calibrated independently and the results recorded.

Action taken
All blood glucose meters we saw were labelled appropriately and stored separately. Multiple-use blood glucose meters were independently calibrated. Records of this were kept. This recommendation is met.
Recommendation
We recommend that the service should review its process for requesting references for new staff, to ensure it receives satisfactory references prior to staff starting employment.

Action taken
The service had improved its recruitment procedures for seeking references for new employees. We reviewed recruitment files for five members of staff that had started employment in the last year. Each file contained two satisfactory references as part of the recruitment process. This recommendation is met.

Recommendation
We recommend that the service should consider the appointment of a discharge coordinator or social worker in order to meet the minimum staffing guidance as set out by the British Society Rehabilitation Medicine 2009.

Action taken
This recommendation is reported under Quality Indicator 7.1. This recommendation is not met and has been reported as an area for improvement.

Recommendation
We recommend that the service should improve team working, including communication between consultant specialists, doctors, nurses and allied health and social care professionals.

Action taken
The service has taken steps to improve team working and communication. We saw that all staff met regularly and were invited to the weekly clinical team meeting. The therapy teams were now located in the same office. Staff we spoke with reported improvements in team working. This recommendation is met.

Recommendation
We recommend that the service should make sure all scheduled audits are carried out comprehensively and thoroughly.

Action taken
We saw a very comprehensive audit programme was in place. Audits had been completed within the service’s timescales. This recommendation is met.
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 Graham Anderson House on Wednesday 17 and Thursday 18 October 2018. We spoke with a number of staff, patients and family members during the inspection.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Graham Anderson House, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<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><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
infection prevention and control policy and auditing system needs to be reviewed.

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A very comprehensive mix of measures was used to help the service drive forward improvement. A proactive approach was taken to any new legislation or developments affecting patient care. A quality improvement plan should be developed.</td>
<td>✔ ✔ Good</td>
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</tbody>
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The following additional quality indicators were inspected against during this inspection.

**Additional quality indicators inspected (ungraded)**

<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 were treated with warmth, dignity and compassion. Care plans were very comprehensive, relevant and updated regularly. Decisions about care and support were made with the involvement of individuals, and their carers and family where applicable.</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>Staff told us they felt supported by the service to develop their career. The service had effective recruitment processes which follow best practice.</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 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 The Disabilities Trust to take after our inspection

This inspection resulted in one requirement and one recommendation. The requirement is 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

The Disabilities Trust, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Graham Anderson House 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

The service had developed its systems of patient and family feedback in a thoughtful and measured way, and saw this as a continuous process. It was always looking for new ways to develop this, taking into account each patient’s ability to contribute to the process. We saw that patient suggestions had been implemented quickly and had led to service improvements.

The service promoted a person-centred approach to care. Information was available throughout the service explaining patients’ rights and responsibilities and how to raise concerns. A guide to being a detained patient and a patient’s guide to the service were also widely available. This had been written by a former patient and gave a patient’s perspective. Information was also displayed about patient advocacy services and how to contact them.

The service user and carer participation strategy detailed the service’s four approaches to involving people in improving the care and treatment provided. These were:

- individual consultation
- group consultation
- participation, and
- collective action.

The service took a proactive approach to making it easy for patients, families and carers to participate in making improvements to the service. It had various ways to support families of patients to give feedback on their experience. A monthly family and friends support group was held where all family members,
Carers and friends of patients could meet to discuss different ways to improve the care and treatment provided. This also aimed to provide therapeutic benefit, as the group was asked to work through the suggestions made, what would be required to implement the change and how any changes could be evaluated.

The service provided a detailed service user feedback questionnaire. Results were monitored regularly and formerly evaluated in a report every year. The service developed improvement action plans to respond where improvements could be made. People were notified of the changes made through newsletters, information sharing sessions and a ‘you said, we did’ noticeboard. Feedback from some questionnaires had been used to improve staff training. For example, staff training was introduced in maintaining friendly but professional working relationships with patients.

Following a patient suggestion about patients being given an opportunity to meet with the head of care, the service had developed this into a monthly meeting where health promotion, patient rights and what it means to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 were discussed.

Staff demonstrated how they seek to understand concerns or issues raised by patients, families or carers and what outcome they wanted to see. A family member told us that staff listened to them in a way that was meaningful to them, and kept them informed and involved in key decisions and any changes to the care and support provided to their family member. They described staff as being extremely supportive and approachable.

Staff encouraged patients to take positive risks to improve their wellbeing or quality of life. Examples included encouraging people to look after the key to their bedroom or feed and take care of the service’s resident rabbits. This was done to promote patients’ independence and to help them accept personal responsibility.

Patients could spend time with their family in the family room. This had comfortable seating, children’s toys and a door that opened out onto a small courtyard. However, this room was quite small and a family member we spoke with told us their relative found it quite a claustrophobic environment to spend time with their family in. They had suggested to the service manager that an outdoor summer house could be provided for family members to spend time together, with a more open feel. The service manager was now making plans with the family member to acquire building materials, with a view to building the summer house, with input from patients. This was a good example of how
the service used feedback from patients and their families, and involved them in making improvements to their relatives’ care and support.

A complaints procedure was in place and there was an effective procedure for recording and investigating complaints. The procedure was accessible to both patients and their families or carers, and made clear that people could complain to Healthcare Improvement Scotland at any time.

- 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

People told us they felt safe in the care of the service. The service continually monitors and evaluates how to make the service safer. A comprehensive risk register was in place to direct this. The corporate infection prevention and control policy and auditing system needs to be reviewed.

The care environment had been purpose built as a rehabilitation centre for people experiencing brain injury. There was clear signage to guide patients and their families around. The buildings were maintained appropriately and in a way that supported the health, safety and wellbeing of patients, visitors and staff.

We saw the service had policies for whistleblowing, bullying and harassment, and equality and diversity. These are displayed on a noticeboard in the staff room.

Since our last inspection in October 2016, centralised systems had been set up to make sure that routine servicing and maintenance of equipment was carried out according to statutory requirements. An estates and property department at head office now directs all statutory maintenance and servicing requirements for the service. The service’s business administrator had responsibility for liaising with head office, external contractors and the service’s maintenance team to make sure all checks were carried out. A compliance logbook was kept to demonstrate this.

Where possible, the service took into account patients’ individual needs and preferences. For example, patients were encouraged to decorate their own bedrooms to make the care environment feel more homely. People we spoke with told us they felt safe in the care of the service.
The service had effective strategies for protecting the health, safety and wellbeing of patients, visitors and staff. This included a comprehensive risk register. Policies and reporting systems were in place to protect people from abuse, neglect or harm. Staff could demonstrate how these were implemented.

The service demonstrated a proactive culture of openness and transparency about health, safety and wellbeing issues. Mechanisms were in place to support people when things go wrong. This included a duty of candour procedure (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong), demonstrating the learning from audit outcomes and sharing learning from adverse events with staff, patients and their families.

An example of shared learning was a staff training session delivered following the death of a patient at a different service provided by The Disabilities Trust. Whilst there had been no direct impact on the staff or patients at Graham Anderson House, management had taken the opportunity for learning from the incident and sharing this with staff.

Since our last inspection in October 2016, the service had introduced a new nurse call system. Senior managers told us this has led to improved response times when patients need assistance. Walkie-talkie radios have also been introduced to enable staff to communicate with each other more efficiently. They also act as an additional alarm system when staff need to call on each other for assistance.

**What needs to improve**
A quality assurance system was in place to make sure the care environment and equipment were safe. However, the current infection prevention and control policy was a corporate policy, referring to English legislation and guidance only. The policy was also due to be reviewed in January 2018.

Infection prevention and control audits were carried out every month, using a 36-page corporate audit template. This sat alongside the corporate infection prevention and control policy. It was unclear what benefit the scale and frequency of these audits brought to the service.

The policy and audit tool were not in line with Scottish guidance, in particular Healthcare Improvement Scotland’s *Healthcare Associated (HAI) Standards* (2015) or Health Protection Scotland’s *National Infection Prevention and Control Manual*. These apply to all healthcare settings in Scotland (requirement 1).
Requirement 1 - Timescale: by 12 February 2019

- The provider must review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance, in particular Healthcare Improvement Scotland’s Healthcare Associated (HAI) Standards (2015) and Health Protection Scotland’s National Infection Prevention and Control Manual.

- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients were treated with warmth, dignity and compassion. Care plans were very comprehensive, relevant and updated regularly. Decisions about care and support were made with the involvement of individuals, and their carers and family where applicable.

All patients have their care needs reviewed before admission. This gives the service information about the best way to meet any prospective patient’s care needs.

We reviewed six patient care records. Four of these were patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. The other two care records were for people who were at the service voluntarily.

We saw that each detained patient had a folder containing all the legal information about their detention. For those patients who had been assessed for their decision-making ability, we saw an adults with incapacity form was in place if needed. Each patient who was assessed as not capable of giving capacity had a treatment plan advising staff what to do if a patient became unwell. Each patient had an ‘easy read guide’ explaining their rights as a detained patient. This had a section to show their rights had been explained and a section which allowed the patient to feed back their thoughts. Each patient had a named person (someone who could make decisions for them). It also explained the role of the Mental Welfare Commission.

Some patients had a ‘suspension of detention’ certificate. This allowed the service to make allowances for some aspects of detention to be relaxed. This was done under specific guidelines to allow patients to go to hospital.
appointments or visit relatives. This involved pre-determined and agreed timescales.

The two patient care records we reviewed for the patients who were not detained showed that they had very serious physical complications. This had resulted in very comprehensive care plans. We saw that each care plan was completed and updated regularly. Recognised risk assessment recording tools were used, such as for the risk of developing an infection or a pressure ulcer. These were updated regularly and any observations which indicated improvement or that the patient was at risk were completed. For patients who had a dietary or nutritional care plan, regular weight checks were carried out.

The patients who were recognised as having the ability to make decisions for themselves and for giving informed consent had consent forms in their care plans. This included unsupervised family visits, the use of clinical data for research purposes, and the use of photography and video recording.

All six patients had a record of observations in their care plans. This showed any increase or decrease in observations, the reasons why the change was needed and how many staff would be required during the day and at night. Each patient had a risk assessment in place and a management plan for meeting any risks identified. An example of this was a patient that had been identified as being at risk from falling. A staff member had been allocated to help this patient, which had unintentionally caused the patient anger and distress. As a result, the service had reassessed the risk and removed the staff member but kept the patient under regular review.

Multidisciplinary clinical team meetings are held every week to discuss patients’ care needs and progress. We saw that each staff group was represented and that patients were asked for their input. The meetings were minuted and any actions from the meeting were addressed within agreed timescales.

We saw that the service had introduced a staff member who worked with patients in vocational training. This is where patients develop or rediscover manual skills. We spoke with some patients and observed some of the work that was carried out. We saw that this was of great benefit, was widely appreciated and carried out with patience by staff.
After a recent visit from the Mental Welfare Commission, the service has been asked to present its care plans and planning process at a national conference as an example of good practice.

- 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**

Staff told us they felt supported by the service to develop their career. The service had effective recruitment processes which follow best practice.

The service had effective staff recruitment processes to make sure references were checked, professional registrations were verified and appropriate enrolment in the Protecting Vulnerable Groups scheme was in place. We reviewed five staff files from recently recruited staff and found all appropriate checks had been carried out. This included permanent and bank staff.

Regular staff registration checks were carried out on relevant professional registers, such as the Nursing and Midwifery Council, the General Medical Council and the Scottish Social Services Council.

A range of training methods was available to allow staff to learn and reflect on their own, and others, experiences. This included a suite of mandatory training subjects, staff meetings, staff awards ceremonies and learning from adverse events.

The service had a centralised training tracker for all mandatory training that staff were required to carry out. Subjects included fire safety, moving and handling, infection prevention and control, and violence and aggression. Time was made available for staff to attend training. A number of nightshift staff were overdue some aspects of mandatory training. As this training needs to be carried out face to face, the head of care told us they would be carrying out a nightshift in the near future and would provide this training to the staff who need it.
We reviewed staff files of five employees who had been employed in the service for 2 years or more. All staff had received regular clinical supervision, appraisals and training.

The service had a process for developing staff skills. We saw evidence of staff having carried out external education programmes to improve their clinical or leadership skills.

Staff we spoke with told us they felt supported by the service to develop.

**What needs to improve**

We spoke with the service manager about their intention to appoint a discharge coordinator to improve the discharge process for patients whose rehabilitation programme had come to an end. The service manager told us no office space was available at present to accommodate this additional role. However, there were plans to extend another building which would create office space for this new post holder.

- 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

A very comprehensive mix of measures was used to help the service drive forward improvement. A proactive approach was taken to any new legislation or developments affecting patient care. A quality improvement plan should be developed.

The service had a range of measures to assess its performance. We saw that a very comprehensive programme of audits was carried out. This evaluated the environment, patient care and the overall safety of the hospital. Audit topics included care plans, hand hygiene and nutritional input. From these audits, improvement action plans were developed which showed actions to be taken, a timescale for completion and confirmation that the person overseeing the audit was satisfied the actions had been completed to a satisfactory standard.

Some staff had been allocated as ‘champions’ responsible for the promotion of specific areas, such as cleanliness, and dignity and respect.

The service manager told us some staff had the opportunity to undergo registered nurse training. The service supported them by arranging flexible working arrangements to make sure that they can support themselves financially and work around their attendance at university.

We saw the service was proactive and responsive to any new legislation or changes in practice that would have a direct impact on the hospital or staff working practices. We were shown minutes of meetings about the new Scottish Government health and social care standards, duty of candour and General Data Protection Regulation. As part of the local continuous quality improvement programme, the service introduced an ‘outcomes for patients’ programme. Each team will submit a case study every month showing what interventions are working well and should be replicated throughout the service. At the time of
this inspection, this work was in its early stages and would be evaluated at the end of 2018.

Staff we spoke with told us they knew who their line manager was and that they were approachable.

We spoke with a variety of staff from the multidisciplinary teams. They told us they felt good training opportunities were available, that the teams worked well together and there was a shared desire to achieve the best outcomes for patients. We noted a good example of staff working well together in the occupational therapy department. Staff showed us how they assessed each patient for discharge and how they liaised with community services to make sure that each discharge was well planned with the necessary equipment and support in place. This helped to achieve a successful transition for the patient back into the community. They showed us how this was dependent on each team working with each other and included contributing to patients’ summary of care needs.

The service manager attends meetings with the Scottish Independent Hospitals Association in order to share practice and learn from peers. A corporate 5-year strategic plan (2017–2022) was in place.

What needs to improve
Much information was provided about new quality improvement initiatives and the audits carried out. However, it was difficult to see what initiatives had been completed and those that were still in progress. 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 a).

- No requirements.

Recommendation a
- We recommend that the service should develop a quality improvement plan.
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 5 – Delivery of safe, effective, compassionate and person-centred care

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<thead>
<tr>
<th>Requirement</th>
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<tr>
<td><strong>1</strong> The provider must review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance, in particular Healthcare Improvement Scotland’s <em>Healthcare Associated (HAI) Standards</em> (2015) and Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> (see page 15).</td>
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Timescale - by 12 February 2019

*Regulation 3(d)(i)*

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

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td>None</td>
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## Domain 9 – Quality improvement-focused leadership

### Requirements

None

### Recommendation

**a** We recommend that the service should develop a quality improvement plan (see page 20).

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, 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