Unannounced Inspection Report: Independent Healthcare

Service: Cygnet Wallace Hospital, Dundee
Service Provider: Cygnet (OE) Limited

25–26 June 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 24 April 2018

Requirement
The provider must ensure that patient care records provide an up-to-date and accurate summary of how the patient’s health, safety and welfare needs are met. To achieve this, the provider must:

(a) ensure individual care plans such as epilepsy are updated following any changes in the service user’s condition or treatment
(b) ensure ‘big health issues’ recorded in the person-centred profiles are included in the patient care record, and
(c) carry out regular audits of the patient care record.

Action taken
We saw the service had now developed care plans for long-term conditions. These were included in the care plans that were audited. This requirement is met.

Requirement
The provider must 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
We saw the service had a full complement of suitably qualified staff and the use of agency nurses was now at a very low level. This requirement is met.

Requirement
The provider must ensure that each person employed in the provision of the health care service receives education and training appropriate to the work they are to perform.

Action taken
We saw the service now ensured that all staff received mandatory training which was designed to meet the needs of the patients. This requirement is met.
What the service had done to meet the recommendation we carried forward from our last inspection on 24 April 2018

Recommendation
*We recommend that the service should include support staff in multidisciplinary meetings.*

Action taken
We saw from the minutes of meetings that all support workers could contribute and attend meetings. **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 Cygnet Wallace Hospital on Tuesday 25 and Wednesday 26 June 2019. We spoke with a number of staff from all disciplines and patients during the inspection.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

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

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><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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with a learning disability or learning difficulty.

### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Since our last inspection in April 2018, there had been a noticeable improvement in staff morale. More opportunities for staff career advancement had been introduced. A very comprehensive set of audits benchmarked how well the service was delivering care. However, a quality improvement plan should be developed.</td>
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✔ Satisfactory

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

#### Additional quality indicators inspected (ungraded)

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

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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>A new staff role had been introduced to assess prospective patients to see if the service could meet their needs. Care assessments and care planning was very comprehensive. However, the layout of patient care records should be reviewed to make them easier to navigate.</td>
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### Domain 7 – Workforce management and support

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<td>7.1 - Staff recruitment, training and development</td>
<td>A centrally managed recruitment process had been in place since January 2019. However, improvements were needed to ensure the safe recruitment of staff.</td>
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<tr>
<td>7.3 - Communication and team working</td>
<td>A range of processes had been introduced to improve communication between all levels of staff. Regular staff meetings ensured that staff were aware of their roles and responsibilities. Clinical incidents were recorded and discussed at multidisciplinary team meetings.</td>
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Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

Healthcare Improvement Scotland Unannounced Inspection Report
Cygnet Wallace Hospital, Cygnet (OE) Limited: 25–26 June 2019
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

**What action we expect Cygnet (OE) Limited to take after our inspection**

This inspection resulted in one requirement and four recommendations. 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

Cygnet (OE) Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

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

Outcomes and impact

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

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

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

Our findings

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

Considerable efforts had been made to provide opportunities for patients and their carers to provide feedback. Patients were involved in the development of their care and treatment plans, and these were individualised and reflected patients’ wishes and personal preferences.

Patients told us they were generally happy with their care, treatment and level of involvement in how their care was planned and delivered. Staff told us that family involvement was low. However, the service was making efforts to encourage family and carer participation. This included invitations to participate in multidisciplinary team meetings and staff regularly provided patient progress reports to them. Staff showed us a photo album of patients enjoying the activities offered by the service. This was shared with family and carers during visits.

We saw the service had made considerable efforts to allow patients to provide meaningful feedback that staff were able to act upon. For example, a patients meeting was held on the ward once a month. This provided an opportunity for patients to give feedback about their care and contribute to discussions about how care was delivered. We were told the service had recently changed the format of its social evening, ‘Fish Fridays’, after patients decided they would prefer a general takeaway instead.

Most patients had considerable communication difficulties. As a result, the service had introduced a range of communication tools which had been designed with the speech and language therapist. This included the use of talking mats, feelings boards and a chalk wall to help patients express themselves.
The service had a ‘You said we did’ noticeboard in the main corridor. This was presented in an easy read format and was used to highlight how staff were responding to patient feedback.

Central Advocacy Partners was an advocacy service available for patients. A representative attended the service regularly to support patients in providing any feedback to staff about their care and treatment. An advocacy report detailing patients’ views about their care and treatment was produced at the end of each visit and was given to the manager and activity coordinator. Feedback was provided to patients using the ‘You said we did’ noticeboard.

Patients told us they were given the opportunity to contribute to their progress reports before their multidisciplinary team meetings took place every 2 weeks. After every meeting, staff provided feedback to them in a format they could understand. The report included sections for patients and relatives to sign as confirmation they had discussed their treatment plan. We consider this good practice.

Due to the nature of the service, daily activities were very important to the patients. The introduction of a new activity coordinator post was welcomed by patients. The activity coordinator designed activity plans in partnership with patients. It was clear these plans were individualised, patient centred and reviewed on a regular basis. Following each activity, staff completed a summary that considered patients’ enjoyment, willingness and ability to participate in the activity. The activity coordinator reviewed these every week with the patient and made adjustments, as required.

The complaints procedure was displayed on noticeboards, including information about how to complain to Healthcare Improvement Scotland. Patients could also use the advocacy service to highlight any concerns about their care and treatment. Supported by Central Advocacy Partners, patients were also given the opportunity to attend a service user-led regional forum. Patients we spoke with were unable to provide any examples of improvements made to their care and treatment as a result of these meetings. However, it was clear those who had attended thought the meetings were meaningful. They also provided patients with a platform to express concerns about how their care was delivered and how it could contribute to improving the service.

**What needs to improve**
The service had developed a range of ways for patients to provide feedback about their care and treatment. However, the examples given to show us how feedback was being used to improve how the service was delivered were limited and fairly minor in terms of their impact. More needed to be done to show how
feedback from patients and their carers was being used to drive continuous improvement.

- 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

Patients were cared for in a clean and safe environment. Patients’ care plans were very comprehensive and provided clear guidance on how to avoid escalating behavioural problems. Detailed risk assessments were carried out for each patient. Patients must have access to a doctor with experience in treating patients with a learning disability or learning difficulty.

We saw the environment and patient equipment was clean.

Methods used in the ward to minimise risk to patients and staff included robust furniture that could not be moved by patients and observational panels on bedroom doors. Closed circuit television was used in the communal areas. Each member of staff was issued with a personal alarm.

Each patient’s care plan included a record of their observation levels. This detailed how many members of staff were needed to keep the patient safe. This can happen when a patient becomes unwell or unsettled. We saw that observation levels were reviewed every week and could be changed if the patient became unwell. Records showed if the levels had been changed and the reason why they had been changed.

Each patient had a risk assessment in their personal care plan. This included the risks when a patient becomes unwell or had pre-existing risks such as absconding or behavioural difficulties. The risks formed part of the overall care plans and were used to determine safe staffing levels on the ward. We saw these were up to date and comprehensive.

We saw the service measured and recorded all aspects of safe care, including environment, nursing care and training. Any improvement action plans had a
timescale for completion. For example, an identified nurse was responsible for making sure all infection prevention and control measures were audited. Results were shared with the senior management team.

The service had introduced new medication administration and recording sheets. We saw these were very clear and had been filled out correctly. Consent forms were included in each patient’s medicine record. These explained what to do if the patient became unwell. The forms we reviewed were all in date and had been completed within best practice guidelines.

Safeguarding policies were in place and staff were knowledgeable in this area.

The service had emergency equipment in place. An emergency trolley was located at a central point in the hospital. We saw that all equipment was in date and was regularly checked.

The facilities manager showed us records of the water, alarm and electrical checks that were regularly carried out.

A system for recording accidents and incidents had been developed. A risk register was in place. From minutes of the senior management team and clinical governance meetings, we saw that all reported incidents were reviewed and an action plan was put in place if required. The service notified Healthcare Improvement Scotland of specific events or circumstances, as required.

During our inspection, we saw the service was very busy. However, we saw that each staff member was aware of their role and were accessible to the patients. Staff were also responsive and aware of each patient’s needs. We saw that the service was calm and the staff team was working well together. There was a marked improvement from previous inspections.

What needs to improve
From the patient care plans, we saw aspects of safe physical care were still not being fully addressed. For example, we saw:

- blood tests were recorded as being asked for without a reason to support them, and without the designation of the staff member asking for them
- some patients who were not diabetic were being prescribed diabetic medication with no rationale provided
- a patient having to wait to go to the local health centre when their health care needs would have benefitted from a quicker intervention (the use of sedatives and mood stabilisers), and
• some patients could be resistant or uncooperative when asked to comply with a health improvement plan due to their condition, for example a learning disability or learning difficulty (requirement 1).

Requirement 1 – Timescale: by 12 October 2019

■ The provider must ensure that each patient’s physical healthcare needs are fully met. To ensure this requirement is complied with, the service must ensure that each patient has access to a doctor who has experience in treating patients with a learning disability or learning difficulty.

■ No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

A new staff role had been introduced to assess prospective patients to see if the service could meet their needs. Care assessments and care planning was very comprehensive. However, the layout of patient care records should be reviewed to make them easier to navigate.

Since our last inspection in April 2018, the service’s new provider had introduced a new position of clinical commissioning nurse assessor. Their role is to visit potential new patients at their home or place of residence and assess their care needs. This is then discussed with the senior management team and a decision reached as to whether the service can meet the patient’s needs. If the service does admit the patient, this assessment will inform the initial care plan for the patient.

We reviewed all of the current patients’ care plans. We saw that each patient had a very thorough assessment that included the desired outcome for each patient.

A care planning meeting was held for each patient at least once a month, with patients and their families invited to attend. We saw that each care plan was reviewed regularly and any changes updated. In particular, we saw that the assessment and care planning of people who experienced behavioural difficulties was very comprehensive. Interventions were clear and easy to follow and, if an intervention was required, this would be analysed as to how effective it was.
Effective handovers were carried out with clear communication between staff. A handover sheet had recently been introduced. This detailed what the patient had planned for the day ahead. This could include appointments, outside activities or any health checks needed. It also gave a summary of the patient’s mood and behaviour and recorded any changes in observation levels. This was used in addition to the staff handover at the start of each new shift.

**What needs to improve**

Although patient care records had improved since our last inspection, we still found them to be cumbersome and difficult to navigate. This reduces their effectiveness in providing guidance to staff about patients’ care needs (recommendation a).

- No requirements.

**Recommendation a**

- The service should review patient care records and see how they can be adapted to enhance and clarify the care planning process.

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**Domain 7 – Workforce management and support**

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

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**Our findings**

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

A centrally managed recruitment process had been in place since January 2019. However, improvements were needed to ensure the safe recruitment of staff.

Since January 2019, the new provider had been managing the recruitment process from their main office. This included advertising, shortlisting and arranging interview dates. Interviews were carried out by the local manager.

We saw a new electronic system in place for recording staff induction and training. We noted that some mandatory training dates were showing as being out of date. We were told this was because the new electronic system was still being embedded.
Role-specific training and education was identified on the new electronic system as specialist or additional. Staff attended this training depending on their area of expertise or their role within the organisation. We saw some staff had used the opportunity to take up this role-specific education.

The manager ensured that all staff had appraisals and clinical supervision. Supervision was recorded in some staff files either as a clinical supervision contract or as a written record of supervision. We did not see these in all the staff files we reviewed. However, the manager had staff records filed that contained supervision records, mid-way reviews and annual appraisals documented for all staff.

A professional register of all staff registered with the Nursing and Midwifery Council was kept. This was checked to ensure all nursing staff were registered. All registrations were up to date.

What needs to improve
We reviewed the recruitment documentation in seven staff files. All Protecting Vulnerable Groups (PVG) checks were up to date. In one file, we saw a second reference was not in place and no evidence of a completed application form. Following their 6-month probationary period, staff should receive a letter to advise them when this was complete. We found that not all the staff files had this letter (recommendation b).

We found that not all staff files had a health or occupational health declaration (recommendation c).

Staff revalidation checks were not being monitored or recorded. The staff member responsible for managing this register was not sure how this information was documented.

■ No requirements.

Recommendation b
■ The service should carry out pre-employment checks in line with current legislation and best practice guidance.

Recommendation c
■ The service should satisfy itself that appropriate health checks have been carried out for staff.
Our findings

Quality indicator 7.3 - Communication and team working

A range of processes had been introduced to improve communication between all levels of staff. Regular staff meetings ensured that staff were aware of their roles and responsibilities. Clinical incidents were recorded and discussed at multidisciplinary team meetings.

A range of processes had been introduced to improve communication between all levels of staff. This took into account the skill mix and competency of staff. A handover sheet included any external appointments for the day and other prompts directing staff to routine clinical duties when they were not assigned to observation duties.

Staff we spoke with told us they felt well informed and were clear about their roles and responsibilities. Since our last inspection in April 2018, the reduction in the use of agency staff had been welcomed by staff. We were told this provided more consistency for patients and had contributed to providing a safer environment.

Staff meetings were held once a month and efforts were being made to increase attendance. This included the manager attending and facilitating meetings for nightshift staff. Staff were also able to attend meetings when they were off duty and were paid for their time. All staff had access to minutes of meetings and feedback was displayed on the noticeboard in the staff room.

The activity coordinator, speech and language therapist and psychology assistant were now based in the same office. We were told this had improved communication and planning when developing patient treatment plans.

Support staff told us they were now given the opportunity to attend multidisciplinary meetings to support their patients. The service had implemented an improved multidisciplinary team report template.

- No requirements.
- No recommendations.
**Vision and leadership**

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

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**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.

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**Our findings**

**Quality indicator 9.4 - Leadership of improvement and change**

*Since our last inspection in April 2018, there had been a noticeable improvement in staff morale. More opportunities for staff career advancement had been introduced. A very comprehensive set of audits benchmarked how well the service was delivering care. However, a quality improvement plan should be developed.*

With the service now having a new provider, policies and procedures were being reviewed and updated. Any new policy or changed policy was discussed at staff meetings. We saw that the clinical commissioning nurse assessor was in the process of changing all of the provider’s policies to comply with Scottish mental health legislation.

Staff spoke very positively about how the service was managed. They told us the manager was very visible and approachable, and was often helping out on the ward. Regular staff meetings were held and the manager stayed late to ensure that the nightshift staff could also contribute.

Staff told us there were opportunities for advancement. We saw evidence of staff undergoing Scottish Vocational Qualifications. We saw staff were given the opportunity to take a leading role in areas such as infection prevention and control, and managing difficult behaviour.

The service was now recognised as a training placement for student nurses. Four staff nurses had carried out training to become student nurse mentors.

The hospital’s psychology service delivered training on ‘formulation sessions’. This was where a patient’s presentation and behaviour was looked at and discussed in detail. This allowed staff to gain a better understanding of why some people behave in a certain way. Staff spoke very positively about this
initiative and the psychology service felt that it had been very well received. Staff we spoke with viewed this as very helpful in improving patient care.

A very comprehensive suite of audits was in place. All completed audits were sent to the provider’s head office and an action plan was returned to the service. Results of audits were displayed in the service. We saw a high response and completion rate of the audits. If an audit showed an area for development, this was addressed with an action plan and timescale for completion.

Feedback questionnaires were provided to authorities and stakeholders who used the service, with positive feedback returned about the service they received. The manager told us they had the opportunity to visit other Cygnet hospitals to compare and contrast against the services that they provided.

The manager told us they were working on a way to ensure that all staff debriefing sessions following a serious incident were being recorded. Although they were confident that debriefing sessions were taking place, they felt this should be recorded in a more formal way.

The manager was very open in the challenges facing the service. They told us about the actions taken to overcome historical staffing issues. In particular, the recruitment of full-time staff to ensure that the use of agency staff was decreased. This had improved the quality of care for patients and improved staff morale. We saw that sickness absence levels had decreased significantly since the last inspection.

**What needs to improve**

During the inspection, we did not see a continuous quality improvement plan. However, we recognise that, with the change of provider, it would take some time for them to produce a plan which was designed specifically for this service. A quality improvement plan would help to structure and record the service’s improvement processes and outcomes, and allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation d).

- No requirements.

**Recommendation d**

- The service should develop and implement 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

### Requirement

1. The provider must ensure that each patient’s physical healthcare needs are fully met. To ensure this requirement is complied with, the service must ensure that each patient has access to a doctor who has experience in treating patients with a learning disability or learning difficulty (see page 14).

   **Timescale** – by 12 October 2019

   *Regulation 3(a)*
   
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

a. The service should review patient care records and see how they can be adapted to enhance and clarify the care planning process (see page 15).

   Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 7 – Workforce management and support

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<th>Requirements</th>
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<tr>
<td><strong>b</strong> The service should carry out pre-employment checks in line with current legislation and best practice guidance (see page 16).</td>
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### Domain 9 – Quality improvement-focused leadership

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<td><strong>d</strong> The service should develop and implement a quality improvement plan (see page 19).</td>
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<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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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:** [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)