Announced Inspection Report: Independent Healthcare

Service: The Slimming Clinic, Edinburgh
Service Provider: Slim Holdings Limited

21 January 2020
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www.healthcareimprovementscotland.org
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1  A summary of our inspection

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

About our inspection

We carried out an announced inspection to The Slimming Clinic (Edinburgh) on Tuesday 21 January 2020. We spoke with a number of staff during the inspection. We received feedback from five patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector and a clinical advisor (pharmacist).

What we found and inspection grades awarded

For The Slimming Clinic (Edinburgh), 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients were very satisfied with the service provided. Information about available treatments was given in a variety of ways. Consultations gave patients the opportunity to discuss and agree if treatment was appropriate, and have the risks and benefits explained. A clear and accessible complaints procedure was in place. Although some patient feedback was gathered, a participation policy should be developed to describe how the service will use feedback to improve the service.</td>
<td>✔️ Good</td>
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### Key quality indicators inspected

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Appropriate systems were in place to make sure patients received care in a safe and supportive environment. Medicines were managed safely and arrangements were in place to deal with medical emergencies. The fabric of the building and fittings must be reviewed to ensure they are in line with current guidance.</td>
<td>Satisfactory</td>
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#### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Leadership was approachable and staff felt their views were listened to. Regular updates were given to staff, and a governance structure was in place to ensure that lessons learned were widely shared. Policies and procedures should be reviewed to reflect Scottish legislation and best practice.</td>
<td>Satisfactory</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

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

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<td>5.2 - Assessment and management of people experiencing care</td>
<td>Care was patient-centred, and patients received a thorough patient consultation and assessment before any treatment was provided. Although patient care records were clear and accurate, we found some inconsistencies with the completion of the records.</td>
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#### Domain 7 – Workforce management and support

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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Recruitment and training policies and procedures were in place. However, we found a number of gaps in staff records. Staff must have appropriate pre-employment background and safety checks carried out.</td>
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Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

**What action we expect Slim Holdings Limited to take after our inspection**

This inspection resulted in three requirements and six 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

Slim Holdings Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Slimming Clinic (Edinburgh) for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

Patients were very satisfied with the service provided. Information about available treatments was given in a variety of ways. Consultations gave patients the opportunity to discuss and agree if treatment was appropriate, and have the risks and benefits explained. A clear and accessible complaints procedure was in place. Although some patient feedback was gathered, a participation policy should be developed to describe how the service will use feedback to improve the service.

Patients could visit the service’s website to find information about treatments offered. Appointments could be made online, over the telephone or at the clinic. A consultation with the doctor gave patients the opportunity to discuss and agree if treatment was appropriate. Costs of treatment were fully explained at consultation.

Patients were provided with information that clearly stated that some of the medicines prescribed by the service for weight loss are unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy (whether it will produce the intended result). These medicines are not recommended by the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians or the Scottish Intercollegiate Guidelines Network (SIGN) for the treatment of obesity.

Individual patient information leaflets also stated whether the medicine was licensed or unlicensed for that particular use and what the side effects were. Patient care records included a declaration for patients to sign to confirm they had been provided with sufficient information about treatment options to make an informed decision and for consent to treatment.
Patients told us the service took time to decide the correct course of treatment with them, and they received enough information in a format they understood. Patients felt they were involved in the planning of their care. Comments from our survey included:

- ‘The doctors and staff are both very well informed and are able to answer a wide variety of questions. They all are dedicated to ensuring I am never left wanting in terms of information.’
- ‘All decisions are made only with my informed consent.’

The service ensured that consultations were conducted in a private room and could not be overheard. Patients told us they felt their privacy and dignity needs were being met.

- ‘... I am treated with dignity as a patient with a goal rather than a problem that needs cured or someone [whose] condition needs to be cured.’

A safeguarding policy set out how any concerns about the safety of a patient would be escalated. The clinic manager and medical staff had appropriate training to deal with any safeguarding concerns.

The service had a duty of candour policy, and was aware of and complied with duty of candour requirements. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

The service had a complaints policy and procedures in place, and information about how to make a complaint or raise concerns was available to patients. We were able to track a complaint and saw that it was handled appropriately.

Systems were in place to gather feedback from patients, including verbally, from comment cards and online testimonials. Any negative feedback was highlighted and fed into the wider provider’s corporate governance structures. We saw examples where the provider had made changes as a result of feedback from patients. For example, some patients had identified that costs were not always clear. As a result, patient information about the weight loss programmes had been designed to ensure that patients were fully informed about their selected weight loss programme, the length of time it ran for and the costs involved.

**What needs to improve**

Although some systems were in place to gather feedback from patients, there was no overall participation policy or strategy. A formal policy would help the service to demonstrate how it engages with patients, and gathers and uses feedback to drive improvements in the service (recommendation a).
No requirements.

**Recommendation a**

- The service should develop a participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service.
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

Appropriate systems were in place to make sure patients received care in a safe and supportive environment. Medicines were managed safely and arrangements were in place to deal with medical emergencies. The fabric of the building and fittings must be reviewed to ensure they are in line with current guidance.

A variety of policies and procedures were in place to help make sure the care environment and equipment was safe, including environmental risk assessments. A daily checklist was kept up to date to make sure appropriate tasks were completed to improve patient safety, such as ensuring the environment was clean and checking equipment was ready to use. At the time of our inspection, the service was clean. Patients who responded to our survey told us they were satisfied with the cleanliness of the service.

- ‘Clinic is always spotless.’

The provider’s compliance officer audited the service every 3 months to assess the environment and daily practice. This included health and safety, information management and medicine management audits. Audit results were shared with the service to review and develop improvement action plans. The compliance officer reviewed progress against any improvement actions during their regular visits to the service.

We saw that up-to-date equipment servicing and maintenance records were in place, such as for weighing scales and the medical fridge.

We saw that any accidents, incidents and complaints were recorded on the service’s electronic database. Adequate systems were in place for reviewing and investigating when things went wrong. We noted there had been no incidents in the service in the last 12 months.
The on-site doctor was the identified lead for the safe, effective and secure use of medicines. A comprehensive set of policies was available covering a range of clinical and medicine-related activities. This covered initial patient assessment, ongoing monitoring and supply of medicines. The prescribing policy provided guidance about treatment according to body mass index (BMI) (measurement of a person’s weight with respect to their height), relevant co-morbidities (when an individual has one or more diseases or disorders related to obesity) and treatment review.

Policies for the safe and secure handling of medicines (in particular those relating to controlled drugs) adhered to good practice and legislative requirements. Controlled drugs are medicines that have the potential for abuse and therefore have strict legal controls applied to their ordering, storage, prescription and destruction. Medicines were stored appropriately and access was restricted to the doctor. Regular fridge temperature monitoring took place to make sure medicines were stored at the appropriate temperature.

What needs to improve
At the time of our registration site visit in April 2017, we had noted some areas of the service did not meet the requirements of a healthcare facility as laid out in guidance issued by Health Facilities Scotland. At that time, we were told the treatment room would be refurbished. However, we found this had not been carried out at the time of our inspection. The service had also not carried out a risk assessment for continuing to use the non-compliant clinical wash hand basin (requirement 1).

We highlighted to the clinic manager that cleaning schedules for the general environment and patient equipment needed to be developed to include what, when, how and by whom items should be cleaned (recommendation b).

The service had a blood glucose monitor which did not get used. As this equipment was not being serviced or calibrated, the service removed it from use during the inspection.

Requirement 1 – Timescale: by 19 June 2020

- The provider must ensure the fabric of the building and fittings are in line with current Health Facilities Scotland guidance. The provider must then develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.
**Recommendation b**

- The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Care was patient-centred, and patients received a thorough patient consultation and assessment before any treatment was provided. Although patient care records were clear and accurate, we found some inconsistencies with the completion of the records.

The service had recently introduced a new patient care record which included a prescription card completed by the doctor. This provided a comprehensive record of consultations, and included the patient’s clinical measurements and all assessments carried out throughout treatment. It also recorded the patient’s consent to treatment, and the treatment that was then prescribed and supplied.

We reviewed fourteen patient care records. This included patients treated with controlled drugs, and records for patients who had been refused treatment. The rationale for refusing treatment for these patients was recorded. For example, patients whose BMI measurement indicated they were not overweight or obese and, therefore, it was not appropriate to prescribe the medicine. Other patients who had a history of anxiety and depression were also refused treatment. One patient care record had recorded a high blood pressure measurement and, as a result, treatment was refused for this patient. The patient was advised to contact their GP for blood pressure management. The service followed up with the patient to ensure that this had been done.

The majority of patient care records reviewed were well completed, legible and up to date. The patient declaration informed the patient that it was in their interest to allow the service to inform their GP of the treatment they were receiving. The patient recorded on the declaration whether or not they would like their GP informed. Information would not be shared with the patient’s GP if this section was not completed.

The service carried out an audit of the completion of patient care records every 3 months.

We saw that patient care records were stored safely in a locked filing cabinet.
What needs to improve

We found some inconsistencies in how well some sections of the patient care record were completed. For example, in the records reviewed, the section asking for documented permission from the patient to share information with the patient’s GP was often not completed. Results from a recent patient care record audit had also indicated that the obesity staging section of the record (which ranks the severity of a patient’s obesity) was also poorly completed (recommendation c).

■ No requirements.

Recommendation c

■ The service should ensure that all parts of the patient care record are completed.

Domain 7 – Workforce management and support

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

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Recruitment and training policies and procedures were in place. However, we found a number of gaps in staff records. Staff must have appropriate pre-employment background and safety checks carried out.

Policies and procedures were in place for recruitment and training. We were shown the new electronic system that had been introduced to manage recruitment. We checked four personnel files of staff who worked in the service.

The clinic manager and reception staff had received annual appraisals. We saw that adequate staff training was in place. For example, staff completed online training in a range of areas including health and safety, and information management. Staff we spoke with, including medical staff, were aware of current evidence-based guidelines relevant to their role. They felt they had the skills, knowledge and experience to carry out their roles and had enough training to do their job. They told us time was given for professional development.
We saw a system was in place to check the professional and revalidation status of staff. The medical practitioner stated they felt very supported in their role, and that the clinical lead was available if required.

**What needs to improve**

Part of a safe recruitment process is ensuring appropriate checks are carried out on potential employees to ensure they are fit to work with vulnerable adults and children. Although a recruitment policy was in place, we found that employment records were not always complete. For example, three out of the four staff personnel files we looked at had not had any background and identity checks done by Disclosure Scotland before staff commenced employment (requirement 2).

We were unable to see any evidence of appraisals for either of the two doctors working in the service. We were told the provider had contracted out the medical appraisals to a third party and that job plan appraisals would be completed within a year of starting their role. As both doctors had started in the service within the last 4 months, they had no job plan appraisal as yet. However, a copy of their most recent medical appraisals, even if carried out elsewhere, must be held in their staff file (requirement 3).

From the four staff personnel files we looked at, only two had full references in place. In the other two files, only personal rather than professional references were available and these had not been checked before the person started their post. The Scottish Government’s *Safer Recruitment through Better Recruitment* guidance states that a minimum of two references should be obtained, one of which should be from an appropriately senior line manager. These references should be checked before commencing employment. We also saw no documented evidence or record of the interview process (recommendation d).

There was no record of any occupational health checks on staff, such as hepatitis B status. Occupational health checks should be carried out as recommended by the Scottish Government’s guidance on health clearance of healthcare workers (recommendation e).

The service or provider could consider introducing a regular audit of staff personnel files to ensure these are accurate and up to date.

**Requirement 2 – Timescale: immediate**

- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.
Requirement 3 – Timescale: by 19 June 2020
■ The provider must ensure that all staff have up-to-date appraisals to make sure their performance is documented and evaluated.

Recommendation d
■ The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s Safer Recruitment through Better Recruitment guidance (2016).

Recommendation e
■ The service should retain full up-to-date records of all staff recruited and employed in the service, including occupational health records, in line with relevant guidance.
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

Leadership was approachable and staff felt their views were listened to. Regular updates were given to staff, and a governance structure was in place to ensure that lessons learned were widely shared. Policies and procedures should be reviewed to reflect Scottish legislation and best practice.

Staff we spoke with felt that senior management were approachable and supportive. Staff were kept up to date in a number of ways and felt involved in the running of the service and business as a whole. A daily clinic huddle was held which all staff attended to review the previous day, plan the day ahead and check if there were any issues to be addressed. A corporate newsletter had recently been introduced and staff told us this kept them informed about what was happening in the clinic and with the wider organisation.

Aside from the daily huddle, other clinic meetings were held on an ad hoc basis when required. A meeting template was used to ensure standard information was recorded. Staff also had regular conference call meetings at a regional level and ‘hot topics of the week’ calls. This included both clinical and non-clinical topics. These calls were recorded and were available for other staff to listen to, and also provided access to any presentations given during the call.

As a result of the regular visits by the compliance officer, we saw that audit results showed improvements in how the service was performing.

The compliance audit reports fed in to a number of the wider provider’s corporate governance structures, as did any information or outcomes from incidents, accidents, complaints and patient feedback. This information was then shared across the wider provider group of services every 3 months.
What needs to improve

We noted that a number of policies and procedures needed to be updated to reflect Scottish legislation and best practice, such as recruitment, and infection prevention and control policies (recommendation f).

We were told that a quality improvement plan was being developed. This will help the service to structure and record improvement processes and outcomes, demonstrate a continuous improvement cycle and measure the impact of any changes implemented. We will follow this up at future inspections.

- No requirements.

Recommendation f

- The service should review and update all policies to ensure they reflect Scottish legislation and best practice guidance.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<tr>
<td>a The service should develop a participation policy to formalise and demonstrate how patient feedback is used to improve the quality of the service (see page 9).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

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<tr>
<td><strong>Requirement</strong></td>
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<tr>
<td>1 The provider must ensure the fabric of the building and fittings are in line with current Health Facilities Scotland guidance. The provider must then develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service (see page 11).</td>
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Timescale – by 19 June 2020

*Regulation 3(d)(i)*  
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

### Recommendations

**b** The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 12).

Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22

**c** The service should ensure that all parts of the patient care record are completed (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

### Domain 7 – Workforce management and support

#### Requirements

**2** The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007 (see page 14).

Timescale – immediate

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

**3** The provider must ensure that all staff have up-to-date appraisals to make sure their performance is documented and evaluated (see page 15).

Timescale – by 19 June 2020

*Regulation 12(c)(i)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Domain 7 – Workforce management and support (continued)

<table>
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<th>Recommendations</th>
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<tr>
<td>d The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government’s <em>Safer Recruitment through Better Recruitment</em> guidance (2016) (see page 15).</td>
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   Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

| e The service should retain full up-to-date records of all staff recruited and employed in the service, including occupational health records, in line with relevant guidance (see page 15). |

   Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Domain 9 – Quality improvement-focused leadership

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<tr>
<th>Recommendation</th>
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<tr>
<td>f The service should review and update all policies to ensure they reflect Scottish legislation and best practice guidance (see page 17).</td>
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   Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
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)
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