Announced Inspection Report: Independent Healthcare

Service: Elanic, Glasgow
Service Provider: Elanic Ltd

19 September 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 28 February 2019

Requirement
The provider must ensure the environment is clean and safe for use by implementing a structured approach to cleaning the environment and patient equipment. This should set out all cleaning tasks, methods, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately in line with Health Protection Scotland’s National Infection Prevention and Control Manual.

Action taken
The environment was clean and safe for use. Cleaning schedules had been developed and implemented in all areas of the clinic. This requirement is met.

Requirement
The provider must ensure all less frequently used water outlets are run and a documented record is kept of this in line with national guidance about water safety.

Action taken
We saw records that showed weekly flushes of less frequently used water outlets had taken place to reduce the risk of water borne infections such as legionella. This requirement is met.

Requirement
The provider must ensure products and sterile equipment is stored in appropriate dedicated areas free from dust and not near hand washing facilities to prevent the risk of splash contamination.

Action taken
We saw products and sterile equipment were stored in dedicated storage cupboards to prevent the risk of cross contamination. These areas were well organised, clean and free from dust. This requirement is met.

Requirement
The provider must assess the availability and suitability of clinical hand wash basins in the clinic area against current guidance. The service should then develop a risk-based action plan to address any deficiencies noted as part of the wider refurbishment plans for the service.
**Action taken**
The majority of clinical hand wash basins had been upgraded in line with current guidance. Two clinical hand wash basins remain outstanding and these will be upgraded as part of a planned programme of refurbishment of the service. **This requirement is met.**

**Requirement**
*The provider must ensure that the theatre ventilation system installed in the procedure room conforms to national guidance for specialised ventilation for healthcare premises.*

**Action taken**
We saw a report and certificate that confirms that the ventilation complied with current national guidance. **This requirement is met.**

**Requirement**
*The provider must ensure that all take-home medicines are labelled correctly and that patients have the drug information sheets required for each medication provided.*

**Action taken**
Following treatments, the service gave patients medications to take home, such as painkillers or antibiotics. We saw that these medications were labelled correctly. **This requirement is met.**

**Requirement**
*The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance.*

**Action taken**
The provider was now aware of their responsibilities for notifying Healthcare Improvement Scotland of certain matters. **This requirement is met.**

**What the service had done to meet the recommendations we made at our last inspection on 28 February 2019**

**Recommendation**
*We recommend that the service should display information about how patients can raise a complaint or concern, including being able to contact Healthcare Improvement Scotland at any time.*
**Action taken**
Information about how to make a complaint was displayed in the reception area. This included information about how to make a complaint to Healthcare Improvement Scotland. **This recommendation is met.**

**Recommendation**
*We recommend the service should carry out a ‘challenge test’ to ensure an effective process is in place for the tracking and traceability of both single use and reusable patient equipment.*

**Action taken**
We saw evidence that the challenge test had been undertaken. **This recommendation is met.**

**Recommendation**
*We recommend that the service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record.*

**Action taken**
The service introduced a system to ensure patient were aware of how their information was shared. **This recommendation is met.**

**Recommendation**
*We recommend that the service should retain full up-to-date records of all staff recruited and employed in the service in line with relevant guidance.*

**Action taken**
We saw staff records were not up to date. **This recommendation is not met and is reported in Quality indicator 7.1 (see requirement 1).**

**Recommendation**
*We recommend that the service should develop a formal training plan.*

**Action taken**
We saw that training was now part of the annual appraisal system and continuing professional development process. Mandatory training is recorded on ‘clinic office’, an online system that prompts staff to access the nine mandatory modules. **This recommendation is met.**
**Recommendation**

*We recommend that the service should accurately record minutes of any formal meetings and agree action points to be monitored to ensure better reliability and accountability of these meetings.*

**Action taken**

We saw that the service had a more structured approach to formal meetings. Agendas were created, any actions were assigned to a member of staff, previous minutes were reviewed and signed-off. **This recommendation is met.**

**Recommendation**

*We recommend that the service should provide staff with clinical incident investigation training. This will ensure comprehensive investigation of any incidents can take place and allow the service to show what actions have been put in place to mitigate risk or provide positive learning from any adverse event.*

**Action taken**

We were told that two members of staff are due to attend incident investigation training specific to healthcare in November 2019. **This recommendation is met.**

**Recommendation**

*We recommend that the service should develop improvement action plans to address issues that have been identified.*

**Action taken**

We saw the service had developed action plans to take forward areas identified for improvement. **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 announced inspection to Elanic on Thursday 19 September 2019. We spoke with a number of staff during the inspection. We also received feedback from nine patients who responded to our online survey we had issued prior to our visit.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Elanic, 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>
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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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</table>

| **Domain 5 – Delivery of safe, effective, compassionate and person-centred care** |
|-------------------|----------------|
| 5.1 - Safe delivery of care | We saw a number of improvements had been made since our last inspection. Systems and procedures were in place to help the service deliver care safely. Patients were happy with the cleanliness of the service. The service should develop laser treatment protocols in line with current guidance. | ✔️ Satisfactory |
## Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Feedback from patients and staff was encouraged and helped to focus improvements to the quality of the service. Leadership was visible and approachable. The service continued to develop its quality assurance processes and should develop a quality improvement plan. | ✔️ Good |

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>
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<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients received a consultation and assessment before any treatments were provided. Patient care records were clear and generally well documented. Patients were fully informed about the risks and benefits of treatments. The service should ensure all patient care records are fully completed.</td>
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<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>We saw good compliance and recording of training including mandatory training, some of this through the appraisal process. The service could find it useful to have an overarching training plan where all training can be recorded in one place. The service should keep copies of training records for medical staff.</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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Elanic Ltd to take after our inspection

This inspection resulted in one requirements and six recommendations. 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 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

Elanic Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Elanic 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

Patients told us that care and treatment was provided with dignity and respect. They felt fully involved in decisions about their treatment. All information was made available for them at the consultation, or on the website.

Patients had an initial consultation with the cosmetic nurse or consultant before any treatment. Consent and any possible risks were discussed to ensure patients had all necessary information to be able to make an informed decision. Patient information leaflets were available in the waiting areas and treatment rooms. We saw information was available regarding treatments and clear pricing options on the service’s website.

We saw results from a survey carried out by the service were positive. All patients who responded to our survey were also very positive. They told us risks and benefits were fully explained before any treatment began. Comments included:

- ‘Everything was documented on their webpage. I was then given information when I attended my appointment.’
- ‘Everything was explained in detail by the consultant at the consultation and again on the day of the operation and again at the 6 week check-up.’

The service’s complaints policy was available on its website and patient leaflets were available in the service describing the process. We saw both the policy and leaflets included information about how patients could contact Healthcare Improvement Scotland at any time. Complaints were dealt with by the clinical manager in accordance with the policy.
Any accidents or incidents were recorded electronically. While the service had not recorded any accidents or incidents since our last inspection, we tracked a previous complaint to ensure correct systems were being followed.

The service was a member of Independent Sector Complaints Adjudication Scheme (ISCAS). This is a voluntary subscriber scheme for the independent healthcare sector that sets standards to be met when handling complaints about their services.

**What needs to improve**
While we were told that patient feedback was discussed with staff at monthly operational meetings, we saw no record of any action plans to show that any improvements had taken place (recommendation a).

When we tracked a complaint through the process, we saw that information was kept with the patient’s electronic care record. We discussed the importance of keeping complaints separate from patient care records with the service manager. They decided that further training in complaints handling would support staff to understand this process better.

- No requirements.

**Recommendation a**
- The service should develop action plans that would provide evidence that improvements are being made as a result of patient feedback.
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

We saw a number of improvements had been made since our last inspection. Systems and procedures were in place to help the service deliver care safely. Patients were happy with the cleanliness of the service. The service should develop laser treatment protocols in line with current guidance.

Following our previous inspection, the service had carried out a programme of refurbishment. The environment and patient equipment was clean and ready for use.

A new staff changing room had been created to allow staff to change into scrubs. Clean scrubs, patient towels and blankets were stored in a dedicated cupboard. The procedure room was clean and well organised.

Staff were able to describe the safe procedure used to pack and store used instruments before uplift by the decontamination unit. Cleaning schedules had been developed and implemented in all areas of the service. All patients who responded to our online survey told us they were extremely satisfied with the environment and the standard of cleanliness. Comments included:

- ‘All areas were very clean and tidy and staff wore gloves before tending wounds.’
- ‘Clean, tidy waiting area with information leaflets on various procedures, plenty of room in the seating area and tea/coffee was offered.’

The service’s medication policy described how medicines (including controlled drugs) were ordered, stored, prescribed and administered. Controlled drugs are medications that require to be controlled more strictly, such as some types of
painkillers. The service had an up-to-date Home Office licence that allowed them to hold this medication.

Arrangements were in place to deal with medical emergencies. This included staff training and first aid supplies and equipment. We saw the service had an automatic defibrillator.

A range of policies and procedures were in place to help the service deliver care safely. A rolling programme of review made sure all policies and procedures remained up to date and in line with current legislation and best practice guidance.

Adequate arrangements were in place for the management of waste, fire safety, water safety and the servicing and maintenance of equipment.

Lasers used in the service were managed safely. An appropriately qualified, named laser protection advisor provided regular input to the service. ‘Local rules’ were in place for each laser (local arrangements to manage lasers safely).

Regular audits were carried out including control drugs, fire safety, infection prevention and control and patient care records. We saw examples of completed audits and saw improvement action plans had been completed and implemented.

**What needs to improve**

While we saw some evidence of risk assessments being completed, such as fire safety, water safety and display screen equipment, we saw no evidence that they were being carried out for all tasks undertaken in the service. Not all Control of Substances Hazardous to Health (COSHH) risk assessments had been completed and some safety data sheets were missing. A risk register was in place, however it could be developed further (recommendation b).

We did not see evidence of laser treatment protocols for all treatments provided (recommendation c).

While information was available in the infection control policy and posters, staff were unable to describe the correct procedure to dilute chlorine releasing disinfectant and detergent to clean blood or body fluid spillages, in line with current the guidance (recommendation d).

- No requirements.
Recommendation b
■ The service should complete risk assessments for all appropriate work tasks. All risk assessments and the risk register should be reviewed at regular intervals.

Recommendation c
■ The service should ensure that laser treatment protocols are available for all treatments provided, in line with current guidance.

Recommendation d
■ The service should ensure all staff follow national guidance when managing blood and body fluid spillages. This will reduce the risk of cross-infection.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients received a consultation and assessment before any treatments were provided. Patient care records were clear and generally well documented. Patients were fully informed about the risks and benefits of treatments. The service should ensure all patient care records are fully completed.

We reviewed four patient care records. All were clear and generally well documented and included a record of comprehensive assessments and consultations before treatment started. They also included a full medical history with details of any health conditions, medications, allergies and previous treatments.

We saw evidence of treatment plans being developed and agreed with patients for non-surgical treatments that set out the course and frequency of treatment. Records were kept of each treatment session, including a diagram of the area that had been treated. Dosage and medicine batch numbers were also recorded for each treatment.

Information about risks and benefits was given to patients before any treatment started. All patients we spoke with said this was done in a way they understood and the quality of information and care they received was excellent. Comments included:
‘All staff at the clinic were amazing especially the consultant and the lead nurse, made you feel at ease about the process and helped you understand what would happen with the procedure.’

Patients were given verbal and written aftercare advice that was also recorded in patient care records.

To assess the safety culture in the service, we discussed with staff the importance of following World Health Organization guidelines during surgical procedures. For example, taking a ‘surgical pause’ before starting surgery to check they had the correct patient and equipment. Staff told us they were aware of these checks and carried them out. We did not have the opportunity to observe a surgical pause in practice. However, we saw evidence in the patient care records that patients undergoing surgical procedures had a surgical safety checklist completed in line with the guidelines.

**What needs to improve**

Some patients undergoing surgical procedures had blank areas within their notes where treatment plans should have been recorded. There were also areas for costs to be recorded and these were also blank. A regular audit of the patient care records would ensure that these areas are completed (recommendation e).

- No requirements.

**Recommendation e**

- The service should ensure all patient care records are fully 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

We saw good compliance and recording of training including mandatory training, some of this through the appraisal process. The service could find it useful to have an overarching training plan where all training can be recorded in one place. The service should keep copies of training records for medical staff.

We reviewed six staff files and saw most had been completed fully with appropriate checks and references carried out prior to staff working in the service. All staff files we reviewed had Protecting Vulnerable Group (PVG) checks in place. The service reviewed and recorded all staff PVG’s every 3 years. Professional registration checks were completed for the majority of staff. We saw that staff were sent a reminder to renew their professional registration.

An induction policy was in place. Staff had completed induction training that included mandatory training modules through an online training portal.

We saw good compliance and recording of training, some of this through the appraisal process, for nursing and non-clinical staff. Individual training agreements were documented and included courses or opportunities to develop, as part of the appraisal process. Mandatory training was recorded on ‘clinic office’, an online system that prompts staff to access the nine mandatory modules. Staff we spoke with thought they had enough training to do their job. Comments included:

- ‘We have an annual appraisal and I have identified what training I need this year.’
- ‘I have discussed what training I would need for development in my role.’

The service was developing ways to involve staff more in the growth of the service by improving communication. We saw from results of the staff survey that staff thought this was very beneficial.
What needs to improve
We saw staff had individual appraisals where their training requirements were documented annually. When reviewing the staff files, we saw no up-to-date training records, including infection control, protecting vulnerable adults or laser training certificates for any of the doctors working in the service (requirement 1).

We discussed with the service manager the benefits of having an overarching training plan in place where all training can be documented in one plan.

Requirement 1: Immediate
- The provider must make sure that staff files contain up to date qualifications and training certificates for all staff, including medical staff, working in the service.

- 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

Feedback from patients and staff was encouraged and helped to focus improvements to the quality of the service. Leadership was visible and approachable. The service continued to develop its quality assurance processes and should develop a quality improvement plan.

The service was continuing to develop its quality assurance processes. We saw evidence of clinical governance meetings taking place every month where any issues were reported. Standing agenda items included:

- infection prevention and control
- patient feedback
- accidents, incidents and complaints
- medicines management, and
- risk assessment and audit.

Any new ideas to improve the service was also discussed. Recently the service had changed the antibiotics used after researching evidence available. We saw evidence that the management team met every month. We were told that staff meetings also take place every month. Regular business meetings were also held every month, or more frequently if required.

Staff we spoke with agreed that the service was a good place to work and that the leadership within the service was visible and approachable.

The service started to gather staff comments using an online application in March 2019. This was a short questionnaire (five questions) issued every month that staff can answer anonymously. Staff received incentives for completing the
questionnaire. Responses were gathered and a report submitted to the monthly staff meeting where an action plan would be developed for the lowest scoring areas. Staff we spoke with felt this was a good system and worked well for them. They told us:

- ‘The results help to show where we can make a difference.’
- ‘The monthly meetings are good.’
- ‘We know about the company vision and where we are going.’

**What needs to improve**
While the service was now using action plans to address areas identified for improvement, it should develop an overall quality improvement plan to help collate and guide how the service takes forward actions to improve the delivery of the service it provides (recommendation f).

- No requirements.

**Recommendation f**
- 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 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td>Recommendation</td>
<td>The service should develop action plans that would provide evidence that improvements are being made as a result of patient feedback (see page 12)</td>
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</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

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

| Requirements | None |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

**b** The service should complete risk assessments for all appropriate work tasks. All risk assessments and the risk register should be reviewed at regular intervals (see page 15).

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

**c** The service should ensure that laser treatment protocols are available for all treatments provided in line with current guidance (see page 15).

Health and Social Care Standards: My support, my life. My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

**d** The service should ensure all staff follow national guidance when managing blood and body fluid spillages. This will reduce the risk of cross-infection (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

**e** The service should ensure all patient care records are fully completed (see page 16).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.18

## Domain 7 – Workforce management and support

### Requirement

**1** The provider must make sure that all staff files contain up to date qualifications, registration and training certificates for all staff, including medical staff, working in the clinic (see page 18).

Timescale – immediate

*Regulation 8*

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

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

<table>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>The service should develop a quality improvement plan (see page 20).</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 4.19
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

**Healthcare Improvement Scotland**  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [hcis.ihcregulation@nhs.net](mailto:hcis.ihcregulation@nhs.net)