Unannounced Inspection Report: Independent Healthcare

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre
Four Seasons Health Care Properties (Frenchay) Limited | Wishaw
10 January 2013
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www.healthcareimprovementscotland.org
Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Summary of inspection</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Progress since last inspection</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Key findings</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td><strong>Appendix 1</strong> – Requirements and recommendations</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td><strong>Appendix 2</strong> – Inspection process</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td><strong>Appendix 3</strong> – Inspection process flow chart</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td><strong>Appendix 4</strong> – Details of inspection</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td><strong>Appendix 5</strong> – The National Care Standards</td>
<td>22</td>
</tr>
</tbody>
</table>
1 Background

Healthcare Improvement Scotland was established in April 2011. Part of our role is to undertake inspections of independent healthcare services across Scotland.

Our inspectors check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. They do this by carrying out assessments and inspections. These inspections may be announced or unannounced. We use an open and transparent method for inspecting, using standardised processes and documentation. Please see Appendix 2 for details of our inspection process.

Our work reflects the following legislation and guidelines:

- the National Health Service (Scotland) Act 1978 (hereafter referred to as ‘the Act’)
- the Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011, and
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we inspect an independent healthcare service, we make sure it meets the requirements of the Act. We also take into account the National Care Standards that apply to the service. If we find a service is not meeting the requirements of the Act, we have powers to require the service to improve. Please see Appendix 5 for more information about the National Care Standards.

Our philosophy

We will:

- work to ensure that patients are at the heart of everything we do
- measure compliance against expected standards and regulations
- be firm, but fair
- have members of the public on some of our inspection teams
- ensure our staff are trained properly
- tell people what we are doing and explain why we are doing it
- treat everyone fairly and equally, respecting their rights
- take action when there are serious risks to people using the independent healthcare services we inspect
- if necessary, inspect services again after we have reported the findings
- publish reports on our inspection findings which will be available to the public in a range of formats on request, and
- listen to your concerns and use them to inform our inspections.

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, we suggest you contact the service directly in the first instance. If you remain unhappy following their response, please contact us. However, you can complain directly to us about an independent healthcare service without first contacting the service.
Our contact details are:

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

Telephone: 0131 623 4300
Email: hcis.chiefinspector@nhs.net
2 Summary of inspection

The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre (referred to as ‘the hospital’) is registered with Healthcare Improvement Scotland as an independent hospital. The hospital provides specialist assessment and rehabilitation healthcare services to people with varying degrees of brain injury.

The hospital is comprised of a purpose built, single storey building with single room accommodation. Healthcare services are provided for up to a maximum of 21 people over the age of 16 years. The hospital is well equipped and provides a wide range of rehabilitation healthcare services. Healthcare is provided using a multidisciplinary team of staff which includes:

- nurses
- doctors
- occupational therapists
- physiotherapists
- speech and language therapists, and
- psychologists.

The hospital is located in the countryside grounds of Murdostoun Castle near Newmains and car-parking facilities are available. The location is not accessible by public transport.

We carried out an unannounced inspection to Murdostoun Brain Injury Rehabilitation Centre on Thursday 10 January 2013. The purpose of this inspection was to follow up on requirements and recommendations made at the previous inspection of 7 June 2012.

We assessed the service against four Quality Themes related to the National Care Standards and inspected the following areas:

- a selection of bedrooms
- an independent living flat
- communal areas
- store rooms, and
- toilets and bathrooms.

The inspection team was made up of two inspectors. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. Membership of the inspection team visiting Murdostoun Brain Injury Rehabilitation Centre can be found in Appendix 4.

Based on the findings of this inspection this service has been awarded the following grades:

Quality Theme 0 – Quality of information: 5 - Very Good
Quality Theme 1 – Quality of care and support: 4 - Good
Quality Theme 2 – Quality of environment: 4 - Good
Quality Theme 3 – Quality of staffing: 4 - Good
Overall, we found evidence at Murdostoun Brain Injury Rehabilitation Centre that:

- people who used the service were treated as an individual and there was involvement of a variety of professionals to meet their needs
- people who used the service, and who were able to communicate, gave us positive views of the staff working in the service
- there was a range of training which staff could access, and
- the provider had worked to address the issues raised at the last inspection.

We did find that improvements are required in specific areas, which include:

- ensuring that staff supervision is taking place and being fully recorded, and
- managing personal clothing of people using the service.

This inspection resulted in one requirement and no recommendations. A full list of the recommendations can be found in Appendix 1.

Murdostoun Brain Injury Rehabilitation Centre must address the requirement and the necessary areas for improvements, as a matter of priority.

We would like to thank all staff at Murdostoun Brain Injury Rehabilitation Centre for their assistance during the inspection.
3 Progress since last inspection

What the provider has done to meet the requirements we made at our last inspection on 7 June 2012

Requirement 1

The provider must ensure that where people have been assessed as having capacity to make decisions about their treatment, an accurate record of this is kept in their patient care record.

Action taken
This requirement is reported under quality statement 0.3 in this report. This requirement has been met.

Requirement 2

The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries made include the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.

Action taken
This requirement is reported under quality statement 1.5 in this report. This requirement has been met.

Requirement 3

The provider must ensure, having regard to the size and nature of the service and the number and needs of service users, that suitably qualified and competent staff are working in the service in such numbers as are appropriate for the health, safety and welfare of people who use the service.

Action taken
This requirement is reported under quality statement 1.6 in this report. This requirement has been met.

Requirement 4

The provider must ensure that the hydrotherapy pool is drained of all water, thoroughly cleaned and thereafter maintained in a good state of repair.

Action taken
This requirement is reported under quality statement 2.2 in this report. This requirement has been met.
Requirement 5

The provider must ensure that staff are suitably trained in the correct management of soiled and contaminated linen.

Action taken
This requirement is reported under quality statement 2.4 in this report. This requirement has been met.

Requirement 6

The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

Action taken
This requirement is reported under quality statement 3.3 in this report. This requirement has been continued with a revised timescale.

What the service has done to meet the recommendations we made at our last inspection

Recommendation a

We recommend that Murdostoun Brain Injury Rehabilitation Centre should review its staff recruitment processes. This is to ensure that all pre-employment information is fully obtained for each member of staff and kept on file for reference.

Action taken
This recommendation is reported under quality statement 3.2 in this report. This recommendation has been met.
4 Key findings

Quality Theme 0

<table>
<thead>
<tr>
<th>Quality Statement 0.3</th>
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<tr>
<td>We ensure our consent to care and treatment practice reflects Best Practice Statements (BPS) and current legislation (where appropriate Scottish legislation).</td>
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</table>

Grade awarded for this statement: 5 - Very Good

At this inspection we focussed on the requirement made at the last inspection that:

‘The provider must ensure that where people have been assessed as having capacity to make decisions about their treatment, an accurate record of this is kept in their patient care record.’

We looked at four patient care records. Standard documentation was in each file and relevant forms were completed. However, there were some consent forms that were not completed. However, these related to issues such as ‘consent to photography of wounds’ and were not relevant to any of the people whose records we looked at. We saw that each record had details of the person’s capacity status. Information was noted on who had the responsibility to act on behalf of the person using the service and for decision making. We communicated with one person who had recently been admitted. It was clear that they had capacity. We looked at their records and found that their ability was recognised and that they had signed consent forms with their own mark.

We have assessed that there was sufficient information to show that this requirement was met.

Areas for improvement

The service should work to continue to maintain the level achieved.
Quality Theme 1

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

Grade awarded for this statement: 4 - Good

At this inspection we focussed on the requirement made at the last inspection that:

‘The provider must ensure that all patient care records accurately reflect how the service user’s health, safety and welfare needs are to be met and that all entries made include the date, time and outcome of all consultations, examinations, assessments and treatments. All entries must be signed by the healthcare professional making the entry.’

It was noted at the last inspection that there were blank sections in records, particularly in respect of healthcare assessments.

We looked at four patient care files and focussed on assessments and care plan updates since the last inspection. We saw that information was included about past medical history, contact details of GP and other significant persons involved in care. Dependency assessments were carried out on a monthly basis. This covered aspects of care, such as skin pressure relief, safety awareness and communication. Specific assessment tools were then used to identify care needs and to plan care. This was seen in the prevention of pressure ulcers. An assessment tool was used to identify risk, highlight equipment needs and to set out personal care, such as the need for turning and moving and handling. We saw that equipment was in place as set out in care plans, including air flow mattresses and patient handling equipment.

Nutritional assessments were carried out and there was involvement of professionals, such as the speech and language therapist. Where there were specific care needs these were detailed in care plans. We saw that one person using the service did not have comprehensive care plans for nutrition in place. There was information from the patient’s representative clearly documented. We spoke with staff and read the individual’s file, which showed that they had just been admitted. Staff were able to inform us about the needs of the patient and recount the information supplied at admission. A process of observation and assessment was being carried out to inform the completion of a care plan.

There were good examples of where the information detailed in care plans was reinforced in a person’s bedroom information. This gave immediate guidance to staff delivering care. We saw one person who was being escorted to an appointment at the local hospital seated in their chair. They were seated as detailed in their care information.

Assessments and care plans were reviewed monthly. These had been signed and dated by staff. The date for the planned next review was also set out.

We have assessed that there was sufficient information to show that this requirement was met.
Areas for improvement
We spoke with staff about care files and some information which could have been improved, including implementing records of skin checks when an individual returned from hospital. Although assessments were carried out, the use of body mapping (this is a diagram which can detail areas of the body which have marks or wounds) would have strengthened their findings. We will look at skin care at future inspections.

Requirements
■ No requirements.

Recommendations
■ No recommendations.

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

Grade awarded for this statement: 4 - Good
We did not look at this statement fully at this inspection. We focussed on the requirement made at the last inspection that:

‘The provider must ensure, having regard to the size and nature of the service and the number and needs of service users, that suitably qualified and competent staff are working in the service in such numbers as are appropriate for the health, safety and welfare of people who use the service.’

Dependency assessments were carried out for all people using the service. We spoke with the manager of the service. She told us that the service uses the dependency tool to benchmark themselves against other similar services. However, the service does not use this to set the staffing levels. When the tool shows that the staffing levels are above the average for similar services they do not reduce the staffing levels. We saw from looking at results from the dependency tool that the service has not fallen below the average staffing levels for similar services. The manager of the service was satisfied that they have enough staff to meet the needs of the people using the service.

People using the service looked well groomed and were assisted with activities of daily living. There were examples of where we saw staff delivering care using best practice. This included the administration of medication via a Percutaneous Endoscopic Gastrostomy PEG tube. (This is a tube inserted directly through the abdomen into the stomach. This is used where an individual cannot take oral food and/or fluids). Staff had seated people in their chairs according to detailed information in their care files. Interactions between staff and people using the service were supportive, respectful and positive. We observed staff supporting people to gain skills of independence. People using the service who we spoke with told us that they were happy with the staff working in the service.

Staff told us that they had access to a range of training in the service and specific training in the care of people with head injuries. Training information since our last inspection showed that training had taken place in customer care, infection control, pressure care, and tracheotomy care. A list of learning and development opportunities was displayed for staff.
This covered issues such as person centred care, capacity, nutrition, documentation and accident and incident reporting. We have stated in Quality Theme 1, Statement 1.5 of this report how staff assess and identify care needs of the person using the service.

We have assessed that there was sufficient information to show that this requirement was met.

**Areas for improvement**
The service should continue to review the staffing in the service and access additional staff when needed.

**Requirements**
- No requirements.

**Recommendations**
- No recommendations.

**Quality Theme 2**

**Quality Statement 2.2**
We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

**Grade awarded for this statement: 4 - Good**
At this inspection we focussed on the requirement made at the last inspection that:

‘The provider must ensure that the hydrotherapy pool is drained of all water, thoroughly cleaned and thereafter maintained in a good state of repair.’

The provider had sent a notification to us dated 5 November 2012. This was to inform us about the planned refurbishment of the hydrotherapy pool and surrounding area. Work was planned to start on 9 November 2012 and expected to last a period of 4 to 5 months. We saw that this area was closed to people using the service and was currently undergoing complete refurbishment, including the shower and changing areas. We will assess the outcome of this work in future inspections.

We have assessed that progress has been made in respect of the hydrotherapy pool since the last inspection and therefore the requirement has been met.

**Areas for improvement**
Maintenance records were in place for the service and it was planned that the hydrotherapy pool would be included in these records when completely refurbished. We will review maintenance records at future inspections.

**Requirements**
- No requirements.
Recommendations

- No recommendations.

Quality Statement 2.4

We ensure that our infection prevention and control policy and practices, including decontamination, are in line with current legislation and best practice (where appropriate Scottish legislation).

Grade awarded for this statement: 4 - Good

At this inspection we focussed on the requirement made at the last inspection that:

‘The provider must ensure that staff are suitably trained in the correct management of soiled and contaminated linen.’

We looked at the management of contaminated laundry. A clear, colour coded system of managing the laundry was in place. Soiled and contaminated laundry was appropriately sealed in coloured bags ready for washing. We spoke with the member of staff responsible for delivering training on the management of laundry and for implementing the system. They confirmed that the system had been reinforced with staff members and that there had been improvement.

We have stated in Quality Theme 1, Statement 6 of this report that training had taken place since our last inspection in infection control.

We have assessed that there was sufficient information to show that this requirement was met.

Areas for improvement

The service should continue to maintain the standard in managing contaminated laundry system.

We spoke with the management about other aspects of laundry management. This was in respect of returning laundry from the store to the person using the service. We will look at the management of personal clothing at the next inspection.

Requirements

- No requirements.

Recommendations

- No recommendations.
Quality Theme 3

Quality Statement 3.2
We are confident that our staff have been recruited and inducted, in a safe and robust manner to protect service users and staff.

Grade awarded for this statement: 5 - Very Good
At this inspection we focussed on the recommendation made at the last inspection that:

'We recommend that Murdostoun Brain Injury Rehabilitation Centre should review its staff recruitment processes. This is to ensure that all pre-employment information is fully obtained for each member of staff and kept on file for reference.'

We carried out a review of 3 staff recruitment files. Records showed that there were good systems in place. Declarations were completed regarding health and criminal record history of the applicant. Details of experience and skills were provided that showed staff were suitable for the job applied for. References and appropriate checks were made prior to appointment to make sure that individuals were suitable candidates for employment.

One member of staff was in the process of induction at our inspection. We did not review the system of induction at this inspection.

We have assessed that there was sufficient information to show that this recommendation was met.

Areas for improvement
The service should continue to maintain staff recruitment files to the current standard. We will look at staff induction at future inspections.

Requirements
■ No requirements.

Recommendations
■ No recommendations.

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

Grade awarded for this statement: 4 - Good
We have discussed training and staff practice in Quality Theme 1, Statement 5 of this report. Our evidence showed that staff were observed using best practice. Staff spoken with appeared to be motivated to carry out their role and staff displayed a professional attitude when interacting with people using the service. People using the service were treated with dignity and respect.

Areas for improvement
The following requirement was made at the last inspection:
'The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.'

We spoke with two registered nurses who told us that they did not have supervision. We looked at 12 staff supervision files. We looked at files for the eight therapy staff and saw that they had a recent supervision session. The four nurses we looked at had not been supervised recently. The most recent supervision session was in August with the longest time period since a supervision being March. As a result the requirement made at the last inspection has been carried forward with a revised timescale.

**Requirement 1 – Timescale: 31 March 2013**

The provider must ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.

*Regulation 12(c)(i)and(ii) – SSI 2011 No. 182*

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

**Recommendations**

- No recommendations.
Appendix 1 – Requirements and recommendations

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

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

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

## Quality Statement 3.3

<table>
<thead>
<tr>
<th>Requirement</th>
<th>The provider must:</th>
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<tbody>
<tr>
<td>1</td>
<td>ensure that the framework for staff supervision is being implemented on a regular basis, with clear documentary evidence.</td>
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</table>

Timescale – 31 March 2013

*Regulation 12(c)(i) and (ii) – SSI 2011 No. 182*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Appendix 2 – Inspection process

Inspection is part of the regulatory process.

Each independent healthcare service completes an online self-assessment and provides supporting evidence. The self-assessment focuses on five Quality Themes:

- **Quality Theme 0 – Quality of information**: this is how the service looks after information and manages record keeping safely. It also includes information given to people to allow them to decide whether to use the service and if it meets their needs.
- **Quality Theme 1 – Quality of care and support**: how the service meets the needs of each individual in its care.
- **Quality Theme 2 – Quality of environment**: the environment within the service.
- **Quality Theme 3 – Quality of staffing**: the quality of the care staff, including their qualifications and training.
- **Quality Theme 4 – Quality of management and leadership**: how the service is managed and how it develops to meet the needs of the people it cares for.

We assess performance by considering the self-assessment, complaints, notifications of events and any enforcement activity. We inspect the service to validate this information and discuss related issues.

The complete inspection process is described in the flow chart in Appendix 3.

**Types of inspections**

Inspections may be announced or unannounced and will involve physical inspection of the clinical areas, and interviews with staff and patients. We will publish a written report 6 weeks after the inspection.

- **Announced inspection**: the service provider will be given at least 4 weeks’ notice of the inspection by letter or email.
- **Unannounced inspection**: the service provider will not be given any advance warning of the inspection.

**Grading**

We grade each service under quality themes and quality statements. We may not assess all quality themes and quality statements.

We grade each heading as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
<td>excellent</td>
</tr>
<tr>
<td>5</td>
<td>very good</td>
</tr>
<tr>
<td>4</td>
<td>good</td>
</tr>
<tr>
<td>3</td>
<td>adequate</td>
</tr>
<tr>
<td>2</td>
<td>weak</td>
</tr>
<tr>
<td>1</td>
<td>unsatisfactory</td>
</tr>
</tbody>
</table>

We do not give one overall grade for an inspection.

The quality theme grade is calculated by adding together the grades of each quality statement under the quality theme. Once added together, this number is then divided by the number of statements.
For example:

**Quality Theme 1 – Quality of care and support: 4 - Good**

Quality Statement 1.1 – 3 - Adequate  
Quality Statement 1.2 – 5 - Very good  
Quality Statement 1.5 – 5 - Very good

Add the grades of each quality statement together, making 13. This is then divided by the number of quality statements (there are 3 quality statements), making 4.3. This is rounded down to 4, giving the overall quality theme a grade of 4 - Good.

However, if any quality statement is graded as 1 or 2, then the entire quality theme is graded as 1 or 2 regardless of the grades for the other statements.

**Follow-up activity**

The inspection team will follow up on the progress made by the independent healthcare service provider in relation to their improvement action plan. This will take place no later than 16 weeks after the inspection. The exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care.

The follow-up activity will be determined by the risk presented and may involve one or more of the following:

- a further announced or unannounced inspection  
- a targeted announced or unannounced inspection looking at specific areas of concern  
- an on-site meeting  
- a meeting by video conference  
- a written submission by the service provider on progress with supporting documented evidence, or  
- another intervention deemed appropriate by the inspection team based on the findings of an inspection.

Depending on the format and findings of the follow-up activity, we may publish a written report.

More information about Healthcare Improvement Scotland, our inspections and methodology can be found at:  
Appendix 3 – Inspection process flow chart

Before inspection visit
- Service undertakes self-assessment exercise and submits outcome to Healthcare Improvement Scotland

↓

Self-assessment submission is reviewed to help inform and prepare for on-site inspections

↓

During inspection visit
- Arrive at service
- Inspections of areas
- Discussions with senior staff and/or operational staff, people who use the service and their carers
- Feedback with service

↓

Further inspection of service areas of significant concern identified

↓

After inspection visit(s)
- Draft report produced and sent to service to check for factual accuracy

↓

Report published

↓

Follow-up activity to ensure improvement actions are completed
Appendix 4 – Details of inspection

The inspection to The Huntercombe Services – Murdostoun Brain Injury Rehabilitation Centre was conducted on Thursday 10 January 2013.

The inspection team consisted of the following members:

Janet Smith
Lead Inspector

Gareth Marr
Regional Inspector
Appendix 5 – The National Care Standards

The National Care Standards set out the standards that people who use independent healthcare services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. There are Care Standards for:

- independent hospitals
- independent specialist clinics
- independent medical consultant and general practitioner services, and
- hospice care.

When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk
We can also provide this information:

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

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Gyle Square  
1 South Gyle Crescent  
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www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group and the Scottish Intercollegiate Guidelines Network (SIGN) are part of our organisation.