Announced Inspection Report: Independent Healthcare

Service: Ayrshire Eye Clinic, Ayr
Service Provider: Ayrshire Eye Clinic Limited

28 January 2020
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 23 July 2019

Requirement
The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff.

Action taken
Environmental risk assessments had been developed, implemented and added to the staff meeting agendas. This is reported under Quality Indicator 5.1. This requirement is met.

Requirement
The provider must implement a structured approach to cleaning the environment and patient equipment that sets out all cleaning tasks, methods, products, responsibilities and a system for verifying that cleaning tasks are being carried out appropriately.

Action taken
Cleaning schedules had been developed for clinical and non-clinical staff. The service manager checked the tasks had been completed. This requirement is met.

Requirement
The provider must put in place systems, processes and procedures to manage all aspects of laser safety in the service.

Action taken
A laser safety advisor had been appointed and visited the premises. The advisor had produced a report and the service was taking actions to address the recommendations in it. The service had satisfactory processes in place at the time of our inspection. This requirement is met.
Requirement
The provider must develop documentation to ensure all care given to patients by all staff is documented.

Action taken
As part of the patient care record, patient pathway documents had been developed which set out the points of care each patient should experience for specific treatments. This requirement is met.

Requirement
The provider must ensure that it follows guidelines on safer recruitment. This must include carrying out Protecting Vulnerable Groups (PVG) checks.

Action taken
The service manager had recently submitted PVG checks for nine members of staff. This requirement is met.

Requirement
The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken
This is discussed under Quality Indicator 9.4. This requirement is not met (see requirement 2).

What the service had done to meet the recommendations we made at our last inspection on 23 July 2019
Recommendation
The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken
The service did not have a participation policy in place. This recommendation is not met (see recommendation a).
**Recommendation**
The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

**Action taken**
The service had not developed an audit programme and audits to measure the quality of the service had not been carried out. **This recommendation is not met** (see recommendation c).

**Recommendation**
The service should further develop the arrangements in place to deal with medical emergencies.

**Action taken**
This is reported under Quality Indicator 5.1. **This recommendation is not met** (see recommendation d).

**Recommendation**
The service should ensure all patients undergoing surgery have safety checks completed and documented in line with the World Health Organization Guidelines for Safe Surgery (2009). The service should make sure that patient consent forms are fully completed.

**Action taken**
This is reported under Quality Indicator 5.1. **This recommendation is met**.

**Recommendation**
The service should make sure that patient consent forms are fully completed.

**Action taken**
Not all consent forms had a patient signature recorded. **This recommendation is not met** (see recommendation e).

**Recommendation**
The service should make sure all entries in paper and electronic records are clearly written, dated and timed to comply with professional standards from the Nursing and Midwifery Council about keeping clear and accurate records.

**Action taken**
While patient care records we reviewed were better completed, some signatures and times were still not recorded. **This recommendation is not met** (see recommendation f)
Recommendation
The service should ensure that a formal system is in place to make sure that staff are subject to ongoing professional registration checks.

Action taken
We saw no evidence of a formal system in place at the time of our inspection. This recommendation is not met (see recommendation h).

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

Action taken
Staff files we reviewed contained information about appropriate health checks. This recommendation is met.

Recommendation
The service should formally record the minutes of staff and management meetings. These should include any actions taken and those responsible for the actions.

Action taken
Minutes of staff meetings were available and these stated who was responsible for completing actions. However, minutes were not produced for management meetings. This recommendation is not met (see recommendation j).

Recommendation
The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken
The service was still developing its quality improvement plan. This recommendation is not met (see recommendation i).
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 The Ayrshire Eye Clinic on Tuesday 28 January 2020. We spoke with a number of staff, and we received feedback from 13 patients through an online survey we had asked the service to issue for us before the inspection. We also received messages from two patients over telephone to give their feedback.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Ayrshire Eye Clinic, the following grades have been applied to three key quality indicators.

### Key quality indicators inspected

<table>
<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Patients felt they were involved in all decisions and were positive about their care. The service should develop the way patient feedback is gathered and used for improvements in the service.</td>
<td>✓ Satisfactory</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Quality indicator</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and well maintained environment. Medicines and lasers were managed safety and all equipment was regularly serviced. A risk register should be developed and a regular programme of audit implemented.</td>
<td>✓ Satisfactory</td>
<td></td>
</tr>
</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | Regular staff and management meetings were now taking place and being formally documented. Staff at all levels are involved in professional organisations and are fully aware of changes and practices in the specialty. Some reviews of the quality of treatment provided were being carried out but needs to include an audit programme. A quality improvement plan should be developed. | ✓ Satisfactory |

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

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
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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>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>The service have developed a patient pathway document ensuring the patient journey is documented. Patients said risks and benefits were discussed although these were not documented. The service do not carry out any care record audits.</td>
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<tr>
<td><strong>Domain 7 – Workforce management and support</strong></td>
<td></td>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>During the last inspection staff files were found to be incomplete. During this inspection the files had more evidence of references, contracts and personal contact details however all the evidence of mandatory training and electronic learning was out of date. Protecting Vulnerable Groups (PVG) updates on nine staff had recently been requested and were awaiting a response from Disclosure Scotland.</td>
</tr>
</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

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

What action we expect Ayrshire Eye Clinic Limited to take after our inspection

This inspection resulted in two requirements and 10 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

Ayrshire Eye Clinic 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 Ayrshire Eye Clinic 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 felt they were involved in all decisions and were positive about their care. The service should develop the way patient feedback is gathered and used for improvements in the service.

A variety of information leaflets were available for patients before their surgery. The service had a combined feedback, comments or complaints leaflet available at reception. This leaflet set out the service’s complaint procedure and included information about how to make a complaint to Healthcare Improvement Scotland. The service used a patient satisfaction questionnaire to ask patients for feedback after their treatment. The majority of feedback we saw was positive. The service had recently developed new patient leaflets after feedback from patients about the information that could be contained with them.

Staff were able to explain how the complaints process worked. The complaints log had been updated to contain more detailed information, including:

- how the complaint was investigated
- who was involved, and
- was the patient would notified of the decision.

No recent complaints had been recorded.
Patients who completed our online survey were very positive about their experience. All said they were treated with dignity and respect and were involved in decisions about their care. Comments received included:

- ‘Detailed information on every step was provided.’
- ‘Excellent consultation as what could have been littered with technical jargon did not happen and questions were welcome and again answered simply.’
- ‘During the detailed consultation the procedure, alternatives available, benefits and risks, and anticipated outcomes were clearly explained to me. The written pamphlets were clear, as was all correspondence.’

**What needs to improve**
The service’s patient satisfaction questionnaire was not consistently given to patients after their surgery on discharge from the clinic. The service did not have a structured approach in place to collate and analyse patient feedback to inform future improvements. Improvements made after feedback could also be shared with patients (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.
Service delivery

This section is where we report on how safe the service is.

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

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were cared for in a clean and well maintained environment. Medicines and lasers were managed safety and all equipment was regularly serviced. A risk register should be developed and a regular programme of audit implemented.

We saw that the service was clean and well maintained. Relevant policies and procedures, such as for safeguarding or infection prevention and control were in place to help make sure care was delivered safely. Maintenance contracts were in place, equipment was regularly serviced and environmental risk assessments helped manage risk. Cleaning schedules were up to date and patient feedback about the environment included:

- ‘Cleanliness appeared scrupulous at both times of surgery. The general surroundings are well maintained.’
- ‘A modern facility, with up to the minute equipment used.’
- ‘Immaculate.’

A medicine management policy was in place and we saw that medicines were managed safety. This included buying, storing, prescribing and administering medicines.

Surgical instruments and other surgical supplies were suitably organised and stocked. Theatre equipment and ventilation was also appropriately maintained and followed national guidelines. The service manager and the medical practitioner explained how the service was 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. We saw that this was documented in patient care records.
We saw that a laser safety advisor had been appointed and that laser safety was appropriately managed.

**What needs to improve**
The service had developed and carried out risk assessments as well as developing an accident and incident investigation procedure since our last inspection. However, a risk register had not been developed (recommendation b).

At our last inspection, we saw no evidence of audit activity to demonstrate that the service’s policies and procedures were being followed. We recommended that the service should have developed and implemented a programme of regular audit implemented, which included as a minimum:

- medicine management
- patient care records
- health and safety, and
- cleaning and maintenance of the care environment.

Audits to measure the quality of the service had not been carried out at the time of our inspection (recommendation c).

Equipment had been purchased to assist in medical emergencies. However, we discussed the need for further development of protocols and training of staff to make sure suitable arrangements were in place for medical emergencies (recommendation d).

Cleaning schedules could be further developed. We will follow this up at future inspections.

- No requirements.

**Recommendation b**
- The service should develop a risk register.

**Recommendation c**
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.
Recommendation d

- The service should further develop the arrangements in place to deal with medical emergencies.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

The service had developed a patient pathway document to make sure the patient journey is documented. Patients said risks and benefits were discussed although these were not documented. The service do not carry out any care record audits.

The five patient care records we reviewed all fully documented consultations from before and after treatment. The consultations included a full medical history with health conditions and any medications noted.

Since our last inspection, the service had developed a patient pathway document, which included a pre-assessment and surgical record. The information recorded in the pre-assessment included:

- medications
- patient’s allergies, and
- vital signs.

The patient care records documented:

- that the consent form had been checked
- any intraoperative complications
- the post-operative medications given
- what the procedure was, and
- the surgery start time.

All patient care records reviewed were fully completed, including staff names and signatures. With the exception of one, all consent forms we saw were also fully completed.

All equipment and medications were noted in the patient care records, along with batch numbers and dosage details.
We were provided with the aftercare leaflet given to patients following surgery, which included emergency numbers to call if required. All patients who completed the survey told us they were informed of the risks and benefits associated with their treatment. Comments included:

- ‘Thorough tests and examinations performed on both eyes and options given before procedures and risks/benefits made clear.’
- ‘There are risks associated with all clinical procedures and the eye operation factors were considered.’

What needs to improve
We noted one consent form had not been signed by a patient. While two of the five patient care records we reviewed had risks and benefits of treatment in other places, consent forms did not list risks and benefits. All risks and benefits should be discussed with the patient and recorded on the consent form (recommendation e).

While the majority of the patient care records sampled were well completed, some entries were still not timed or signed. Patient care record audits would help highlight gaps in documentation (recommendation f).

Patient care records had a space to document all eye drops given to patients. However, they did not have space to document when other medications were required to be given (recommendation g).

- No requirements.

Recommendation e
- The service should make sure that patient consent forms are fully completed and risks and benefits are recorded.

Recommendation f
- The service should make sure all entries in paper and electronic records are clearly written, dated and timed to comply with professional standards about keeping clear and accurate records.

Recommendation g
- The service should develop the patient care record to include a medication chart to enable medications to be recorded.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Staff recruitment processes were safe. Evidence of references, contracts and personal contact details recorded in staff files had improved since our previous inspection. The service did not carry out its own yearly appraisals of staff. Training records were not kept up to date.

The service had a comprehensive staff recruitment policy in place. In the four staff files we reviewed, we saw:

- photocopies of occupational health checks
- photocopies of qualification certificates
- pre-employment checklists, and
- vaccination history.

Two files had evidence of a 2014 induction and training programme.

What needs to improve

The service employed staff from the ophthalmology department of the local NHS hospital where all mandatory training and electronic learning was completed. All yearly personal development reviews (PDRs) of staff were also carried out through the local NHS hospital. However, the service did not carry out yearly appraisals for clinic staff. While the provider was aware that the local NHS hospital did appraise staff, we would still expect the service to have a copy and review it with the staff member (requirement 1).

The service manager told us the service was developing a formal system of checking staff registration, qualification and mandatory training yearly. However, we found that the service’s staff files contained out-of-date lists of mandatory training and electronic learning, which included training in management of anaphylaxis and basic life support. Each staff file should contain up to date information on mandatory training and electronic learning (recommendation h).
Requirement 1 – Timescale: immediate

- The provider must ensure that each staff member has a regular appraisal and that a copy is kept in the staff file.

Recommendation h

- The service should ensure a formal system of checking staff registration, mandatory training and electronic learning including attendance at internal training sessions.
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

Regular staff and management meetings were now taking place and being formally documented. Staff at all levels are involved in professional organisations and are fully aware of changes and practices in the speciality. Some reviews of the quality of treatment provided were being carried out but needs to include an audit programme. A quality improvement plan should be developed.

The service manager used spreadsheets to help them manage the daily business tasks and issues identified could quickly be shared with staff and the medical practitioner. For example, we saw changes had been made to the theatre list after the lens had not arrived in time. We saw minutes of a recently-introduced regular staff meeting with a standard agenda to help to review the quality of the service. This formalised any areas identified for improvement or change and actions taken, who was responsible and outcomes of the actions.

The medical director and other staff were members of professional organisations, such as the Royal College of Nursing and the Royal College of Ophthalmologists. The medical director is also the European associate editor of the Journal of Cataract and Refractive Surgery. This allowed staff to keep up to date with all relevant practices in the specialty. The clinician was also the medical director and regularly provided training and education for local optometrists. For example, we saw the programme for a training event held in June 2019. Staff worked with others in the industry and attended events and training to develop and keep their skills up to date. We saw an example of where a new technique had been identified and implemented in the service after a clinical audit. This technique meant the service had started to use the most up to date equipment and intraocular lens available to help improve patients’ sight.
What needs to improve

Regular staff meetings had been held and some areas for improvement had been identified and recorded. However, we still saw no overarching quality assurance structures in place and no formal system to review the quality of the service delivered. For example, an audit programme would help to measure quality and identify areas for improvement in service delivery (requirement 2).

A quality improvement plan would help to structure and record the service’s improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation i).

We were told that regular informal management meetings were held between the service manager and the clinician. However, these meetings were not formally recorded (recommendation j).

Requirement 2 – Timescale: by 30 June 2020

- The provider must implement a suitable system of regularly reviewing the quality of the service.

Recommendation i

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation j

- The service should formally record the minutes of management meetings. These should include any actions taken and those responsible for the actions.
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

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<thead>
<tr>
<th>Requirements</th>
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<tr>
<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>a The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement (see page 12).</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

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

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
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<td>None</td>
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<table>
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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>b The service should develop a risk register (see page 14).</td>
</tr>
</tbody>
</table>

Health and Social Care standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17
**Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)**

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<td><strong>c</strong></td>
<td>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 14).</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 4.19

This was previously identified as a recommendation in the July 2019 inspection report for Ayrshire Eye Clinic.

| **d** | The service should further develop the arrangements in place to deal with medical emergencies (see page 15). |

Health and Social Care standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

| **e** | The service should make sure that patient consent forms are fully completed and risks and benefits are recorded (see page 16). |

Health and Social Care standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.24

| **f** | The service should make sure all entries in paper and electronic records are clearly written, dated and timed to comply with professional standards about keeping clear and accurate records (see page 16). |

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

| **g** | The service should develop the patient care record to include a medication chart to enable medications to be recorded (see page 16). |

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

### Requirement

1. The provider must ensure that each staff member has a regular appraisal and that a copy is kept in the staff file (see page 18).

   Timescale – immediate

   *Regulation 12(c)(i)*  
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

h. The service should ensure a formal system of checking staff registration, mandatory training and electronic learning including attendance at internal training sessions (see page 18).

   Health and Social Care standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

## Domain 9 – Quality improvement-focused leadership

### Requirements

2. The provider must implement a suitable system of regularly reviewing the quality of the service (see page 20).

   Timescale – by 30 June 2020

   *Regulation 13*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendations

i. The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).

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

   This was previously identified as a recommendation in the July 2019 inspection report for Ayrshire Eye Clinic.
Domain 9 – Quality improvement-focused leadership (continued)

<table>
<thead>
<tr>
<th>j</th>
<th>The service should formally record the minutes of management meetings. These should include any actions taken and those responsible for the actions (see page 20).</th>
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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

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
**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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