Unannounced Inspection Report: Independent Healthcare

Service: Nova Recovery, Largs
Service Provider: Nova Recovery Limited

5-6 April 2022
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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 9-10 November 2021

Requirement
The provider must develop and implement a recruitment policy and ensure that it follows guidelines on safer recruitment.

Action taken
A suitable recruitment policy had been developed, and processes had been implemented to ensure the service now followed Scottish guidelines on safer recruitment. This requirement is met.

Requirement
The provider must develop a service-wide training and development plan that references relevant Scottish legislation.

Action taken
A service-wide training and development plan had now been developed which referenced and linked to relevant Scottish legislation. This requirement is met.

Requirement
The provider must ensure that all policies and documentation used in the service are in line with Scottish legislation and reference Healthcare Improvement Scotland as the regulatory body.

Action taken
A Scottish consultancy service had been commissioned to review each of the service’s policies and ensure they were in line with Scottish guidance and legislation. This requirement is met.

Requirement
The provider must develop and maintain a system to ensure the quality of the service delivered meets the needs of the patients.

Action taken
A quality improvement plan and quality assurance system had been introduced. The quality assurance system used a key performance indicator dashboard, so the service could use the information it gathered from patient feedback, treatment outcomes and upgrades to the environment to track improvements in the service. This requirement is met.
What the service had done to meet the recommendations we made at our last inspection on 9-10 November 2021

**Recommendation**
The service should ensure staff are trained in the principles of duty of candour.

**Action taken**
Staff were now in the process of completing duty of candour training.

**Recommendation**
The service should continue to develop a more enhanced approach to cleaning, and a carry out regular infection prevention and control audits to help minimise risks in the service.

**Action taken**
The standard of cleaning had improved since the last inspection. We saw that daily cleaning checklists were completed and up to date. We also saw that regular infection prevention and control audits were now being carried out.

**Recommendation**
The service should strongly urge patients to engage with their GP before undergoing the detox programme and allow the service to contact their GP to share information where relevant, and inform them of the treatment provided. This would allow the patient’s GP to consider pre-detox investigations, longer-term prescribing, support and monitoring.

**Action taken**
Staff were continuing to actively encourage patients to engage with their GP before and during the medically-assisted detox treatment programme.

**Recommendation**
The service should introduce a meeting agenda, and record actions taken and who is responsible in the minutes of its staff meetings to ensure better reliability and accountability.

**Action taken**
Regular staff meetings were held, with minutes available for staff who were unable to attend. The minutes detailed who was accountable for completing any actions to be taken forward.

**Recommendation**
The service should continue to develop the staff break room to ensure staff have a space for breaks, and promote staff health and safety.

**Action taken**
A dedicated staffroom was now in use.
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 key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an unannounced inspection to Nova Recovery on Tuesday 5 and Wednesday 6 April 2022. We spoke with a number of staff and four patients during the inspection. The inspection team was made up of two inspectors.

We did not request a self-evaluation from the service before the inspection.

What we found and inspection grades awarded

For Nova Recovery, the following grades have been applied to the key quality indicators inspected.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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should be cleaned in line with national guidance. Patients’ own food items should be labelled appropriately.

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<td>9.4 - Leadership of improvement and change</td>
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<tr>
<td>The service had a visible and responsive leadership team. Feedback from patients and staff was used to make changes to the way the service was delivered. Clinical governance reporting structures were in place. A quality assurance programme and an improvement plan helped the service identify how it could further improve.</td>
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The following additional quality indicators were inspected against during this inspection.

<table>
<thead>
<tr>
<th>Additional quality indicators inspected (ungraded)</th>
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<tr>
<td>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<td>Domain 7 – Workforce management and support</td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
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</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

Further information about the Quality Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

**What action we expect Nova Recovery Limited to take after our inspection**

This inspection resulted in two requirements and three 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

Nova Recovery 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 Nova Recovery 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 they were given enough information to help them make informed decisions about their treatment. They were overwhelmingly positive about the care and treatment they received. Staff treated patients with care, compassion, dignity and respect. Patients knew how to raise a concern or make a complaint. Patient feedback was used to help improve the service. Staff were being trained in the principles of duty of candour.

As the service had a comprehensive website and telephone helpline, patients told us they knew what facilities were available before they committed to the treatment programme. They said they were given enough information to make an informed decision to proceed with treatment and were made fully aware of the costs involved. Patients were able to agree their preferred treatment outcomes at the outset and they were supported throughout the programme to reach their goals.

On admission, patients were given a folder containing essential information about the treatment programme. This included the risks and benefits associated with medically-assisted detoxification and how staff would support them through the process. ‘House rules’ were clearly laid out, so patients understood what was and was not acceptable behaviour.

Patients we spoke with were at different stages of their treatment programme. However, they all told us the programme had been successful in helping them to manage their addiction, to feel physically and emotionally well, and to feel positive about the future. Those who were nearing the end of their treatment programme told us they would recommend the service to other people.

The service had a patient participation policy. Staff gathered patient feedback and made changes based on what patients told them. Patients could provide feedback in a variety of ways. Most feedback was gathered through a survey.
patients completed at the end of their stay. However, they could also speak directly with staff, use an anonymous comments box or leave an entry in a comments book held at reception. ‘You said, We did’ posters highlighted changes the service had made based on what patients had told them. We noted the service had made a number of recent changes based on patient feedback. These included:

- redesigning the garden and supporting patients to engage in garden therapy
- introducing martial arts and yoga
- changing the times of the daily activity and therapy programme, and
- re-evaluating the house rules.

Patients told us the treatment programme was person centred and personalised, so it met their specific needs. They said staff treated them with dignity and respect and they always felt listened to. They also said staff were readily available to provide support whenever they needed it. Examples of what patients told us included:

- ‘I feel I can get the support I need... whenever I want.’
- ‘Whole philosophy is around making sure our needs are met.’
- ‘Phenomenal, really phenomenal staff.’

Patients were supported to make healthier choices with their diet and exercise. Several told us the service went out of its way to meet their individual dietary needs and tailored exercise programmes to people’s preferences and abilities.

Patients had easy access to information to support them to make a complaint. We reviewed a recent complaint the service had received and saw it had been handled effectively. All the patients we spoke with told us they were highly satisfied with their care and treatment and had no complaints. They told us they knew how to complain and were confident they would be listened to and supported if they made a complaint.

Since the last inspection in November 2021, the service was now providing training for staff on duty of candour to make sure staff understood their responsibilities. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients, and respond appropriately, when any unintended or unexpected incidents occur in the service.

- No requirements.
- No recommendations.
Service delivery

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

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

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

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment was clean, welcoming and well maintained with a proactive approach to building maintenance. Medicines were managed safely. Sanitary fittings should be cleaned in line with national guidance. Patients’ own food items should be labelled appropriately.

Policies and procedures were in place to ensure the safe delivery of care, including infection prevention and control, medicines management, and health and safety.

The environment was clean, welcoming and mostly well maintained. We saw a proactive approach to building maintenance with a daily walkround to identify any issues. These were then recorded and acted on. A health and safety file showed a number of processes in place to ensure suitable equipment checks and building maintenance were carried out and up to date.

Arrangements were in place to make sure specialist equipment was maintained and serviced in line with the manufacturers’ guidelines. A clear process was in place for carrying out regular assessments of the environment, including lift maintenance, fire safety and water safety checks. Managers were responsible for routinely updating the service’s risk register.

Patients’ medication was discussed at pre-admission and a system was in place for medicines reconciliation on admission to the service. This is when an accurate and up-to-date list of a patient’s medications is created to make sure patients are prescribed the right medicines at the right dose to reduce any avoidable harm. We saw safe management of medicines, including processes for prescribing, procurement, storage, administration and destruction. Suitable stock checks and a system for monitoring the medicine fridge temperatures...
were in place. A nominated staff member was responsible for medicines management and routinely carried out medicine management audits. These showed good compliance. We saw arrangements were in place for a local pharmacy to visit the service and carry out medication audits.

We were told the service would be able to respond appropriately in the event of a medical emergency. All the necessary medical emergency equipment was available, and staff had received appropriate training including essential life support. The service had links with a GP and a telephone service for physical health advice.

We saw that a comprehensive audit programme covered a wide range of areas. This included:

- accidents and incidents
- agency use
- catering
- workforce, and
- patient care records and treatment plans.

Audit findings showed good compliance. Where actions were required, we saw associated action plans detailing actions that would be taken, with timescales for completion. The service had introduced a key performance indicators (KPIs) dashboard. These are a way of measuring progress towards an organisation’s goals. The KPI dashboard provided staff with a visual and easy to view summary of how well they were achieving their goals, where successes should be celebrated and where improvements were required.

Staff we spoke with had undertaken training to make sure they understood the service’s protection of vulnerable adult and children policies and what they should do if they needed to raise a concern.

Staff were aware of what they should report on the service’s manual accident and incident reporting system. We reviewed incidents and saw that the manager had investigated them, and changes to systems and processes were made as a result. The service was aware of the notification system and the need to report specific events or incidents to Healthcare Improvement Scotland, when required.
Patients told us they felt safe while staying at the service. Examples of what patients told us included:

- ‘From the moment I walked in I felt safe here.’
- ‘They know if you are having a difficult time.’
- ‘Staff are constantly checking in on me.’

We saw a number of bedrooms downstairs where higher risk patients could stay during their admission. The service had a process for assessing risk and identifying the level of support that patients required. This would be reviewed regularly as part of the patient’s care pathway. A nurse call alarm system and staff radios were available, when needed. We saw that all patients had up-to-date risk assessments that considered potential risks to themselves or others and any environmental issues that could cause a risk to a patient.

**What needs to improve**

Although the environment was well maintained, we saw that the flooring in the dining room was in poor condition. This had previously been identified during routine audits and walkrounds. Damaged flooring cannot be cleaned effectively (requirement 1).

Although the service was clean, we saw that sanitary fittings were being cleaned with detergent. This is not in line with national guidance (recommendation a).

We saw that kitchen staff correctly labelled food. However, food in the communal patient fridges was not marked with a ‘date opened’ label. Food that is not stored correctly or is consumed beyond its use-by date can cause food poisoning illness (recommendation b).

**Requirement 1 – Timescale: by 6 July 2022**

- The provider must ensure that the flooring in the dining room is replaced to allow for its effective decontamination.

**Recommendation a**

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

**Recommendation b**

- The service should add a ‘date opened’ label to all food stored in patient fridges.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

All patients received a thorough assessment and were involved in developing their treatment plan. Patient care was continually reviewed throughout their admission. Consent to care and treatment was sought and recorded. The recording of clinical observations should be improved through staff training and education.

We reviewed five patient care records which showed detailed assessments, consultations and treatment plans with evidence of patient involvement throughout.

A remote pre-admission team completed a thorough assessment to determine a patient’s suitability for the service. On admission, patients received a face-to-face or virtual assessment by a doctor with a nurse in attendance. This helped to ensure all necessary information had been gathered to help inform the patient’s treatment plan.

Throughout their treatment, patients had scheduled ‘one-to-one’ time with their named keyworker, nurse and therapist. Patients were also offered a weekly multidisciplinary team review where their progress was reviewed and any relevant changes or updates to their treatment plan were made. Patients could also speak to the doctor through video calls and they were reviewed every week by medical staff. Staff could contact the doctor at any time for advice or an urgent review of a patient, if required.

From the patient care records reviewed, it was clear that all patients were asked to consent to treatment during the initial assessment. Patients using the service had made a choice to be there and had been assessed on admission as having the mental capacity to consent to their care and treatment. Patients chose if they wanted their family and carers to be involved in their care. Staff recorded this information in the patient’s care record and only shared information with these nominated individuals.

The patient care records reviewed showed that physical observations were taken and recorded on admission to the service and repeated where necessary, based on clinical assessment. The service used an alcohol withdrawal assessment that informed the patient’s treatment plan. The service only carried out blood tests if clinically required.
Patient care records were stored securely in a locked cupboard in a locked office.

We were told that all staff could contribute to the information shared during the daily handovers. This included each patient’s current condition, as well as any risks or significant issues that needed following up that day.

The service supported patients to access local and national mutual aid groups. Mutual aid is a recognised way to support people with addictions in their longer term recovery. Patients were given literature about mutual aid and support groups in their home community. All patients were offered aftercare for a year following discharge from the service through a weekly group video call that all discharged patients could join.

**What needs to improve**

In response to an adverse event review, we saw that the service had recently implemented a nationally recognised recording sheet where clinical observations such as pulse and blood pressure were documented. However, management acknowledged that, due to a lack of staff training, there was an inconsistent approach to the recording of these (requirement 2).

**Requirement 2 – Timescale: immediate**

- The provider must ensure that all relevant staff members have carried out training to make sure clinical observations are fully and accurately recorded in patient care records.

- No recommendations.

**Domain 7 – Workforce management and support**

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

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

A safe and effective recruitment process was in place for new staff. A suitable induction programme was in place, along with an ongoing staff training and development plan. Staff received regular supervision and were clear about their roles and responsibilities. Disclosure Scotland Protecting Vulnerable groups (PVG) records should be destroyed in line with current legislation.
We saw that a suitable recruitment policy and improved procedures had been developed since the last inspection in November 2021. We reviewed four staff records and saw that the service was now following national Scottish guidelines on the safe recruitment of staff. New staff carried out a period of induction and were provided with suitable role-specific training. As well as a service-wide training and development plan being introduced, the service had developed a training dashboard. This allowed managers to see at a glance when staff were due for any refresher training.

The service had now introduced suitable processes to ensure ongoing revalidation checks were carried out for staff who were registered with a professional body such as the Nursing and Midwifery Council (NMC) or General Medical Council (GMC).

Staff received regular support and supervision from managers. They were encouraged to perform well and to develop their skills. A process was in place to ensure managers carried out annual appraisals for staff when these were due. We saw examples of staff being promoted to roles with more responsibility.

Staff had access to a wide range of sector-specific learning tools and nationally recognised vocational training courses. The service had provided staff with boundaries training. Professional boundaries are legal, ethical and organisational frameworks that protect patients and staff from physical and emotional harm, and help to maintain a safe working environment.

Several staff were being supported to work towards Scottish Vocational Qualifications in health and social care, as well as recognised leadership and human resources qualifications.

Staff told us that managers supported them well and listened to their ideas for how the service could be improved. Examples included staff having the opportunity to request specific training which would allow them to provide additional patient therapies such as yoga, and increasing staffing numbers when staff said it would improve the service for both staff and patients.

Staff were clear about their roles, responsibilities and accountabilities. They understood their duties and knew who they reported to. Patients told us they felt safe and had confidence in the skills of the staff working in the service.

Patients were highly complementary about the programme and the staff working in the service, particularly the catering and housekeeping staff.
What needs to improve
We saw that the service had retained the original certificates following completed Protecting Vulnerable Groups (PVG) scheme checks in staff files. This is not in line with current legislation (recommendation c).

- No requirements.

Recommendation c
- The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff.
**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**

The service had a visible and responsive leadership team. Feedback from patients and staff was used to make changes to the way the service was delivered. Clinical governance reporting structures were in place. A quality assurance programme and an improvement plan helped the service identify how it could further improve.

Staff told us the leadership in the service was visible, approachable and responsive. Senior leaders from the wider provider organisation had visited the service to monitor recent improvements and provide support to the service. Managers were open to listening to staff ideas about how to develop and improve the service. Managers were open to seeking the views of experts from outwith the organisation. For example, external consultants had been commissioned to support the service to develop its quality assurance systems.

The manager had redeveloped the staff supervision matrix so it was clear which grade of staff provided supervision and appraisals and to whom. Clinical governance and management support was provided by the wider provider organisation.

A monthly team meeting took place that all staff were encouraged to attend. Minutes of these meetings were then shared to ensure all staff were informed and kept up to date. We saw evidence that staff could contribute to the agenda, such as raising queries and concerns for management. Minutes showed that staff suggestions and feedback was taken seriously and helped to contribute to developing the service. Staff spoke positively about the clear communication and effective way of raising queries and concerns with management in staff meetings.
The operational manager chaired a monthly monitoring meeting which included service managers from the partner drug and alcohol rehabilitation services in England. We were told this was an opportunity to share good practice and learn from any incidents that had occurred in the wider organisation.

Since the last inspection in November 2021, the service had implemented a quality assurance system which included a KPI dashboard and quality improvement plan. The KPI dashboard held information from audits, complaints, accidents and incidents in one place. This helped the service to structure and record service improvement processes and outcomes. This allowed the service to measure the impact of change and demonstrate a culture of continuous improvement. Managers shared information from compliments, complaints and incidents with staff in team meetings and with the senior leadership team of the provider organisation.

**What needs to improve**

We were told and saw plans that the provider would be implementing an electronic records system in the service, in line with the provider’s other services in England. A programme of training and education to enable staff to use the electronic records system was being implemented. We will follow this up at future inspections.

- No requirements.
- 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 National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

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

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<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>1</td>
<td>The provider must ensure that the flooring in the dining room is replaced to allow for its effective decontamination (see page 13).</td>
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<tr>
<td></td>
<td>Timescale – by 6 July 2022</td>
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<td></td>
<td>Regulation 3(a)(d)(i)</td>
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<td></td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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<tr>
<td>2</td>
<td>The provider must ensure that all relevant staff members have carried out training to make sure clinical observations are fully and accurately recorded in patient care records (see page 15).</td>
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<tr>
<td></td>
<td>Timescale – immediate</td>
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<tr>
<td></td>
<td>Regulation 12(c)(ii)</td>
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<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

#### Recommendations

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| **a** | The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **b** | The service should add a ‘date opened’ label to all food stored in patient fridges (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

### Domain 7 – Workforce management and support

#### Requirements

None

#### Recommendation

- **c** The service should destroy Disclosure Scotland Protecting Vulnerable Groups (PVG) records in line with current legislation and implement a system to record PVG scheme identification numbers for all staff (see page 17).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24
## 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:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)