Announced Inspection Report: Independent Healthcare

**Service:** Aesthetics by Katie Rodgers, Port Glasgow  
**Service Provider:** Aesthetics by Katie Rodgers Ltd  
31 May 2022
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 his.contactpublicinvolvement@nhs.scot
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against 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 Aesthetics by Katie Rodgers on Tuesday 31 May 2022. We spoke with the owner (practitioner) during the inspection. We received feedback from 21 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Aesthetics by Katie Rodgers, 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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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
</tr>
<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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</table>
place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service. An adult support and protection (safeguarding) policy should be developed.

### Domain 9 – Quality improvement-focused leadership

#### 9.4 - Leadership of improvement and change

The service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Outcomes from staff meetings and actions taken should be formally documented.

Unsatisfactory

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

### Additional quality indicators inspected (ungraded)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records contained initial consultation information including treatments and consent to treatment. Next of kin or emergency contact details should be recorded in patient care records. All patients should receive appropriate written aftercare information.</td>
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#### Domain 7 – Workforce management and support

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<th>Quality indicator</th>
<th>Summary findings</th>
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</thead>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>No staff were employed in the service. An independent prescriber was contracted under a practicing privileges policy. However, the practicing privileges policy and contract with the prescriber were noted to be out of date. Appropriate background safety checks must be carried out before staff start working in the service.</td>
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</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

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 Aesthetics by Katie Rodgers Ltd to take after our inspection**

This inspection resulted in three requirements and 11 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

Aesthetics by Katie Rodgers Ltd, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Aesthetics by Katie Rodgers for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

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

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

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

Our findings

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

Patients were extremely satisfied with the service provided. Although the service proactively collected and reviewed patient feedback, formalising this process would help the service to continue to improve the quality of the service provided.

The clinic promoted the privacy, dignity and confidentiality of its patients. Locks on doors and window blinds in the treatment room ensured that patients’ privacy was not compromised.

Although the service did not have a website, there were many returning patients, with new patients using the service based on recommendations from friends and also from reviews on social media sites. The practitioner provided verbal and written information about the service following any enquiries, as well as information about treatment options before patients agreed to any treatments.

The service requested verbal feedback from patients following consultations and treatments, and through patients posting feedback on social media sites.

Feedback from our online survey showed that patients were very pleased with the service and spoke highly about the skills, knowledge, ability and professionalism of the practitioner. They were satisfied with the quality of advice and information given during consultations and with follow-up care.

Comments received from our survey included:

- ‘The practitioner was very respectful of me and my feelings throughout the treatment.’
The service had not received any complaints since it was first registered with Healthcare Improvement Scotland in January 2020. The service’s complaints policy made clear that patients could contact Healthcare Improvement Scotland at any time if they had a complaint. Information on how to make a complaint was displayed in the clinic area for patients to view. Feedback from our survey showed that all patients knew they could complain to Healthcare Improvement Scotland.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had a detailed duty of candour policy. We noted the service had not had any instances requiring it to implement duty of candour principles.

What needs to improve
The service did not have a patient participation policy. Feedback from patients was obtained verbally and through social media sites. We saw no evidence of this feedback being evaluated or used to make improvements to the service. A more formal method for collecting and evaluating patient feedback would help the service to identify any required improvements and measure the impact of these changes on the service (recommendation a).

- No requirements.

Recommendation a
- The service should develop and implement a patient participation policy to formalise and 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

The service was clean and well maintained. However, appropriate processes and procedures must be in place to manage risk and ensure a safe environment for patients and staff. An audit programme should be introduced to review the safe delivery and quality of the service. An adult support and protection (safeguarding) policy should be developed.

The clinic area was clean and equipment was fit for purpose. We noted that the correct cleaning products were being used to clean the service. The service continued to implement appropriate infection prevention and control processes to minimise the risk of COVID-19 transmission. For example, the practitioner told us the additional cleaning that had been introduced in response to the COVID-19 pandemic was still being carried out. Patient appointments were still being arranged with gaps between appointments to allow for appropriate cleaning to be carried out.

The practitioner was aware of the reporting process to Healthcare Improvement Scotland. We were told that no accidents, incidents or adverse events had occurred since the service was registered in January 2020.

The service’s medicine management policy included information on administration, storage, procuring and prescribing of medications. Where possible, equipment used for treatments was single use to minimise the risk of infection.

We noted that bins were available for the disposal of sharps, clinical and non-clinical waste. A contract was in place for the safe removal of sharps and other clinical waste from the premises.
Emergency medicines were available to respond to any complications or adverse reactions to treatment and arrangements were in place with the independent prescriber.

Feedback from our online survey included the following comments:

- ‘Treatment area is spotless as well as equipment that was being used for my treatment being opened from packaging in front of me. Also practitioner wearing protective clothing.’
- ‘Facilities and equipment were very professional and clinical setting.’

**What needs to improve**

The service did not have an effective process in place for risk assessment or risk management. All risks to patients and staff in the service must be continuously and effectively managed (requirement 1).

We saw no evidence of audit activity carried out in the service. A programme of regular audit should be implemented which, as a minimum, should include:

- medicine management, including checking expiry dates of single-use equipment and medicines
- patient care records, and
- health and safety (recommendation b).

The environment was visibly clean and clutter free, and we were told that cleaning was regularly carried out by staff. However, there was no documented evidence to monitor that appropriate cleaning was taking place (recommendation c).

The service stored patient medication and some emergency drugs in a medical fridge. However, we saw no evidence of the temperature of the fridge being monitored to make sure medicines were being stored at the correct temperatures (recommendation d).

We saw no evidence of a programme of regular review to make sure policies and procedures were kept up to date, such as if legislation changed. With the exception of the infection prevention and control policy, all policies were out of date and had no imminent review date (recommendation e).

Although the practitioner was aware of the procedures for reporting concerns about patients who may be at risk of harm or abuse, the service did not have an adult support and protection policy. This should set out how any concerns about the safety of a patient would be escalated (recommendation f).
Requirement 1 – Timescale: immediate

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

Recommendation b

■ The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented.

Recommendation c

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

Recommendation d

■ The service should ensure that the temperature of the medical fridge is recorded daily.

Recommendation e

■ The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance.

Recommendation f

■ The service should develop and implement an adult support and protection policy.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records contained initial consultation information including treatments and consent to treatment. Next of kin or emergency contact details should be recorded in patient care records. All patients should receive appropriate written aftercare information.

Patient care records were a mixture of paper documents and electronic notes. Paper records were kept in a locked cabinet in the treatment room, and the practitioner had sole access to these notes. The notes were made available to the independent prescriber as and when required. The electronic records were stored securely on the practitioner’s mobile device which was password protected.
We reviewed five patient care records and saw that these contained information about the patient’s initial consultation, including outcomes and proposed treatment plans. We were told treatment costs were available on social media sites and were discussed during the initial consultation.

Treatment options were discussed and agreed with patients at their initial consultation. Patients were advised of potential risks, benefits and expected outcomes of treatment, including follow-up care. Patients told us they could take time to consider the options available to them before they agreed to go ahead with the treatment.

We saw that all patients had consent to treatment forms completed, which included details of the risks and benefits of treatment. Consent was also obtained for sharing photographs. Patients’ and the practitioner signatures were noted on the documentation reviewed. A record of treatment and medication batch numbers, including expiry dates for medicines used, were also included in the patient care records.

The practitioner used an independent prescriber working under practicing privileges to prescribe prescription-only medicines, such as anti-wrinkle injections. A face-to-face consultation with the prescriber also took place before the patient’s treatment appointment. All information about the prescription consultation was included in the patient care record.

Patients were given verbal advice after their treatments, including information about contacting the practitioner out of hours if required. We were told patients were given the opportunity to book a follow-up appointment, if they wished. This allowed the service to check that patients were happy with the results of their treatments and were not experiencing any side-effects.

Patients appeared very satisfied with the service and the treatments they had received. Comments from our online survey included:

- ‘Everything was explained and we decided together what procedure would be best for me.’
- ‘We had a conversation two weeks prior to the day of my treatment, then on the day everything was discussed again with every detail explained.’
- ‘I was provided with great information before treatment on the benefits etc. and given plenty information on aftercare and was advised if I was unsure about anything I contact her at any time for advice.’
What needs to improve
The service was not registered with the Information Commissioner’s Office (an independent authority for data protection and privacy rights) to ensure the safe storage of confidential patient information (recommendation g).

From the patient care records we reviewed, we found no evidence of next of kin or emergency contact details being recorded (recommendation h).

We found that not all patients had received written aftercare information (recommendation i).

- No requirements.

Recommendation g
- The service should register with the Information Commissioner’s Office.

Recommendation h
- The service should ensure next of kin or emergency contact details are recorded in patient care records.

Recommendation i
- The service should provide written aftercare information to all patients following their treatments. This would enable patients to refer to, and follow, any specific instructions following treatments.

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

No staff were employed in the service. An independent prescriber was contracted under a practicing privileges policy. However, the practicing privileges policy and contract with the prescriber were noted to be out of date. Appropriate background safety checks must be carried out before staff start working in the service.
No staff were employed in the service. Although the practitioner delivered the treatments, they were not a certified nurse prescriber. Therefore, an independent prescriber had been granted practicing privileges (staff not employed directly by the provider but given permission to work in the service) to provide this element of the service. We were told the practitioner and prescriber met regularly, though informally, to address any issues that may occur in the service and to discuss best practice and identify areas for improvement.

**What needs to improve**

We found no evidence that the service had followed safe recruitment practices or had carried out necessary pre-employment checks for the prescriber. This should include references, qualifications, Protecting Vulnerable Groups (PVG) background checks and to ensure appropriate up-to-date insurance was in place. The practicing privileges policy and contract with the independent prescriber were out of date. We also saw no process in place to ensure annual checks were carried out on staff working under practicing privileges. This should include checks on insurances, professional registration and ensuring staff are annually appraised (requirement 2).

There was no evidence to suggest staff had formal or informal opportunities for learning and development relevant to their roles in the service (recommendation j).

**Requirement 2 – Timescale: immediate**

- The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and continue to have annual checks. The practicing privileges policy and any contracts must be kept up to date.

**Recommendation j**

- The service should implement a staff learning and development policy which should include a learning development plan.
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 kept up to date with changes in the aesthetics industry, legislation and best practice guidance. However, quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the treatments delivered in the service. Outcomes from staff meetings and actions taken should be formally documented.

The practitioner is a registered nurse with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the aesthetic industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers to their professional body, such as the NMC, every 3 years.

Comments from our online survey included:

- ‘The practitioner is a nurse and was very professional throughout showing me everything she was using and explaining whilst carrying out the procedures.’
- ‘The practitioner is very knowledgeable and answers all questions succinctly and with an indepth knowledge. Her clinical skills were of the highest level I have ever witnessed.’

What needs to improve

We saw no overarching quality assurance structures in place, and no system for reviewing the quality of the service being delivered. This included no formal process for gathering and reviewing patient feedback to influence how the service developed. We also saw no evidence of audits which would help
improve how the service was delivered. Regular review of the service will help make sure the service delivered is of a quality appropriate to meet the needs of patients. A formal quality improvement plan would also help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would enable the service to clearly demonstrate a culture of continuous quality improvement (requirement 3).

Meetings between the practitioner and prescriber should be formalised. Outcomes of the meetings should be documented (recommendation k).

**Requirement 3 – Timescale: by 30 September 2022**

- The provider must implement a suitable system of regularly reviewing the quality of the service. This should include developing and implementing a quality improvement plan to formalise and direct the way it drives and measures service improvement.

**Recommendation k**

- The service should document outcomes of meetings between the practitioner and the prescriber.
Appendix 1 – Requirements and recommendations

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

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

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

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

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>a The service should develop and implement a patient participation policy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 8). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>1 The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 11). Timescale – immediate</td>
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*Regulation 13(2)(a) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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</table>
| **b** | The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and action plans implemented (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
| **c** | The service should develop cleaning schedules for the general environment and patient equipment in line with best practice guidance (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **d** | The service should ensure that the temperature of the medical fridge is recorded daily (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **e** | The service should introduce a system to ensure policies and procedures are regularly reviewed and updated to take account of and reflect current legislation and best practice guidance (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| **f** | The service should develop and implement an adult support and protection policy (see page 11).  
Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20 |
| **g** | The service should register with the Information Commissioner’s Office (see page 13).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.18 |
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

### Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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<tbody>
<tr>
<td>h</td>
<td>The service should ensure next of kin or emergency contact details are recorded in patient care records (see page 13).</td>
</tr>
<tr>
<td>i</td>
<td>The service should provide written aftercare information to all patients following their treatments. This would enable patients to refer to, and follow, any specific instructions following treatments (see page 13).</td>
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</table>

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

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## Domain 7 – Workforce management and support

### Requirement

<table>
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<tr>
<th>Requirement</th>
<th>Description</th>
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<tr>
<td>2</td>
<td>The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and continue to have annual checks. The practicing privileges policy and any contracts must be kept up to date (see page 14).</td>
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Timescale – immediate

*Regulation 8(1)*  
*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

### Recommendation

<table>
<thead>
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<tr>
<td>j</td>
<td>The service should implement a staff learning and development policy which should include a learning development plan (see page 14).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<td><strong>3</strong> The provider must implement a suitable system of regularly reviewing the quality of the service. This should include developing and implementing a quality improvement plan to formalise and direct the way it drives and measures service improvement (see page 16).</td>
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Timescale – by 30 September 2022

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

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<thead>
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<tr>
<td><strong>k</strong> The service should formally record the minutes of meetings. These should include a documented action plan highlighting those responsible for the actions to ensure better reliability and accountability (see page 16).</td>
</tr>
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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
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)