Announced Inspection Report: Independent Healthcare

Service: Medigold Health, Dundee
Service Provider: Medigold Health Consultancy Limited

27 July 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 Medigold Health (Dundee) on Wednesday 27 July 2022. We spoke with the occupational health nurse manager during the inspection. We received feedback from two patients to 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. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For Medigold Health (Dundee), 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>Domain 2 – Impact on people experiencing care, carers and families</td>
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<tr>
<td>Quality indicator</td>
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<tr>
<td>-------------------</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</tbody>
</table>
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Appropriate processes and procedures must be in place to ensure a safe environment for patients and staff, including better management and storage of medication. Cleaning schedules should be introduced, and the correct cleaning products used. An audit programme should be implemented to review the safe delivery of care and quality of service.</td>
<td>Unsatisfactory</td>
</tr>
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#### Domain 9 – Quality improvement-focused leadership

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
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</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>Quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the service. This should include developing a quality improvement plan. Formal multidisciplinary team meetings should be introduced in the service.</td>
<td>Unsatisfactory</td>
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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>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patient care records were legible and fully completed, including a process of consent. However, contact details for patients’ GPs and next of kin should be documented. Audits of patient care records were carried out.</td>
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</table>
### Additional quality indicators inspected (ungraded) (continued)

#### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>All electronic staff files were stored securely, and included details of staff training. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) checks were carried out on all staff.</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](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](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

**What action we expect Medigold Health Consultancy Limited to take after our inspection**

This inspection resulted in five requirements and six 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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Medigold Health Consultancy 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 Medigold Health (Dundee) 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

Although a process was in place for patients to provide feedback, the service should review how it gathers and uses patient feedback to help make improvements. A complaints policy must be developed that is easily accessible for patients, and advises that patients can complain to Healthcare Improvement Scotland at any stage. A duty of candour policy was in place.

The service provided medical consultations for patients who require medical examinations for occupational purposes and the majority worked in the oil, gas and transport industry. All consultations were by appointment only, and private consultation rooms helped maintain patients’ privacy and dignity.

The service’s website provided comprehensive information on the occupational health services offered in the service.

We saw patient feedback questionnaires available for patients at reception to complete following their consultations which asked them about their experience of the service.

We saw a complaints log was in place to record any complaints and actions taken. We were told the service had not received any complaints since the service was registered in July 2019.

Duty of candour is where healthcare organisations have a responsibility to be honest with patients if something goes wrong. We saw the service had recently implemented a duty of candour policy and we were told the service had not had any instances requiring it to implement duty of candour principles.
What needs to improve
A complaints process detailed how the service would manage complaints. However, this was an internal document describing what actions staff should take, such as timescales response times. There was no public-facing information available advising patients how to make a complaint, or advising they could contact Healthcare Improvement Scotland at any stage (requirement 1).

Although the service used paper questionnaires to seek feedback from patients, we saw no evidence showing how this information was then used to inform service development. We were told the service had noted a poor return rate with these questionnaires, and was considering other methods of gathering patient feedback. A participation policy would help direct how the service involves patients in helping to continually improve the service and provide a structured approach to evaluating and measuring the impact of improvements (recommendation a).

In line with national guidance, healthcare organisations are required to produce an annual duty of candour report and make this available to the public. We reminded the occupational health nurse manager about this, and will follow this up at a future inspection.

Requirement 1 – Timescale: by 19 October 2022
■ The provider must develop a complaints policy and make this widely available to patients. The policy must make clear that patients have the right to complain to Healthcare Improvement Scotland at any stage and include the full name and contact details for Healthcare Improvement Scotland.

Recommendation a
■ The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of the improvements made.
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

Appropriate processes and procedures must be in place to ensure a safe environment for patients and staff, including better management and storage of medication. Cleaning schedules should be introduced, and the correct cleaning products used. An audit programme should be implemented to review the safe delivery of care and quality of service.

The service was clean, and we were told that a cleaning company cleaned the service during the evening. Clinical staff were responsible for cleaning their clinic room and equipment between patient consultations.

We saw a good supply of personal protective equipment, such as face masks, aprons and gloves. Patients were encouraged to wear a face mask when they arrived for their appointment. Alcohol-based hand rub dispensers were available throughout the service. A waste contract detailed arrangements for how clinical waste was managed and disposed of from the service.

Fire extinguishers and smoke alarms were in place throughout the building. An electronic log book was used to record fire and safety checks. All equipment was calibrated and maintained every year. The service was well ventilated.

We saw completed risk assessments and a risk register in place for managing risk in the service. The service’s electronic risk register was reviewed regularly and covered aspects such as fire, trips and falls, and COVID-19. A separate electronic system was used to record any accidents or incidents that occurred in the service.
The service had a number of up-to-date policies, for example health and safety, and medicines management, to support the safe delivery of care.

All medicines were obtained from appropriately registered suppliers. All vaccines and prescription only medicines were in date, including medicine required in an emergency.

**What needs to improve**

We saw the service had recently updated its infection prevention and control policy to reference Healthcare Improvement Scotland’s *Healthcare Associated Infection (HAI) standards* (2015). However, the policy did not include guidance from Health Protection Scotland’s *National Infection Prevention and Control Manual* (requirement 2).

During our inspection, we saw some instances where the service did not comply with national infection prevention and control guidance in relation to cleaning. For example:

- we saw no documented evidence of cleaning schedules or audits to monitor that appropriate cleaning was taking place, and
- we saw no documented evidence that clinical hand wash basins were being cleaned with the appropriate cleaning solution (requirement 3).

While vaccines were in date and stored in a medication fridge, the service did not monitor and record the temperature of the fridge every day to make sure that medication was being stored at the correct temperature (requirement 4).

We saw limited evidence of audits taking place, such as patient care records, to review the safe delivery and quality of the service. A structured programme of regular audits should be introduced for key areas, including medicines management, and infection prevention and control aspects such as the safety and maintenance of the care environment (recommendation b).

The service’s safeguarding policy did not reference the appropriate Scottish legislation or include contact details for the local authority social services department and police station where staff should report any adult or child protection concerns (recommendation c).

**Requirement 2 – Timescale: by 19 October 2022**

- The provider must review its infection prevention and control policy to ensure that it is in line with Health Protection Scotland’s *National Infection Prevention and Control Manual*. 
Requirement 3 – Timescale: by 19 October 2022

- The provider must:
  - develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning, and
  - ensure appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks.

Requirement 4 – Timescale: immediate

- The provider must ensure that appropriate processes are in place for the storage and management of medications, particularly temperature-sensitive medications.

Recommendation b

- 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 c

- The service should amend its safeguarding policy to take account of Scottish legislation and guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patient care records were legible and fully completed, including a process of consent. However, contact details for patients’ GPs and next of kin should be documented. Audits of patient care records were carried out.

We reviewed four patient care records and found these to be fully completed and legible. Patients completed a health questionnaire on their past medical history and regular medicines before their consultation appointment. We saw evidence of this information then being reviewed with the patient’s medical or nursing practitioner.

Individual detailed aspects of consent were included in each patient care record reviewed. This included consent to be referred to the service, consent to the screening process and consent for the service to contact the patient’s GP. Each individual consent obtained was signed and dated by the patient.

Where appropriate, we saw that various screening tests were carried out on the patient. This included checks on blood pressure, heart rate, weight, height and
hearing tests. Following this screening, patients were given a health certificate and a copy was sent to their employer.

We were told that 20 patient care records were audited every month. We saw evidence of this being discussed with the provider’s clinical governance team where any trends were identified and any needs for extra staff training was highlighted.

The service’s historical paper patient care records were stored in a locked filing cabinet with the key kept in a locked key cupboard. Relevant paper documents were scanned and stored electronically onto a secure password-protected database. The service regularly audited this process with all confidential paper copies then disposed of appropriately. The service was also 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.

What needs to improve
Although patients consented for the service to contact their GP if necessary, contact details for their GP and next of kin were not being routinely requested or documented in the patient care records (recommendation d).

Patients were provided with verbal aftercare advice following the administration of medication. However, they were not routinely provided with written aftercare advice and information about emergency arrangements for any adverse effects. This would enable patients to be better informed about their care (recommendation e).

- No requirements.

Recommendation d
- The service should ensure patients’ GP and next of kin details are documented in patient care records.

Recommendation e
- The service should provide written aftercare advice and information.
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

All electronic staff files were stored securely, and included details of staff training. Relevant Disclosure Scotland Protecting Vulnerable Groups (PVG) checks were carried out on all staff.

All electronic staff files were stored securely in individual staff files. We reviewed two staff files to ensure a process of safe recruitment had been completed. This included professional qualifications and registration with the appropriate professional register, and Protecting Vulnerable Groups (PVG) checks. A process for checking each individual’s professional registration every year was in place.

The service’s recruitment policy detailed the required recruitment checks, for example references and a criminal record check. For new employees, we saw information about up-to-date occupational vaccinations, for example hepatitis B vaccines. The recruitment process included a 6-month probation period. During the induction process, staff were provided with all policies and procedures to ensure compliance with clinical governance. Clinical induction with the line manager identified any training needs.

Nursing staff had one-to one meetings every 3 months with the occupational health nurse manager. This allowed opportunity for staff to discuss any issues related to their clinical work, their wellbeing and to identify any training needs. These sessions were documented and signed by both the nurse and occupational health nurse manager.

We were told that staff received two and a half days paid study leave a year and funds were provided for any training and education courses. Annual mandatory training was carried out, including training on drugs and alcohol screening for all appropriate staff. All training was uploaded to the individual’s electronic staff file. The electronic system also highlighted when training was due for individual staff members.

■ No requirements.
■ No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

Quality assurance processes and systems must be developed to help evaluate and measure the quality, safety and effectiveness of the service. This should include developing a quality improvement plan. Formal multidisciplinary team meetings should be introduced in the service.

Professional staff undertake clinical supervision and a revalidation process. This means they must gather evidence of their competency, training and feedback from patients and peers for their professional regulatory body. For example, nursing staff are required to do this for the Nursing and Midwifery Council every 3 years.

The service employed one screening nurse and one occupational health physician. An occupational health nurse manager was responsible for managing the nurse in the service. We were told the nurse participated in daily conference calls between the occupational health nurse manager and other nursing staff within the provider’s organisation. This allowed staff to support each other and work together. The nurse also remotely attended a formal meeting with the occupational health nurse manager and other nursing staff every month. Minutes and outcomes from these meetings were then shared with the provider’s associate director of nursing and chief nursing officer who met remotely with the occupational health nurse manager every 2 weeks. This allowed any issues to be escalated and actions taken, as well as provide an opportunity for the senior executives to share any corporate information, including business updates, risk management and incidents. The associate director of nursing reported to the provider’s Board who met every 3 months.

We were told the nurse managed the service to assist with the day-to-day operational running of the clinic and was given additional administration time to allow for this. The provider’s daily duty manager was based remotely and
provided support to clinical staff in the absence of their line manager and managed any patient queries.

We were told the chief executive held an online meeting every 3 months with all staff across the provider organisation. This helped staff keep up to date with the latest information and the direction of the organisation. It also gave staff an opportunity to directly ask questions. This meeting was video recorded so that it could then be posted on the staff intranet for all employees to access. An all staff team building event also took place every year.

All staff had access to the internal staff intranet. This allowed staff to keep up to date with changes in the service or changes in guidance as well as to share celebratory staff news, such as promotions. Staff we spoke with told us there was opportunity for online ‘lunch and learn’ sessions on the staff intranet. An online wellbeing centre also provided staff with an opportunity to provide feedback and to recognise staff achievements. We were told that staff also had access to various benefits and discounts from other external services.

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. For example, outcomes from audits, patient feedback, complaint investigations and incidents should be used to improve the service. 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 5).

Outwith the nursing staff group meetings, there was no other team or multidisciplinary meeting that took place in the service (recommendation f).

Requirement 5 – Timescale: by 19 October 2022

■ The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement.

Recommendation f

■ The service should consider ways to improve communications such as introducing multidisciplinary meetings for all staff in the service. Minutes of these meetings 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

#### Requirement

1. The provider must develop a complaints policy and make this widely available to patients. The policy must make clear that patients have the right to complain to Healthcare Improvement Scotland at any stage and include the full name and contact details for Healthcare Improvement Scotland (see page 8).

   **Timescale** – by 19 October 2022

   *Regulation 15(5)(6)*
   *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

#### Recommendation

a. The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to demonstrate the impact of the improvements made (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
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

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<thead>
<tr>
<th></th>
<th>Requirement</th>
<th>Timescale</th>
<th>Regulation 3(d)(i)</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>The provider must review its infection prevention and control policy to ensure it is in line with Health Protection Scotland’s <em>National Infection Prevention and Control Manual</em> (see page 10).</td>
<td>by 19 October 2022</td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td>3</td>
<td>The provider must - develop cleaning schedules which include details on cleaning products, processes and records of completion of cleaning, and - ensure appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical hand wash sinks (see page 11).</td>
<td>by 19 October 2022</td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
</tr>
<tr>
<td>4</td>
<td>The provider must ensure that appropriate processes are in place for the storage and management of medications, particularly temperature-sensitive medications (see page 11).</td>
<td>immediate</td>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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### Recommendations

<table>
<thead>
<tr>
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<th>Recommendation</th>
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<tr>
<td>b</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 11).</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
</tr>
</tbody>
</table>
Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Recommendations

c  The service should amend its safeguarding policy to take account of Scottish legislation and 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 patients’ GP and next of kin details are documented in patient care records (see page 12).

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

e  The service should provide written aftercare advice and information (see page 12).

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

Domain 9 – Quality improvement-focused leadership

Requirement

5  The provider must implement a suitable system of regularly reviewing the quality of the service to make sure it is of a quality appropriate to meet the needs of patients. This should include developing a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 15).

  Timescale – by 19 October 2022

  Regulation 13(1)
  The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendation

f  The service should consider ways to improve communications such as introducing multidisciplinary meetings for all staff in the service. Minutes of these meetings should include any actions taken and those responsible for the actions (see page 15).

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