



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: M1 Med Beauty (Glasgow), Glasgow

Service Provider: M1 Med Beauty UK Ltd

9 July and 6 August 2024

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to M1 Med Beauty (Glasgow) on Tuesday 9 July 2024. Having identified some concerns during this inspection, we carried out a second announced inspection on Tuesday 6 August 2024 to follow these up. We spoke with staff and senior management during the inspections. We received feedback from eight patients through an online survey we had asked the service to issue for us before the July 2024 inspection. This was our first inspection to this service.

Based in Glasgow, M1 Med Beauty (Glasgow) is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For M1 Med Beauty (Glasgow), the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
Summary findings	Grade awarded
The service monitored its performance through clear indicators, including patient safety. Implementing appropriate systems, processes and procedures and making them accessible to the service manager would help to ensure the health, welfare and safety of patients and staff. A defined vision and purpose of the service should be shared with patients.	Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Safe operating protocols provided treatment guidelines for clinical staff to follow. Implementing national infection prevention and control guidance would reduce the risk of cross-infection for patients and staff. Carrying out appropriate recruitment and annual checks on staff would ensure they are safe to work in the service. An audit programme and risk management system would help to ensure the safety and quality of the service. Healthcare Improvement Scotland must be notified of certain events that occur in the service.	Unsatisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The environment appeared clean, maintained and well equipped and patients were satisfied with the facilities. Patients told us they were able to make informed decisions about their treatment plans. Healthcare Improvement Scotland must be provided with accurate information about the service when this is requested.	Unsatisfactory

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:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect M1 Med Beauty UK Ltd to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in 10 requirements and nine recommendations.

Direction	
Requirements	
1	<p>The provider must be able to demonstrate to Healthcare Improvement Scotland that appropriate systems, processes and procedures for all aspects of care and treatment are in place (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Direction (continued)	
Requirements	
2	<p>The provider must ensure that the service manager has access to relevant systems, processes and policies to allow them to ensure the health, welfare and safety of patients and staff (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(a)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendations	
a	<p>The service should share its vision with patients (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery	
Requirements	
3	<p>The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

- 4** The provider must ensure that infection prevention and control policies and processes are in line with Scottish national guidance and appropriate standard infection prevention and control measures are in place (see page 18).

Timescale – immediate

Regulation 3(d)(i)

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

- 5** The provider must publish an annual duty of candour report (see page 19).

Timescale – immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

- 6** The provider must ensure that incident, accident and adverse events policies are in place and investigations are completed, including documenting any resulting lessons learned or actions to be taken (see page 19).

Timescale – by 30 December 2024

Regulation 3(a)

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

- 7** The provider must ensure any staff working in the service are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 19).

Timescale – immediate

Regulation 8(1)

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

Implementation and delivery (continued)

Requirements

- 8** The provider must ensure that all staff working in the service have personal development plans and receive regular individual performance reviews and appraisals (see page 19).

Timescale – by 30 December 2024

Regulation 12(c)(i)

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

- 9** The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 20).

Timescale – by 30 December 2024

Regulation 13(2)(a)

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

Recommendations

- c** The service should develop and implement a formal process to actively seek the views of staff working in the service. These discussions should be documented (see page 16).

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

- d** The service should have access to all feedback provided by its patients so that it can respond where appropriate and take action where required (see page 16).

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

- e** The service should ensure that the process for managing a complaint includes local level resolution by the service. This would require the complaints log to be available in the service (see page 19).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

Implementation and delivery (continued)	
Recommendations	
f	<p>The service should ensure a record is kept of all relevant clinical and governance related staff training (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14</p>
g	<p>The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>
h	<p>The service should develop a programme of audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
i	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Results	
Requirement	
10	<p>The provider must complete and submit an accurate self-evaluation to Healthcare Improvement Scotland when requested (see page 22).</p> <p>Timescale – by 30 October 2024</p> <p><i>Regulation 5(2)</i> <i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p>
Recommendations	
None	

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

M1 Med Beauty UK 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 M1 Med Beauty (Glasgow) for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service monitored its performance through clear indicators, including patient safety. Implementing appropriate systems, processes and procedures and making them accessible to the service manager would help to ensure the health, welfare and safety of patients and staff. A defined vision and purpose of the service should be shared with patients.

Clear vision and purpose

We saw that the provider monitored the service against all other clinics in the M1 Med Beauty group by comparing key performance indicators. The key performance indicators included:

- revenue
- patient safety, including complications and infection rates, and
- returning patients.

The key performance indicators were used to inform the provider's business plan for the year ahead.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance 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's self-evaluation stated that the vision was to 'provide safe, high quality cosmetic treatments that enhance... patients' beauty and boost their confidence'. It also stated that this was shared with patients through marketing materials, a mission statement and in patient consultations.

What needs to improve

During the inspection, we asked how the vision was shared with patients and were told it was on the home page of the service's website. However, we were unable to find this on the website and were not provided with evidence of any other method of sharing the vision with patients (recommendation a).

- No requirements.

Recommendation a

- The service should share its vision with patients.

Leadership and culture

The service was part of a large international group of aesthetics clinics with the head office based in Germany. There were two staff members in the service: the service manager and one General Medical Council (GMC) registered doctor.

The service manager confirmed that they had a route to escalate any matters of concern to line management in head office, if required.

What needs to improve

We acknowledge there has been a recent change in leadership with a new service manager now in place. However, the service was unable to provide relevant evidence that appropriate clinical governance and safe staffing systems and processes required of an independent healthcare service were in place (requirement 1).

We were told that much of the evidence we had requested was held at head office and the service manager had not been given access to this information (requirement 2).

Although the service's self-evaluation referred to staff meetings, we were told during the inspection that no staff meetings took place. We were told that informal verbal discussions took place and various online chat groups were used to communicate information to and between staff. However, there was no formal minuted meetings. Formal meetings would help to ensure that key areas such as health and safety, quality improvement and patient feedback are effectively monitored and discussed. Minutes should reflect the discussions and decisions reached, and the staff responsible for taking forward any actions should be recorded (recommendation b).

Requirement 1 – Timescale: immediate

- The provider must be able to demonstrate to Healthcare Improvement Scotland that appropriate systems, processes and procedures for all aspects of care and treatment are in place.

Requirement 2 – Timescale: immediate

- The provider must ensure that the service manager has access to relevant systems, processes and policies to allow them to ensure the health, welfare and safety of patients and staff.

Recommendation b

- The service should introduce a programme of regular staff meetings, and a record of discussions and decisions reached at these meetings should be kept.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Safe operating protocols provided treatment guidelines for clinical staff to follow.

Implementing national infection prevention and control guidance would reduce the risk of cross-infection for patients and staff. Carrying out appropriate recruitment and annual checks on staff would ensure they are safe to work in the service. An audit programme and risk management system would help to ensure the safety and quality of the service. Healthcare Improvement Scotland must be notified of certain events that occur in the service.

Co-design, co-production (patients, staff and stakeholder engagement)

Patients could find information about treatments on the service's website.

The service's participation policy described the way it would use both negative and positive feedback to contribute to improving the service.

What needs to improve

The service stated in its self-evaluation that it regularly conducted staff surveys and feedback sessions. However, during the inspections, we were told there were no formal staff surveys or feedback sessions. Staff described an improvement discussion that had taken place in the service. Staff had suggested higher risk patient treatments should be booked in for the start of the clinic week in case patients had complications following treatment. This would ensure the doctor was available for the patient to return to the clinic for assessment and further treatment, if required. However, this improvement discussion and any subsequent action to be taken was not documented (recommendation c).

During the inspection on 9 July 2024, we were told that all feedback received from patients was collated and reviewed for all services in the group by a team at head office. The service did not have access to its own feedback (recommendation d).

While the current method of unstructured online feedback used to gather patient feedback was useful, it was difficult for the service (or provider) to draw any conclusions or identify trends that could be used to help improve the service. On our return on 6 August 2024, the service manager had developed an email to be sent to all patients following treatment with a link to a structured survey questionnaire. We will follow this up at future inspections.

- No requirements.

Recommendation c

- The service should develop and implement a formal process to actively seek the views of staff working in the service. These discussions should be documented.

Recommendation d

- The service should have access to all feedback provided by its patients so that it can respond where appropriate and take action where required.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Before an appointment, patients completed forms asking for information on their medical and aesthetics treatment history, and for consent to treatments. The information in the forms was then discussed during the face-to-face consultation with the doctor before they attended their treatment appointment. This gave patients a cooling-off period and time to consider the information received. Discussions at the consultations also included:

- expected outcomes of treatment
- risks and side effects, and
- aftercare.

Following treatment, patients received aftercare instructions that also documented details of the treatment received, such as the product and dosage administered. During the inspection on 9 July 2024, it was noted that patients

were not provided with emergency contact details as part of the aftercare information. When we returned on 6 August 2024, we saw that the service manager had included emergency information as part of a post-treatment email that was sent to patients.

A medicines management policy described how medicines were managed safely and effectively. Medicines were stored in locked cupboards and a locked fridge, and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Emergency medicines and equipment were easily accessible and checked every week. A medical emergency policy covered general medical emergencies but not aesthetics related emergencies. However, aesthetic emergencies protocols were available for the doctor to refer to in the treatment rooms. A handbook for emergencies was also available, including information such as emergency treatment procedures and an emergency list of other healthcare services to refer patients to.

During the inspection on 9 July 2024, it was identified that patients were not informed how they could make a complaint. When we returned on 6 August 2024, we were shown that patients now received a post-treatment email that included complaint information, including that patients could contact Healthcare Improvement Scotland at any time of the complaints process.

What needs to improve

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. However, it had not submitted notifications to inform Healthcare Improvement Scotland of a change of directors in 2022 as listed on Companies House. Companies House maintains the register of companies in the United Kingdom (requirement 3).

The service's infection prevention and control policy did not include all relevant standard infection control precautions as detailed in Scottish national guidance, including management of blood contamination or the correct decontamination (cleaning) of sanitary fittings, including clinical hand wash basins. Therefore, the service was not using an appropriate decontamination product (requirement 4).

We were provided with the service's duty of candour policy (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). However, part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where the duty of candour has not been invoked. An annual duty of candour report had not been produced (requirement 5).

We did not receive evidence of an accident, incident and adverse events policy. The service manager was unaware of how many accidents or incidents had taken place in the service, and they did not have access to the accident and incident log which was held by head office. Therefore, the service could not evidence that incident investigations were fully investigated and completed, including documenting any resulting lessons learned or actions to be taken (requirement 6).

A recruitment policy was in place. However, staff files were not available during the inspections as these were kept at head office. Therefore, we could not be assured that safe recruitment and ongoing background checks on staff were carried out (requirement 7).

Staff told us that they did not receive regular one-to-one performance reviews or annual appraisals from their line manager. A doctor who worked in the service told us they had an independent appraisal from their responsible officer. A responsible officer makes recommendations to the General Medical Council about the fitness to practice of doctors during their revalidation process. However, as staff files were unavailable, we could not be assured that this appraisal information was shared with the service (requirement 8).

We were told that a complaints log was held by head office and, as a result, the service was unaware how many complaints had been received. Recording complaints within the service would enable the first stage of a complaint to be managed at a local level (recommendation e).

We were told the service had not had any instances requiring the need to implement the duty of candour principles. However, the service manager could not be assured of this as there was no evidence that staff had completed duty of candour training. There was also no evidence of training in complaints management, safeguarding (public protection), infection prevention and control, or consent (recommendation f).

Requirement 3 – Timescale: immediate

- The provider must notify Healthcare Improvement Scotland of certain matters as detailed in our notifications guidance.

Requirement 4 – Timescale: immediate

- The provider must ensure that infection prevention and control policies and processes are in line with Scottish national guidance and appropriate standard infection prevention and control measures are in place.

Requirement 5 – Timescale: immediate

- The provider must publish an annual duty of candour report.

Requirement 6 – Timescale: by 30 December 2024

- The provider must ensure that incident, accident and adverse events policies are in place and investigations are completed, including documenting any resulting lessons learned or actions to be taken.

Requirement 7 – Timescale: immediate

- The provider must ensure any staff working in the service are safely recruited and that key ongoing checks then continue to be carried out regularly.

Requirement 8 – Timescale: by 30 December 2024

- The provider must ensure that all staff working in the service have personal development plans and receive regular individual performance reviews and appraisals.

Recommendation e

- The service should ensure that the process for managing a complaint includes local level resolution by the service. This would require the complaints log to be available in the service.

Recommendation f

- The service should ensure a record is kept of all relevant clinical and governance related staff training.

Planning for quality

Appropriate insurances were in-date, such as public liability and professional indemnity insurance.

What needs to improve

We were not provided with evidence to show a structured process was in place to manage risk. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified (requirement 9).

We were told that, in case of emergencies such as sickness, flood or power failure, a contingency arrangement was in place that would provide patients with an option to continue their treatment plans with an alternative practitioner. However, the contingency plan arrangements were not documented (recommendation g).

Medicines stock checks and checks of emergency equipment were carried out. However, no audits were taking place to review the safe delivery and quality of the service. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment (recommendation h).

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. Although the self-evaluation stated a quality improvement plan was in place, we saw no evidence of this during the inspections. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

Requirement 9 – Timescale: by 30 December 2024

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

Recommendation g

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Recommendation h

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

Recommendation i

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

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The environment appeared clean, maintained and well equipped and patients were satisfied with the facilities. Patients told us they were able to make informed decisions about their treatment plans. Healthcare Improvement Scotland must be provided with accurate information about the service when this is requested.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

The clinic environment was modern, appeared clean and was well equipped. The equipment was in good condition. The cleaning of the treatment rooms and equipment was carried out between patient appointments. We saw completed and signed cleaning checklists for the full daily clean of the clinic. All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment where they were treated. Comments included:

- ‘Very clean waiting area and very clean treatment room.’
- ‘The facilities are very clean and organised.’

The service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Posters about how to use personal protective equipment were displayed. We saw that clinical waste, including sharps, was appropriately managed.

The environment was well maintained with safety checks carried out such as:

- annual fire extinguisher and fire detection checks
- monthly fire alarm tests
- testing of portable electrical equipment, and
- gas boiler annual safety inspection and test.

All patients who responded to our survey told us they received adequate information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘Felt involved from start.’
- ‘I received adequate information on the procedure that was getting done, it was explained to me in detail.’
- ‘Very informative [doctor] and booking procedure.’

They also told us they had confidence in the staff:

- ‘... I would definitely return as the customer service was really good. Staff were very friendly.’
- ‘The doctor was very knowledgeable in the treatment and the results.’

During the 9 July 2024 inspection, we found that the three patient care records we reviewed did not have all the expected information documented such as:

- patient emergency contact/next of kin
- GP details
- consent for sharing information with other healthcare professionals, and
- medicine dosage, batch numbers and expiry dates.

However, on our return on 6 August 2024, we saw that a process was now in place to obtain and document this information in the patient care records.

What needs to improve

Some information in the service’s self-evaluation submitted to us before the inspection did not reflect what was happening in the service. For example, the self-evaluation described staff meetings taking place, clinical audits being carried out and a quality improvement plan in place. We found this was not the case during the inspections. Self-evaluations should describe what can be evidenced as happening in the service, as well as any planned improvements (requirement 10).

Requirement 10 – Timescale: by 30 October 2024

- The provider must complete and submit an accurate self-evaluation to Healthcare Improvement Scotland when requested.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

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

Email: his.ihcregulation@nhs.scot

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot