



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** Blackhills Clinic, Aberuthven

**Service Provider:** Blackhills Clinic Limited

4 September 2024

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## 1 Progress since our last inspection

### What the provider had done to meet the requirements we made at our last inspection on 25 August 2021

#### Requirement

*The provider must ensure that all staff employed or engaged to work in the service have an appropriate level of Disclosure Scotland background check carried out at the point of recruitment or engagement. A system must then be in place to regularly check the disclosure status of each member of staff employed or engaged to work in the service.*

#### Action taken

We found evidence of appropriate background checks within all staff files apart from one administrative staff member. The regional manager agreed to update this staff members background check without delay. **This requirement is not met.** A new requirement is made and is reported in Domain 4: Quality Improvement (see requirement 3 on page 17).

## **2 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 Blackhills Clinic on Wednesday 4 September 2024. We spoke with a number of staff during the inspection. We received feedback from 48 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Aberuthven, Blackhills Clinic is an independent clinic providing dental care.

The inspection team was made up of two inspectors.

## What we found and inspection grades awarded

For Blackhills Clinic, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>
<b>Summary findings</b>	<b>Grade awarded</b>
The service's mission was to provide high quality and professional treatment in a relaxed and friendly environment. Staff were supportive of each other and keen to improve the clinic. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met.	✓ Satisfactory
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>
Patient feedback was sought in several ways. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely and a programme of audits was in place. Results from patient feedback should be formally discussed with staff. A formal mechanism to allow staff to provide feedback should be introduced.	✓ Satisfactory
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
The service was delivered from a purpose built, clean and well-equipped environment. Patient care records were of a good standard and patients spoke positively about the service delivered. Local anaesthetic prescribing information should be consistently documented in patient care records.	✓ Satisfactory

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 Blackhills Clinic Limited 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 four requirements and seven recommendations.

Direction	
<b>Requirement</b>	
1	<p>The provider must appoint a manager for the service and submit an 'appointment of new registered service manager' as detailed in the notifications guidance (see page 13).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011</i></p>
<b>Recommendation</b>	
a	<p>The service should work with The Real Good Dental Company to develop its own strategy that identifies measurable aims and objectives, along with key performance indicators that will help it achieve these aims and objectives. This information should be shared with staff and patients so there is a shared sense of direction (see page 12).</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>

## Direction (continued)

- b** The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions (see page 13).

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

## Implementation and delivery

### Requirements

- 2** The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine (see page 17).

Timescale – by 1 November 2024

*Regulation 3 (a)*

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

- 3** The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme, as appropriate to their role (see page 17).

Timescale – by 1 November 2024

*Regulation 9*

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

### Recommendations

- c** The service should implement a formalised approach to providing staff with patient feedback results and outcomes (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



## Implementation and delivery (continued)

- d** The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (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

- e** The service should update its recruitment policy to detail the different levels of background checks and health clearance and immunisations requirements for individual job roles (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

## Results

### Requirement

- 4** The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 20).

Timescale – by 1 November 2024

*Regulation 4(1)*

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

### Recommendations

- f** The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland (see page 20).

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

- g** The service should ensure local anaesthetic prescribing information is consistently documented in patient care records (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.27

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](#)

Blackhills Clinic Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Blackhills Clinic for their assistance during the inspection.

### 3 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's mission was to provide high quality and professional treatment in a relaxed and friendly environment. Staff were supportive of each other and keen to improve the clinic. A formalised strategy should be developed with measurable key performance indicators to assess how the service's aims and objectives are being met.**

#### *Clear vision and purpose*

The service provided general dentistry including fillings, implants, oral surgery, endodontics (root canal treatment) and dental hygiene. It also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place). Patients could refer themselves to the service however, the majority of patients were referred by their general dentist for treatments such as implants or oral surgery.

The service was provided by Blackhills Clinic Limited which was a subsidiary of The Real Good Dental Company. It operated within The Real Good Dental Company's staffing structure. A regional manager supported the service and its leadership team.

The service had a mission poster displayed in the waiting room which described its mission to provide high quality care and professional treatment in a relaxed and friendly environment.

We saw from The Real Good Dental Company's website that its approach was to have a 'light touch' towards its services by offering centralised support in a number of areas. This included marketing, finance and human resources management, including recruitment. The purpose of this light touch was for its services to feel autonomous but that they had support, when needed.

A range of financial key performance indicators (KPIs) had been developed by The Real Good Dental Company for all its services. These were individualised for each of its services and reviewed weekly by the head office team and the practice manager.

### **What needs to improve**

There were no documented aims and objectives or strategy for the service and no service improvement related KPIs had been identified to help the service measure these (recommendation a)

- No requirements.

### **Recommendation a**

- The service should work with The Real Good Dental Company to develop its own strategy that identifies measurable aims and objectives, along with key performance indicators that will help it achieve these aims and objectives. This information should be shared with staff and patients so there is a shared sense of direction.

### ***Leadership and culture***

The service was staffed by a number of administration staff, dentists, dental nurses and a lead dental nurse. The previous practice manager had recently left, and a new leadership structure was in the process of being implemented. The regional manager was visiting the service twice each week to provide support during this transition. They also met with the new practice manager each week to discuss clinic performance and assist with any issues they had.

Staff told us there was good communication between Head Office and the service. Information from Executive Team meetings at the Real Good Dental Company was then cascaded to the practice managers of all services via an online meeting between the regional managers and practice managers. Notes from the head office meeting were provided to practice managers along with any actions required of them and a time frame for completion. Practice managers were expected to cascade any relevant information to their practice team.

Staff turnover rates were low which meant there was a long-standing team in place who knew their patients very well. Staff told us the lead dental nurse and regional manager provided good leadership, and that they worked hard to ensure staff felt supported.

There was enough staff for the volume of work undertaken. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or if an issue needed to be resolved.

Full clinic staff meetings were held each month to discuss the day-to-day running of the service. These were documented and meeting notes shared with staff.

### **What needs to improve**

The practice manager that had recently left was also the registered manager for the service. The service had not told Healthcare Improvement Scotland that the registered manager had recently left. This meant there was no registered manager in place at the service (requirement 1).

Although a range of meetings were held, these meetings did not always have a set agenda. It would be useful to have operational standing agenda items such as recruitment, patient feedback, quality improvement, health and safety, and risk management to ensure that key areas are monitored regularly, and information is consistently shared between The Real Good Dental Company and the service (recommendation b).

### **Requirement 1 – Timescale: immediate**

- The provider must appoint a manager for the service and submit an 'appointment of new registered service manager' as detailed in the notifications guidance.

### **Recommendation b**

- The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting. A record of discussions and decisions reached at these meetings should be kept. These should detail staff responsible for taking forward any actions.

## 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

**Patient feedback was sought in several ways. Key policies, procedures and systems were in place to ensure patient treatment and care was delivered safely and a programme of audits was in place. Results from patient feedback should be formally discussed with staff. A formal mechanism to allow staff to provide feedback should be introduced.**

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

Key information about the treatments offered was available on the service's website and in patient information leaflets in the reception area. Information on oral health and available treatments was also shown on a television screen in the waiting room and all new patients were sent an information package.

A clear patient participation process was in place and staff actively encouraged patient feedback. We saw a variety of ways for patients to provide input into how the service continued to develop. For example, patients received a message after every appointment, with a link to provide feedback on their opinions on the service, and the care and treatment that they had received. The practice manager was automatically notified if any patient feedback had been received, so that they could act on it where necessary. There were also comment cards in the waiting area where patients could answer a few questions and provide a general comment before placing them in a feedback box. This box was regularly checked by a member of the team, so that any suggestions for improvement could be acted on. Some patients were also asked to provide a testimonial about their experience of the clinic, which were sometimes shared on the service's website. Testimonial letters and thank you cards were also kept in folders in the waiting area for patients to view.

Staff could provide feedback to the practice manager verbally at any time and at staff review meetings that were held every six months. Quarterly meetings were also held between the practice manager and a representative from The Real Good Dental Company. The practice manager provided any staff feedback at these meetings.

### **What needs to improve**

Whilst there are several ways for patients to provide feedback, there was no mechanism for sharing patient feedback with staff. Having a formal approach to providing staff with patient feedback would help to identify any trends from negative feedback and demonstrate how patient feedback was being used to improve the service (recommendation c).

Although there were various ways for the practice manager and staff to provide verbal feedback, there was no structured way of seeking the views of staff. For example, regular staff surveys would help the service identify suggestions and ideas for improvement (recommendation d).

### **Recommendation c**

- The service should implement a formalised approach to providing staff with patient feedback results and outcomes.

### **Recommendation d**

- The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered.

### **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.

Infection prevention and control policies and procedures were in line with national best practice and contracts were in place to ensure all clinical waste was disposed of safely. A legionella (a water-based bacteria) risk assessment had been undertaken and regular ongoing water quality monitoring and testing was taking place. The onsite decontamination room was equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. Clear processes were in place to ensure the effective decontamination of instruments and staff were able to describe these to us.

All the treatment rooms where dentists operated from had intraoral X-ray machines (used for taking X-rays inside patients' mouths). There was a dedicated room with an X-ray scanner that took 3D images of patients' teeth. The X-ray equipment was all digital with a range of image receptor sizes available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate safety checks and testing carried out.

Radiographic (X-ray) images were stored securely on an electronic X-ray filing system. The service had a 3D intraoral scanner that took life-like non-radiographic images of patients' teeth. An up-to-date radiation protection file was in place.

We saw that the fixed electrical installation had been maintained in satisfactory condition. A system was also in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed, and fire safety equipment was appropriately maintained.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. The majority of staff were up to date with their medical emergency training.

The service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. A duty of candour report was produced each year, and the most recent report was available for patients to view in the waiting area. There had been one duty of candour incident since the service was registered with Healthcare Improvement Scotland in March 2021 and this had been dealt with appropriately. Appropriate clinical staff had also undertaken duty of candour training.

The service's complaints policy was available within the service and made clear that patients could contact Healthcare Improvement Scotland at any time and included up-to-date contact details for us.

The service provided some dental treatment under conscious sedation. A number of the dentists provided sedation and had been suitably trained in the sedation techniques carried out.

Patients were involved in planning their treatment, and costs were discussed as part of the consultation and assessment process. Written treatment plans and detailed estimates for treatment costs were provided by letter. Patients were given time to discuss and ask questions about their treatment plan before, during and after the consent process. Verbal and written aftercare advice was provided, and the service called all patients the day after their treatment to check how they were feeling and if they needed any additional advice. A system was in place to regularly review patients after their treatment, with recall and hygiene appointments set at defined intervals based on an individualised patient risk assessment. This was recorded in patient care records.



Patient care records were kept in electronic format. Access to the practice management system and patient care records was password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A recruitment policy and process was in place. A new induction programme had been recently introduced by the regional manager that included core areas for all staff as well as individualised job-specific areas. The service planned to introduce a range of online induction training modules that will be tailored to individual job roles.

Six monthly staff reviews were undertaken to help identify training and development needs and opportunities. These reviews also supported staff's personal development plans for their professional General Dental Council registration requirements. We saw evidence of training records for all staff.

Regular checks to ensure staff had up-to-date indemnity insurance and professional registration status were undertaken.

### **What needs to improve**

The service had a centrifuge machine for providing platelet rich fibrin (PRF) treatment. This involves taking a small sample of a patient's blood and using the centrifuge machine to separate the blood into its component parts. The fibrin part of the blood is then placed into the bone of the dental implant site to speed up the patient's healing process. However, there was no standard operating procedure in place for the using this equipment (requirement 2).

We found that not all staff had background checks in place (requirement 3).

In addition, the service's recruitment policy did not specify the differing levels of background checks and health clearance and immunisation requirements for each job role. Having clear information on the requirements for Scotland, particularly for staff performing exposure prone procedures, would ensure the service was following national guidance (recommendation e).

We noted a number of remedial actions identified in the fire risk assessment were still in progress, including adding additional signage to the fire exit. We will follow this up at next inspection.

### **Requirement 2 – Timescale: 1 November 2024**

- The provider must develop and implement a standard operating procedure for use of the platelet rich fibrin (PRF) machine.

### **Requirement 3 – Timescale: 1 November 2024**

- The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme, as appropriate to their role.

### **Recommendation e**

- The service should update its recruitment policy to detail the different levels of background checks and health clearance and immunisations requirements for individual job roles.

### ***Planning for quality***

A range of risk assessments had been carried out, including a radiation risk assessment, legionella risk assessment and a fire risk assessment. A business continuity plan was in place in the event that the service experienced a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to call patients.

An audit programme was in place that included:

- radiographic image quality
- prescribing
- sedation
- patient care records
- medical emergency drugs and equipment checks
- infection control, and
- disability and workstation environment.

Audits were undertaken by different staff members and results shared with the rest of the team. Changes were made as a result of audit findings where necessary.

- No requirements.
- No recommendations.

## 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 service was delivered from a purpose built, clean and well-equipped environment. Patient care records were of a good standard and patients spoke positively about the service delivered. Local anaesthetic prescribing information should be consistently documented in patient care records.**

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 service was delivered from purpose built modern premises that provided an appropriate environment for patient care and treatment. The fabric and finish of the building was very good, and all clinical areas were clean, tidy and well organised. We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks were available.

We reviewed eight electronic patient care records stored on the practice management software system. These were of a good standard, detailing assessment and clinical examinations, treatment and aftercare information. There was evidence to show that the risks and benefits of treatments had been discussed with patients. Patient care records included a range of X-ray images which we found to be of good quality and well reported.

Patients who completed our online survey said they were involved in decisions about their care and treatment and were given sufficient time to reflect on their options before consenting to treatment. This helped to make sure they had realistic expectations. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- ‘Every contact we have had with the dental clinic has been excellent, with all planned treatment, the expectations of the benefits of the treatment, alternative treatments, costs and what to expect all clearly explained by the dentists casting or the treatments. Staff on reception are always helpful, and I know that if I have any issues, the dentists will go out of their way to resolve them. For example, I developed an abscess on an extraction, and the dentists came in on a Saturday to make sure I had treatment and antibiotics - very much appreciated.’
- ‘Throughout my treatment great care was taken to ensure that I understood exactly what was proposed, what would be involved, what the risks were, and what the aftercare would involve. Any questions I had were clearly and fully answered.’
- ‘Clean, professional and modern. Exactly what I would hope for.’
- ‘Experienced staff working within their specialty as a team. Excellent shared decision making with patient and made me feel my dental care (rather than money) was their priority.’

### **What needs to improve**

The clinic asked all patients to complete a medical history form prior to them being assessed. However, we noted that patients were not asked for their emergency contact details. This information is important in case a patient becomes unwell during treatment (requirement 4).

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. Although requested, the service did not submit a self-evaluation before the inspection (recommendation f).

During our review of patient care records, we found that local anaesthetic batch numbers and expiry date information were not always documented. This issue had not been picked up by a recent patient care record audit, despite this being one of the questions within the audit (recommendation g).

### **Requirement 4 – Timescale: 1 November 2024**

- The provider must ensure patients’ next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

### **Recommendation f**

- The service should complete and submit a self-evaluation as requested by Healthcare Improvement Scotland.

### **Recommendation g**

- The service should ensure local anaesthetic prescribing information is consistently documented in patient care records.

## 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.ihtregulation@nhs.scot](mailto:his.ihtregulation@nhs.scot)

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or email [his.contactpublicinvolvement@nhs.scot](mailto: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](http://www.healthcareimprovementscotland.scot)