Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Cavendish Clinic (John Lewis)

Service Provider: SAIA Aesthetics Ltd

7 August 2024

NHS SCOTLAND

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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 Cavendish Clinic (John Lewis) on Wednesday 7 August 2024. We spoke with three members of staff, including the service manager and deputy manager during the inspection. We received no feedback from patients through an online survey we had asked the service to issue to its patients for us before the inspection. However, we received feedback directly. This was our first inspection to this service.

Based in Edinburgh, Cavendish Clinic (John Lewis) 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 Cavendish Clinic (John Lewis), the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service had a well-defined leadership structure and governance framework to help deliver safe, evidence-based, person-centred care. Staff we spoke with said they felt valued, respected and well supported. The service's aims and objectives were not available for patients to view. A process should be developed to review whether aims and objectives are met.	✓ Satisfactory
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought patient feedback and used this information to improve, in line with its participation policy. Clear systems and processes were in place to monitor and manage risk. A formal audit programme should be developed. Policies should have clear review dates or be updated as current legislation changes. Policies should refer to the correct Scottish legislation. A quality improvement plan should be developed.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well equipped. Patient feedback reported good levels of satisfaction. Patient's GP details and consent to share information with other healthcare professionals should be documented in patient care records. Medicines governance processes must be followed. Medicines should be stored in line with current guidelines.	✓ 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 SAIA Aesthetics 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 one requirement and 11 recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should ensure a system is in place to make sure its identified aims and objectives are being met (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should consider how it ensures that the aims, objectives and purpose are service specific (see page 12). 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	
	None

Recommendations	
c	The service should inform patients when changes or improvements are made based on patient feedback (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 ensure that all policies reflect Scottish legislation and best practice guidance (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11.
e	The service should implement a planned review process for its policies and procedures, to ensure that current legislation and best practice is always being followed (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
f	The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11.
g	The service should develop a more detailed programme of regular audits to cover key aspects of care and treatment. Audits must be documented, and improvement action plans implemented (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
h	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (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

Results	
Requirements	
1	The provider must ensure that when products are not used according to the Summary of Product Characteristics that good medicine governance processes are in place, including obtaining informed patient consent (see page 23). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
i	The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in the patient care record. If the patient refuses, this should be documented (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 2.14
j	The service should ensure botulinum toxin is stored in line with current best practice guidelines for storage of prescription-only medication and update its medicines management policy to accurately reflect the processes in place (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
k	The service should ensure staffs' Core of Knowledge training is up to date and current when delivering intense pulsed light therapy (IPL) skin treatments to patients (see page 23). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 3.14

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

SAIA Aesthetics 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 Cavendish Clinic (John Lewis) 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
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service had a well-defined leadership structure and governance framework to help deliver safe, evidence-based, person-centred care. Staff we spoke with said they felt valued, respected and well supported. The service's aims and objectives were not available for patients to view. A process should be developed to review whether aims and objectives are met.

Clear vision and purpose

The service providers aims, objectives and purpose for all the clinics they provide included delivering high-quality, patient-centred aesthetic treatments. The service aimed to provide safe and effective personalised care for each patient, promoting overall wellbeing. The service's website displayed its vision for patients to see, which was to be a leading provider of aesthetics healthcare. The provider had an overall strategic plan for all of its services.

The mission statement to provide safe, effective and person-centred treatments was in line with the service's organisational values of:

- compassion
- diversity
- safety, and
- trust.

We saw these displayed for staff and patients in the clinic treatment rooms and waiting areas. The organisational values were also standing items on the agenda for staff meetings.

The provider's three key performance indicators identified key short-, medium- and longer-term priorities. These included:

- A clear vision and purpose with a focus was on staff training, regular meetings creating a cohesive culture with the leadership committing to role-modelling the values.
- Co-design and co-production involving patients, staff and other stakeholders to create a person-centred service.
- Continuous quality improvement with clear goals and strategies to guide quality initiatives, including patient safety.

What needs to improve

While the service had a vision with identified aims and objectives that are measured through performance indicators however there was no structured process in place to ensure these were being met (recommendation a).

The service provider had an overall strategic plan, which included aims, objectives and purpose for all its services. However, this was not specific to the service being provided (recommendation b).

- No requirements.

Recommendation a

- The service should ensure a system is in place to make sure its identified aims and objectives are being met.

Recommendation b

- The service should consider how it ensures that the aims, objectives and purpose are service specific.

Leadership and culture

The Cavendish Clinic (John Lewis) is part of a larger chain of 10 clinics based mainly in England, with Cavendish Clinic (John Lewis) in Scotland and one clinic in America. Plastic surgeons founded the services in 2011 in partnership with John Lewis and Skinlab Santa Monica.

The service had an appropriate number of staff suitably qualified to carry out all treatments offered to patients. This included clinical (medical) healthcare professionals (including one GP) and laser technicians.

Defined roles, responsibilities and support arrangements were in place for the service's leadership structure. All staff reported to the service manager. The service manager met with individual staff members and as a group to give updates on:

- any changes to clinics
- staffing or resources, and
- workload reviews.

The service manager attended weekly meetings with the commercial director based in London. This meeting included all managers based in the John Lewis store in Edinburgh. Electronic minutes of these meetings were available. Agendas for these meetings included:

- clinic figures
- financial updates
- retail sales
- service sales
- staff retention
- staff advertising, and
- stock.

The service manager could contact the provider's corporate management through online communication applications with any concerns or issues they had.

We saw evidence of meetings with all members of the service's staff in attendance in-person or online. Set agenda items for these meetings included:

- accidents or incidents
- audit results
- opportunities for training and learning, and
- staff feedback and ideas.

Minutes of these meetings, including action plans were documented.

Online staff surveys were carried out. Survey results showed that staff:

- felt able to offer recommendations and suggestions for how to improve the service
- felt that senior management supported and valued them
- had an appropriate 'work-life balance', and
- were satisfied at work.

Staff we spoke with told us they had suggested improvements for the service, such as adding more treatments for skin conditions. Staff also told us they could approach the senior management team with any concerns or issues.

The service manager had implemented development plans for all staff in the Cavendish Clinic (John Lewis).

We were told that staff were consulted in all decisions about the service. Organisational updates, which could include the service were communicated by a member of the provider's senior management team in London through an 'all staff' email.

What needs to improve

While there were personal development plans in place for staff, the service manager could consider developing their own plan to ensure their personal and professional training and development needs are identified and actioned. We discussed this during the inspection and will follow up at a future inspection.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

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

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. The service actively sought patient feedback and used this information to improve, in line with its participation policy. Clear systems and processes were in place to monitor and manage risk.

A formal audit programme should be developed. Policies should have clear review dates or be updated as current legislation changes. Policies should refer to the correct Scottish legislation. A quality improvement plan should be developed.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Patients could contact the service in a variety of ways, including:

- email enquiries
- online enquiries through the service's website or social media pages
- telephone calls, and
- text messages.

Many patients were returning clients and new patients were referred from existing clients or word-of-mouth and social media reviews. All consultations were appointment-only.

The service's website contained information about:

- staff working in the service, including their qualifications
- the booking system
- the treatments available, and
- treatment costs.

The service actively sought feedback from patients about their experience of the service using a variety of methods, in line with its patient participation policy. For example, patients were asked to complete a feedback survey which was

emailed automatically after their appointment. A member of staff from the London-based office contacted patients who left feedback. Informal feedback was also gathered through social media reviews and comments.

We saw that the service collated and regularly reviewed the feedback to help inform its improvement activities. Improvements had included offering patients bottled drinking water before, during or after treatments. The service was also developing a video for the website to show patients how to easily access the clinic in the John Lewis store after feedback had identified that it was not easy to find.

Staff were encouraged to participate in a staff nomination scheme, where nominated staff could win free treatments. Staff could also access quality improvement initiatives, where companies offered product training as a result of staff feedback.

What needs to improve

While we saw that the service made changes after patient feedback, it did not inform patients how their feedback had been used to improve (recommendation c).

Testimonials on the provider's website did not refer to the Cavendish Clinic (John Lewis) so cannot be identified specifically to this clinic. The provider could consider publishing service specific feedback.

- No requirements.

Recommendation c

- The service should inform patients when changes or improvements are made based on patient feedback.

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.

The manager was aware of the notification process and what they should notify Healthcare Improvement Scotland about, for example a recent notification had been submitted with details of change of manager for the service. A clear system was in place to record and manage accident and incident reporting. We noted no incidents or accidents had been recorded or reported since the clinic was registered with Healthcare Improvement Scotland in July 2022.

We saw policies and procedures in place to deliver safe, person-centred care, including those for:

- emergency arrangements
- information management
- infection prevention and control
- health and safety
- medication, and
- safeguarding (public protection).

Maintenance contracts for fire safety equipment and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly in the John Lewis store and the information was shared with the service manager.

All policies and recently been reviewed and were up to date at the time of our inspection. Policies were kept electronically on the service's intranet system.

Arrangements were in place to deal with medical and aesthetic emergencies, including up-to-date training and an emergency kit. Emergency medicines were available for patients in case of aesthetic complications after treatments. Regular checks were carried out and documented for all emergency equipment in the service.

Complaints information was clearly displayed at the reception area and available on the service's website. The service had received no formal complaints from patients. Healthcare Improvement Scotland had received no formal complaints about the service since its registration. Staff members had received training in complaints handling.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. Staff fully understood their duty of candour responsibilities and the service had published a yearly duty of candour which was on display in the clinic waiting area for all patients to view. Staff were aware of the service's safeguarding (public protection) policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

On the day of treatment, patients received a face-to-face consultation where they completed a consent form, which the patient and practitioner then signed. The service shared a variety of aftercare leaflets with patients after their treatment.

Patient care records were electronic and password-protected. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

Staff members were recruited in line with the service's recruitment policy. The service had a continuous learning culture in place. Staff had a personal development plan which they agreed with the service manager. All new members of staff carried out an induction programme and were given a staff handbook to complete. This contained service-specific information about:

- annual leave and sick leave arrangements
- learning and development opportunities
- policies and procedures
- staff training, and
- the service's vision, mission, aims and objectives.

Once a new staff member had completed this handbook, the service manager formally reviewed and agreed staff competence.

We saw that annual appraisal reviews and regular supervision sessions for staff were carried out.

The aesthetics practitioner was a GP who engaged in regular continuing professional development. This is managed through the GMC registration and revalidation process. Revalidation is where clinical staff are required to regularly send evidence of their competency, training and feedback from patients and peers to their professional body, such as the GMC. The GP was a member of the Aesthetic Complication Expert (ACE) group, attending conferences and exhibitions. The GP was part of the forum to help improve patient safety in medical aesthetics and was a member of a peer group in an online communication app for support and reference.

The practitioner had been recruited in line with the service's practicing privileges policy (where staff are not employed directly by the provider but given permission to work in the service) and had a current signed contract in place. Pre-employment and ongoing essential checks had been carried out, including those for:

- current qualifications (including GMC checks for revalidation)

- fitness to practice
- ongoing training
- Protection of Vulnerable Adults (PVG), and
- the practitioner's scope of practice.

What needs to improve

We noted some policies did not reflect the correct Scottish legislation or best practice. For example, the safeguarding policy did not reference the Adult Support and Protection (Scotland) Act 2007 (recommendation d).

We saw the service had an extensive range of up-to-date policies in place. However, it did not have a planned process in place to review and update policies regularly or when changes in legislation occurred (recommendation e).

- No requirements.

Recommendation d

- The service should ensure that all policies reflect Scottish legislation and best practice guidance.

Recommendation e

- The service should implement a planned review process for its policies and procedures, to ensure that current legislation and best practice is always being followed.

Planning for quality

A procedure was in place to review risks in the service. This involved identifying, assessing and mitigating risks promoting a culture of safety and continuous improvement. Risk assessments included those for:

- clinical procedures
- data management, and
- use of equipment.

The service was the designated risk officer and was responsible for overseeing and coordinating the risk reporting process.

If the service was unable to operate, we were told an arrangement was in place that patients would be referred to another service.

The service carried out an audit on patient care records every 3 months.

What needs to improve

While the service had an identified process for risk management, it did not have a risk register in place. A risk register would help the service make sure appropriate processes were in place to help manage any risks identified (recommendation f).

The service did not have a structured audit programme in place. An audit programme would help the service review all key aspects of care and treatment, including:

- infection prevention and control
- medicine management
- the clinical environment, and
- waste management (recommendation g).

The service did not have a quality improvement plan in place. A quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents
- audits
- complaints
- education and training events, and
- patient feedback (recommendation h).

- No requirements.

Recommendation f

- The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

Recommendation g

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

Recommendation h

- 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 was clean and well equipped. Patient feedback reported good levels of satisfaction.

Patient's GP details and consent to share information with other healthcare professionals should be documented in patient care records. Medicines governance processes must be followed. Medicines should be stored in line with current guidelines.

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. 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 submitted a comprehensive self-evaluation.

We saw the service was clean and tidy, of a high standard and well maintained. Cleaning schedules were in place and were fully completed and up to date. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment, such as disposable aprons and gloves, was readily available to staff. A clinical waste contract was in place, and we saw that clinical waste and used sharps equipment was disposed of appropriately. Equipment used in the service was clean and well maintained. Staff we spoke with were aware of the infection prevention and control measures required, including cleaning materials needed for sanitary fittings in the service.

One patient told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. They stated the clinic was clean and tidy. Comments included:

- 'The Clinic is always incredibly clean before any treatment and cleaned immediately after any treatment too.'
- 'I regularly recommend The Cavendish Clinic Edinburgh to my friends and colleagues as I am extremely confident that they practice the very highest standards possible.'

The medical refrigerator was clean and in good working order. A temperature-recording logbook was used to record fridge temperatures every day. This helped make sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. We noted the service kept a stock of prescription-only medication, such as botulinum toxin. All stock was in-date. We saw a safe system in place for the procurement and prescribing of medicines.

One patient who left feedback told us they were extremely satisfied with the care and treatment they received from the service. Comments included:

- 'Every time I go for a treatment, I am asked to complete an in-depth medical form which I find incredibly reassuring. I have also noticed that the staff take time to read the form before starting any treatment, to ensure that it is safe to complete the treatment that day.'

The five patient care records we reviewed showed that patients received a face-to-face consultation about their expectations before treatments were offered. A comprehensive assessment included past medical history, as well as the risks, benefits and side-effects of treatments. Patient care records were legible, accurate and up to date. Details of patients' next of kin and emergency contact were documented. The practitioner had signed and dated their entries. Medicine batch numbers and expiry dates were also noted.

Staff files we reviewed contained information about initial mandatory training, previous supervision sessions and appraisals with evidence of training completed. We also saw evidence of training opportunities and additional role-specific training for staff members. All checks required for staff to work in the service.

The service delivered intense pulsed light therapy (IPL) skin treatments to patients. The service had a registered laser protection advisor and local rules were in place to ensure patient and staff safety. All safety measures were in place when this treatment was carried out, including safety warning signs on the locked treatment room door. All checks on the laser equipment had been carried out and documented. Details of patch testing and treatments for patients were available in the patient care records we reviewed.

What needs to improve

The manufacturer's license for a product is awarded on the basis that the product is used according to the Summary of Product Characteristics, which is a legal document. As soon as the product is not used according to its license in any way, its use is categorised as unlicensed. If the prescriber's judgement is

that unlicensed use of the medicine is in the best interest of the patient's care, good medicines governance must be followed, including the patient's consent to being treated outside of manufacturer's guidelines.

We saw the service used an alternative sterile saline solution from that recommended in the manufacturer's guidance for the reconstitution of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a fluid for injection. We were told this provided better pain relief for patients. However, we saw no evidence that the unlicensed use of this product had been discussed with patients (when a medicine is being used in a way that is different to that described in the product license) and that informed consent had been sought (requirement 1).

The patient care records we reviewed did not contain information about patients' GPs. Patient care records also did not document whether the patient had been asked or had given consent to share their personal details and information with other health care professionals (recommendation i).

Prescription-only medication (botulinum toxin) was kept in the medical refrigerator as generic stock and contained one staff member's name on all vials stored (recommendation j).

Two members of staff had completed the core of knowledge training more than 2 years ago. This training should be updated regularly (recommendation k).

Requirement 1 – Timescale: immediate

- The provider must ensure that when products are not used according to the Summary of Product Characteristics that good medicine governance processes are in place, including obtaining informed patient consent.

Recommendation i

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in the patient care record. If the patient refuses, this should be documented.

Recommendation j

- The service should ensure botulinum toxin is stored in line with current best practice guidelines for storage of prescription-only medication and update its medicines management policy to accurately reflect the processes in place.

Recommendation k

- The service should ensure staffs' Core of Knowledge training is up to date and current when delivering intense pulsed light therapy (IPL) skin treatments to patients.

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.

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.

Before

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.

During

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.

After

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

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot