Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: ICONIC Cosmetic Clinic, Edinburgh

Service Provider: ICONIC Cosmetic Clinic Ltd

28 November 2024

NHS SCOTLAND

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First published February 2025

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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 ICONIC Cosmetic Clinic on Thursday 28 November 2024. We received feedback from five patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Edinburgh, ICONIC Cosmetic Clinic is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector and one observer.

What we found and inspection grades awarded

For ICONIC Cosmetic Clinic, 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 shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients and were reviewed regularly. A set agenda for staff meetings would ensure key aspects of service delivery and improvement were covered at each meeting.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Policies and procedures set out the way the service delivered safe care. Feedback from patients and staff was actively encouraged. Patients felt involved in decisions about their care and had confidence in the staff providing it. The use of medicines must follow manufacturer's instructions or appropriate consents be obtained. Laser safety management local rules must be updated. A comprehensive audit programme and a risk register would demonstrate the proactive management of risks to patients and staff.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The clinic environment and equipment were clean and well maintained. Having all patient care records readily available to all healthcare staff would help to meet patients' health and welfare needs at any time. Recruitment processes and ongoing checks of staff would help make sure that staff were safe to work in the service.	✓ 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 ICONIC Cosmetic Clinic 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 seven requirements and six recommendations.

Direction	
Requirements	
	None
Recommendation	
a	The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting (see page 14). 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	
1	The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 20). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must review its laser safety arrangements to ensure that: *(a) the appointed laser protection advisor provides an updated set of local rules* *(b) the local rules are available in the clinic so staff can refer to them* *(c) the laser operator and supervisor has read, understood and signed the local rules* *(d) each laser machine has list of authorised users attached to it (see page 20).* Timescale – immediate *Regulation 3(d)(v)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
3	The provider must publish an annual duty of candour report (see page 20). Timescale – immediate *Regulation 5(2)* *The Healthcare Improvement Scotland (Inspections) Regulations 2011*
4	The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 22). Timescale – by 14 May 2025 *Regulation 13(2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

Implementation and delivery (continued)	
Recommendations	
b	The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place (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
c	The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office (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
d	The service should: *(a) further develop the list of mandatory training to include clinical training to ensure patient safety, as well as governance procedures* *(b) ensure the training is completed by all staff (see page 20).* Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14
e	The service should continue to develop its clinical audit programme to include other types of audits (see page 22). 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 formalise a way to measure its own performance by benchmarking against similar services and national standards (see page 22). 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	
5	The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and welfare needs (see page 25). Timescale – by 14 May 2025 *Regulation 4(3)(b)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
6	The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service, and as required thereafter (see page 25). Timescale – immediate *Regulation 8* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
7	The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded within the staff files (see page 25). Timescale – immediate *Regulation 12(c)(i)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
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

ICONIC Cosmetic Clinic 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 ICONIC Cosmetic Clinic 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 shared a clear vision with patients and staff. Key performance indicators included monitoring the safe care and treatment of patients and these were reviewed regularly. A set agenda for staff meetings would ensure key aspects of service delivery and improvement were covered at each meeting.

Clear vision and purpose

The service's vision statement was displayed on its website. The statement included that the service would prioritise safety and results driven treatments.

Aims and objectives for the service were also on the website. These included:

- having a highly skilled team
- maintaining safety and professional standards
- using a patient-centred approach, and
- using the latest industry techniques and innovations.

Key performance indicators helped the service to measure how well it was performing and the effectiveness of the quality of the service provided. The service's key performance indicators included:

- appointment efficiency (covers patient non-attendance)
- audit compliance
- patient satisfaction
- staff training and development, and
- treatment outcomes and patient safety.

A 6-monthly key performance indicator report provided an overview of how the service had performed against each indicator.

- No requirements.
- No recommendations.

Leadership and culture

The service was owned and managed by a dental surgeon registered with the General Dental Council (GDC) who was also an experienced aesthetics practitioner. They provided visible leadership in the service. The clinic team consisted of employed staff and staff working under a practicing privileges agreement (staff not employed directly by the provider but given permission to work in the service). All staff involved in clinical procedures (including two registered prescribers) were registered with an appropriate professional body, such as the GDC or Nursing and Midwifery Council (NMC).

The qualifications and experience of the employed staff were available to patients on the service's website.

The service had a leadership policy in place with objectives to achieve a culture of open and supportive leadership.

An online chat group was used by staff for informal communication about the day-to-day running of the clinic. Staff meetings were held every 3–4 months and were minuted. We were told staff could make suggestions for improvements to the service at any time.

Although practicing-privileges staff did not attend the meetings, meeting minutes were shared to keep them updated about the service.

A whistleblowing policy described how staff could raise a safety concern with the registered manager of the service.

What needs to improve

While staff meetings were minuted, no formal agenda was set to help make sure that discussions took place about priority items, such as:

- key performance indicators
- quality improvement suggestions
- staff and patient feedback, and
- training compliance (recommendation a).

Recommendation a

- The service should create a standardised agenda template for meetings, including standing agenda items that will be discussed and monitored at every meeting.

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

Policies and procedures set out the way the service delivered safe care. Feedback from patients and staff was actively encouraged. Patients felt involved in decisions about their care and had confidence in the staff providing it.

The use of medicines must follow manufacturer's instructions or appropriate consents be obtained. Laser safety management local rules must be updated. A comprehensive audit programme and a risk register would demonstrate the proactive management of risks to patients and staff.

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

The service's participation policy stated how it would proactively seek and use feedback from patients to help the service to develop. Methods used to obtain feedback included:

- a structured survey sent to patients after an appointment (asking for views on the clinic, staff, environment)
- feedback and suggestions box in the clinic
- social media reviews, and
- verbal, email and text feedback.

As well as the above, a survey form was given out in-person to a selection of patients to target a particular demographic of patients. A patient 'board' of 10 patients also asked about advertising and marketing, as well as what services they would like to see offered. The service manager had held one meeting with the patient board and had discussions with them individually when they came for treatments.

We saw that the service manager received a notification when online feedback was received or a survey was completed. Feedback was shared with staff in the online group chat. Actions taken as a result of feedback was shared with patients in a newsletter emailed to patients every 4 months. Feedback was positive with any suggestions for improvement acted on.

Staff were formally asked for feedback twice a year. The staff survey included questions on:

- clinic operations and procedures
- management and leadership
- patient care and clinic standards
- suggestions for improvements
- team dynamics, and
- work environment.

Staff were also able to contribute to the development and improvement of the service through staff meetings and using the online chat group.

- No requirements.
- No recommendations.

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 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 notification guidance. Since registration with Healthcare Improvement Scotland in May 2021, the service had submitted appropriate notifications to keep us informed about changes and events in the service.

Appropriate policies, procedures and processes were in place to deliver safe, person-centred care and regularly reviewed. The policies were available in the clinic for all staff to access.

A medicines management policy and protocols were in place. Medicines were stored in a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. A stock audit for medicines and the emergency drugs kit helped to make sure all items had not passed expiry and best-before dates.

Emergency medicines were easily accessible and aesthetic-complications step-by-step treatment guides and medical emergencies posters were displayed for staff to quickly refer to. A first aid kit was also available. We were told a prescriber was always present when non-prescribing practitioners were carrying

out certain aesthetic procedures in case they needed to respond to emergencies, such as a vascular occlusion (a blood vessel blockage). All staff completed yearly resuscitation training.

A log was in place to document any incidents or accidents that would take place. There had been no such events at the time of our inspection.

An infection prevention and control policy described the precautions in place to prevent patients and staff being harmed by avoidable infections, such as hand hygiene and the management of sharps and clinical waste. Appropriate products were used to clean equipment and the environment. Cleaning schedules detailed the required cleaning tasks and recorded when they had been carried out.

A fire safety policy was in place and a fire risk assessment had been carried out. Fire safety signage was displayed and fire safety equipment was safety checked. A safety certificate was in place for the fixed electrical wiring and the portable electrical equipment had been tested. An equipment maintenance log was in place.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to Healthcare Improvement Scotland. Information on how to make a complaint was available on the service's website. We were told the service had also not received any complaints since its registration. The service was a member of a professional standards authority, which patients could also approach with a concern or complaint.

A consent policy detailed how the service would make sure that informed consent was obtained from patients before any treatment took place. When making an appointment on the online system, patients received a consent form that provided detailed information about the treatment they had booked. This included information about the risks, pre-treatment and aftercare, as well as a medical history questionnaire to be completed before their appointment.

Other appropriate consents were also obtained, such as consent for digital images and sharing information with other healthcare professionals if required.

Information regarding treatments was on the service's website and leaflets were available in the service. If patients were better suited to a treatment that the service did not provide (such as a surgical procedure), they would be referred to another Healthcare Improvement Scotland-regulated clinic.

New patients had a one-hour face-to-face consultation with the practitioner before their treatment. The information in the pre-completed forms was discussed. Returning patients were asked if there had been any change to their medical history since their last visit. All patients were offered a cooling-off period and time to consider the information received before going ahead with treatment. All patients who responded to our survey said they were given enough information and time to reflect on their treatment options before giving consent. Discussions at the consultations included:

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

Following treatment, patients were emailed aftercare information again and 24-hour emergency contact details for the clinic.

Staff made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance. The staff attended aesthetics industry conferences and were members of Member of British Academy of Cosmetic Dentistry and Save Face. Staff were also members of aesthetic industry forums and subscribed to journals. They shared their learning with the team in meetings and in online group discussions. The healthcare practitioner staff also completed ongoing training as part of their NMC or GDC registrations.

In response to our survey, all patients told us they had confidence in the staff who worked in the service. Comments included:

- ‘Communicative and friendly.’
- ‘Informative and welcoming.’
- ‘Very professional and attentive.’

What needs to improve

We saw that practitioners used bacteriostatic saline to reconstitute the vials of botulinum toxin. This is when a liquid solution is used to turn a dry substance into a specific concentration of solution. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outside of its Summary of Product Characteristics and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. Although we were told that this was discussed with the patient before treatment was

administered, the pre-printed consent form did not include information about the unlicensed use of this product and it was not documented in the patient care record (requirement 1).

We saw a part-used vial of reconstituted botulinum toxin stored in the fridge. We were told vials were used to treat multiple patients (when a liquid solution is used to turn a dry substance into a fluid for injection). However, vials should be single-use (recommendation b).

The service delivered laser therapy skin treatments to patients. Laser treatments were documented in the patient care records. Relevant staff had completed core of knowledge training for the use of the lasers and appropriate control measures were in place, such as safety signage and eye goggles. A laser protection advisor had provided the service with appropriate local rules to be followed for the safe use of lasers. However, the local rules had not been completed with relevant information, such as:

- declaration of having read the rules
- laser protection supervisor signature
- names of clinical operators, and
- register of authorised users.

In addition, the laser protection advisor had not updated the local rules, which were only valid from April 2022–April 2023 (requirement 2).

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). All staff had signed to say they had read and understood the policy. However, the service had not produced and published a yearly duty of candour report (requirement 3).

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) to make sure confidential patient information was safely stored. However, practicing privileges staff removed their patient care records when not working in the service. These members of staff would need to be individually registered with the Information Commissioner's Office, as well as the service (recommendation c).

We were told the service had not had any instances requiring the need to implement duty of candour principles. However, the service could not be

assured of this as we saw no evidence that staff had completed duty of candour training. We also saw no evidence of other governance training, such as that for:

- complaints management
- obtaining informed consent, and
- safeguarding (recommendation d).

Requirement 1 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Requirement 2 – Timescale: immediate

- The provider must review its laser safety arrangements to ensure that:

(a) the appointed laser protection advisor provides an updated set of local rules
(b) the local rules are available in the clinic so staff can refer to them
(c) the laser operator and supervisor has read, understood and signed the local rules
(d) each laser machine has list of authorised users attached to it.

Requirement 3 – Timescale: immediate

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

Recommendation b

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Recommendation c

- The service should ensure that practicing privileges staff are registered with the Information Commissioner's Office.

Recommendation d

- The service should:

(a) further develop the list of mandatory training to include clinical training to ensure patient safety, as well as governance procedures
(b) ensure the training is completed by all staff.

Planning for quality

A contingency plan was in place in case of events that may cause an emergency closure of the clinic or cancellation of appointments, such as power failure or sickness. This helped to make sure patients could continue their treatment plans. Appropriate insurances were in-date and displayed in the service, such as insurance for:

- employer liability
- medical malpractice, and
- public and products liability.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service had developed a quality assurance framework that stated it was based on a continuous cycle of monitoring, assessment, feedback, and improvement. A regularly reviewed quality improvement plan was in place with detailed improvement activities, which included:

- the improvement activity
- how the improvement would be actioned
- timescale, and
- completion date.

What needs to improve

While risk assessments for fire safety and laser safety had been carried out, no other risk assessments were in place. This meant the potential business, clinical and health and safety risks had not been assessed (requirement 4).

Some audits did take place, including those for:

- health and safety.
- medical history audit and patient details
- patient satisfaction, and
- prescribing.

However, the service did not complete audits of:

- complete patient care records (including for practicing privileges staff)
- environment and equipment (including infection prevention and control precautions as well as health and safety)
- medicines management (to make sure medicines were stored, prescribed, administered and disposed of appropriately), and
- staff files (to make sure all recruitment and ongoing checks could be evidenced) (recommendation e).

Staff told us they benchmarked the service by comparing it against other similar services. However, this was not documented (recommendation f).

Requirement 4 – Timescale: by 14 May 2025

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

Recommendation e

- The service should continue to develop its clinical audit programme to include other types of audits.

Recommendation f

- The service should formalise a way to measure its own performance by benchmarking against similar services and national standards.

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 clinic environment and equipment was clean and well maintained. Having all patient care records readily available to all healthcare staff would help to meet patients' health and welfare needs at any time. Recruitment processes and ongoing checks of staff would help make sure that staff were safe to work in the service.

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 limited self-evaluation.

The clinic was modern, clean and well organised. The equipment was in good condition and well maintained. All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'Clinic is immaculate.'
- 'Extremely clean and very professional.'

Staff carried out cleaning of treatment rooms and equipment between patient appointments, as well as a full clean of the treatment rooms at the end of the day and a weekly deep clean. Cleaning schedules were displayed in each room and signed off when cleaning tasks had been completed.

Effective measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons and gloves), and alcohol-based hand gel and hand hygiene posters were displayed. The correct product was used for cleaning sanitary fittings, including clinical hand wash basins, and a stronger dilution was used for the management of blood contamination.

The practitioner and prescriber had fully completed the three patient care records we reviewed, with detailed information including documentation of:

- consent
- consultation
- medical history
- medicine dosage, batch numbers and expiry dates
- patient's GP and emergency contact details
- procedure
- the provision of aftercare information, and
- treatment plan.

The medical history questionnaire included questions on mental health for the practitioner to assess for body dysmorphia (a mental health condition where a person spends a lot of time worrying about flaws in their appearance).

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

- 'Thorough consultation and aftercare instructions given in clinic and emailed.'
- 'Always feel heard and informed of the procedure I attend for.'
- 'I received all the necessary information for my treatment in detail. Any of my questions were answered in great detail.'

What needs to improve

Staff working under practicing privileges managed and retained their own patient care records. The service manager did not have access to these records should the patient return to the clinic when the staff working under practicing privileges were not on-site (requirement 5).

Policies that detailed safe recruitment, staffing and appraisals were in place, including for staff working under a practicing privileges arrangement. However, the four staff files we reviewed did not include evidence that the policies were followed in full. We saw evidence that the service had enrolled its staff in the Protecting Vulnerable Groups (PVG) scheme. The PVG scheme, managed by Disclosure Scotland, helps to make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups. Copies of the professional indemnity insurance where appropriate was

also in the staff files. However, staff files did not evidence that other appropriate checks had been carried out at, such as:

- annual check of registration status with the relevant professional body
- immunisation status, and
- references (including one from current employer) (requirement 6).

We were told that appraisals had taken place. However, these had not been documented in the staff files (requirement 7).

Requirement 5 – Timescale: by 14 May 2025

- The provider must ensure that patient care records are readily available to all healthcare staff involved in meeting patients' health and welfare needs.

Requirement 6 – Timescale: immediate

- The provider must ensure that appropriate recruitment checks are carried out on all staff before they start working in the service, and as required thereafter.

Requirement 7 – Timescale: immediate

- The provider must ensure that staff employed in the provision of the independent healthcare service receive regular individual performance reviews and appraisals and that these are recorded within the staff files.

- 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.

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

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