Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Therapie Clinic (St James Edinburgh), Edinburgh

Service Provider: Therapie Medical UK Ltd

3 December 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 Therapie Clinic (St James Edinburgh) on Tuesday 3 December 2024. We spoke with staff, the registered manager and compliance officer and two patients during the inspection. We received feedback from six 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, Therapie Clinic (St James Edinburgh) 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 Therapie Clinic (St James Edinburgh) 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 provider had a clear vision and purpose. Key performance indicators helped the service identify and measure the quality of the service provided. For example, collecting and evaluating feedback from patients and quality assurance processes, such as audits and risk management. Staff told us leaders were visible, inclusive and approachable. Clinical governance leads provided appropriate support, advice and training to staff. Reporting structures between the provider and the service had improved.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient feedback was actively encouraged, and we received positive comments from patients. Patients were involved in planning their care. Clear procedures were in place for managing accidents, incidents and complaints. Quality assurance processes, including audits and risk management supported the service to monitor the quality of care delivered to patients. Patients should be informed of any service changes made as a result of their feedback.	✓✓ Good
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
Patients spoke positively about their experience of using the service. The care environment and patient equipment was clean and fit for purpose. Cleaning schedules were fully completed and infection control precautions were in place. Medicines were stored securely and the service had a contract in place for the safe disposal of clinical waste. Effective recruitment processes were in place to make sure staff were safe to work in the service. Staff had good opportunities for training and career progression. The majority of patient documentation was well completed.	✓✓ Good

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 Therapie Medical UK Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and two recommendations

Implementation and delivery	
Requirements	
	None
Recommendation	
a	The service should develop clear and measurable action plans to monitor and evaluate the impact of any service changes from patient feedback, and ensure patients are informed of any changes made to the service as a result of their feedback (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

Results	
Requirements	
	None

Results (continued)	
Recommendation	
b	The service should ensure when unlicensed medicines are used that a summary of the discussion and the rationale for using the medicine outwith its license is recorded in patient care records (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

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

We would like to thank all staff at Therapie Clinic (St James Edinburgh) 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 provider had a clear vision and purpose. Key performance indicators helped the service identify and measure the quality of the service provided. For example, collecting and evaluating feedback from patients and quality assurance processes, such as audits and risk management. Staff told us leaders were visible, inclusive and approachable. Clinical governance leads provided appropriate support, advice and training to staff. Reporting structures between the provider and the service had improved.

Clear vision and purpose

A strategic policy set out the provider's vision and purpose to support and direct the future development of the business. We saw the provider identified four key strategic priorities. These included growth and expansion of its clinics across the UK, as well as further expansion and development of its aesthetic services. It also stated its intention to:

- create an inclusive environment for all stakeholders, including patients and staff, and
- invest in and develop the workforce (to ensure the safe and effective delivery of care).

The provider's mission was to be the best aesthetic provider in the market through making sure that patient satisfaction is at the heart of everything it does. A set of core values, aims and objectives helped direct the service to deliver care and treatment. The aims and objectives were:

- to be built on trust
- to be patient-focused
- to nurture growth by providing affordable and accessible treatments, and
- to promote accountability across its workforce.

Key performance indicators were used to help identify and measure the effectiveness of the quality of the service delivered to patients. This included collecting and evaluating data from:

- patient feedback
- complaints
- compliance audits
- recruitment
- retention, and
- workforce development.

- No requirements.
- No recommendations.

Leadership and culture

The service was one of a number of independent healthcare services that the provider had registered with Healthcare Improvement Scotland. The chief executive officer led this business as one of the owners, supported by a senior leadership team based in its headquarters in Dublin.

A regional manager provided external line management support to all of the provider's registered clinic managers in Scotland. The regional manager reported directly to the director of operations in the provider's senior leadership team to report on how each service was performing.

The provider employed a regional compliance officer to carry out monthly visits to all of its registered clinics in Scotland. The purpose of this role was to review and report on how well each of the services performed against the provider's aims, objectives and key performance indicators. This included:

- complaints
- clinical excellence
- health and safety
- reviewing patient feedback, and
- staff training and development.

This role had previously been covered temporarily. However, during our inspection we noted it had recently been permanently filled and a programme of compliance visits to the service was under development.

A medical director (a doctor registered with the General Medical Council (GMC)) and a clinical services manager (a nurse prescriber registered with the Nursing and Midwifery Council (NMC)) provided clinical support, advice and training to staff directly employed in all the provider's services. These managers were also the governance leads responsible for implementing the provider's clinical governance policy. Key aspects of their role included acting as an expert resource and advisor in each service, including for:

- initiating and reviewing clinical audits and risk compliance
- investigating and reviewing significant events, and
- overseeing the implementation and development of key clinical policies.

We were told the provider's clinical governance team was accessible to staff when they needed advice and support. For example, if staff needed to determine a patient's suitability for laser treatment if they had certain pre-existing medical conditions or were currently prescribed specific medicines.

At a previous inspection of another Therapie Clinic, we reported the provider had recruited a facilities manager to co-ordinate and manage repairs and maintenance for all its registered Therapie Clinic services in Scotland. Staff told us this was a positive development as it helped the service to:

- co-ordinate planned routine maintenance visits to the service
- prioritise essential repairs, and
- reduce unnecessary delays.

The clinic-based management team comprised of a registered manager, assistant manager and supervisor. A team of therapists delivering laser and skin care treatments supported the management team. We saw that the service had adequate staffing to support the delivery of safe and person-centred care to patients.

Staff we spoke with had a clear understanding of their roles and responsibilities and felt that the management team supported them. Staff appeared motivated to provide high standards of care and treatment for patients. Staff benefits included employee discounts and gifts on special birthdays.

Staff meetings were held every month and a morning briefing of all the planned activity for that day took place with all staff on duty. We saw that standing items on the meeting agenda included:

- complaints
- health and safety
- incidents, and
- patient feedback.

The regional manager held meetings every 3 months and had a weekly telephone call with all of the clinic managers. We saw that the provider was committed to making sure that staff were suitably skilled and experienced for the role and had regular opportunities for training and development. Staff told us they received regular training and managers attended yearly conferences and events to keep them up to date with developments in the business. Staff also told us that senior leaders were visible, approachable and encouraged staff to share their ideas for improving the service.

The service also employed registered healthcare professionals to deliver injectable aesthetic treatments, such as botulinum toxin and dermal fillers. These included doctors and independent nurse prescribers under a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service.

- 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

Patient feedback was actively encouraged and we received positive comments from patients. Patients were involved in planning their care. Clear procedures were in place for managing accidents, incidents and complaints. Quality assurance processes, including audits and risk management supported the service to monitor the quality of care delivered to patients. Patients should be informed of any service changes made as a result of their feedback.

Co-design, co-production *(patients, staff and stakeholder engagement)*
Key information about the service was available on its website and in the clinic. This included information about treatments and costs and allowed prospective patients to book a free consultation and treatment with the therapist or clinician of their choice.

A 'client guide' was available in the service's main reception area and on its website. This provided patients with information about staff, treatments and how to make a complaint. Patients could also request a copy of this information. A range of leaflets providing pre- and post-treatment information was also available in the service. The service's participation policy aimed to collect feedback from its patients at least once during their treatment to help direct and inform service improvement. An email or text message with a link to an online survey was sent to every patient following their treatment. This provided an opportunity for the service to collect and analyse feedback from patients about the quality of their care and treatment. Patients could also leave reviews on the website or social media site.

We saw that patients were asked to rate their experience of the service using a five-star system. A one-star review was rated as poor, and a five-star review was excellent. A report detailing outcomes from patient feedback was completed every month and we saw results were routinely discussed and included in minutes of staff meetings.

The monthly reports we reviewed from patient feedback between September and November 2024 confirmed that staff were friendly, caring and professional. We received similar results from patients who completed our online survey.

Patients told us that staff were attentive, professional and treated them with dignity and respect. Themes arising from patient feedback questionnaires were discussed at monthly staff meetings and management meetings held every 3 months.

A recent positive development from patient feedback and a recommendation from one of our previous inspections to one of the provider's other services had led to all the provider's Scottish clinics having a dedicated telephone number. This allowed patients to contact the Scottish services directly instead of having to call or email a centralised team. Staff told us this helped them to quickly respond to patient enquiries or any issues or concerns.

What needs to improve

While some changes were made in the service after patient feedback, we saw no formal action plan in place. An action plan would allow the service to monitor and measure the impact of the improvements made. We also saw no evidence of how patients were informed of how their feedback was used to help improve the service. For example, information could be displayed on the service's website, on social media or on a patient information board in the clinic (recommendation a).

- No requirements.

Recommendation a

- The service should develop clear and measurable action plans to monitor and evaluate the impact of any service changes from patient feedback, and ensure patients are informed of any changes made to the service as a result of their 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.

Healthcare Improvement Scotland's notification guidance details specific events and circumstances which providers are required to report to us. The service was aware of when to notify Healthcare Improvement Scotland of any incidents or changes in the service.

Appropriate arrangements were in place to maintain patient privacy and dignity in line with the service's privacy and dignity policy. Consultations were appointment-only and carried out in private consulting rooms to maintain

patient confidentiality. Access to these rooms was controlled through reception and doors were locked during patient treatments.

The service had a range of policies and procedures to set out the agreed ways of working to help make sure it delivered safe and person-centred care. We saw the policies included the date of implementation and due date of review. We saw some of the key policies included those for:

- emergency
- health and safety
- infection control
- medicines management, and
- safeguarding (public protection).

We were told that staff could access the provider's staff intranet to keep up to date with any policy changes or changes in practice and to access training courses.

A system was in place for managing complaints and an electronic log was maintained. The provider evaluated complaints to monitor any trends. We saw that complaints and concerns were a standing item on the agenda at monthly staff meetings. The service's complaints policy included the contact details for Healthcare Improvement Scotland and made clear that patients could contact us directly at any stage if they had a complaint.

During a previous inspection to one of the provider's other services, we were told that plans were in place to allow patients to access the complaints policy on the service's website. We saw this had now been actioned.

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. Staff received duty of candour training, and we saw the service had produced its first annual duty of candour report. This was available in the client guide in the main reception area. We noted that no duty of candour incidents had been reported.

The provider was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure patients' confidential information was safely stored. A combination of paper-based and electronic patient care records was used to record patient information. Paper files were stored in a locked filing cabinet and electronic devices were password-protected. We saw that staff received training on

information governance and the service had a policy in place detailing how confidential patient information was stored in the service.

A system was in place for recording and managing accidents and incidents. We were told that no accidents had occurred in the service since it was registered with Healthcare Improvement Scotland in October 2022.

Infection prevention and control procedures were in place to reduce the risk of infection to patients. Cleaning schedules demonstrated compliance with standard infection control precautions, including the clinical treatment room, and sanitary fixtures and fittings. Only single-use personal protective equipment (such as aprons and gloves) and medical devices (such as needles and syringes) were used in the service. Staff received training in hand hygiene. The service disposed of clinical waste in sharp boxes and colour-coded bags.

We saw the fire safety equipment and detection system; the ventilation system and lasers were maintained every year. The most recent electrical wiring certificate was in-date and portable electrical appliances had also been tested to make sure they were safe to use.

Medicines were obtained from an appropriately registered supplier and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). A stock control system enabled the service to monitor medicines supplies. Temperature-sensitive medicines were stored in locked medical refrigerators and medical devices, such as dermal fillers were stored in a lockable cupboard. The temperature of the refrigerators was monitored and recorded every day to make sure medicines were safe to use. The clinic manager was responsible for controlling access to medicines. For example, clinical staff had to sign the keys to the medical refrigerator out and in after each treatment session.

The service had a first aid kit, oxygen and resuscitation equipment such as airways and masks, and a stock of emergency and prescription-only medicines to quickly respond to any medical emergencies or complications from treatment. We saw that all staff received training in first aid and life support techniques

Patients were involved in planning their treatment as part of the consultation and assessment process. All patients completed a pre-treatment questionnaire before they had a face-to-face consultation with the laser consultant or the clinical practitioner to assess their suitability for treatment. Our patient survey results confirmed that patients felt well informed about the treatments and the treatment options available to them.

The service had a registered external laser protection advisor to make sure laser safety rules and guidance were followed to support the safe delivery of laser treatments for its patients. We saw the advisor visited the service in March 2024, and an appropriate laser risk assessment and local rules (the local arrangements developed by the laser protection advisor to manage laser safety) were in place for each laser. Staff authorised to operate the lasers had completed their laser safety core of knowledge training. Regular refresher training was also required and these staff had signed to say they had read and understood the local rules. The assistant manager was the service's named laser protection supervisor responsible for making sure the local rules were followed. Access to laser treatment rooms was controlled through locks on doors, warning lights and appropriate signage to alert staff when lasers were in use and to prevent unauthorised entry.

Staff employed by the provider, as well as clinical staff who worked under a practicing privileges agreement were recruited according to their skills, experience and qualifications required for the role. For example, the provider only employed GMC registered doctors or NMC registered independent nurse prescribers.

The service's recruitment policy stated that all offers of employment were subject to receiving satisfactory pre-employment checks, including proof of ID, two references and criminal record background checks. A professional registration check, immunisation screening and evidence of professional indemnity insurance was also requested for the clinical staff employed under a practicing privileges arrangement.

The service had a practicing privileges policy and clinical staff had a signed contract in place. We saw that all staff received an induction and attended mandatory training, such as training for:

- fire safety
- first aid
- infection control, and
- manual handling.

Employed staff had a weekly one-to-one meeting with their line manager and a yearly appraisal to identify training needs and set personal development objectives. Similar arrangements were in place for practicing privileges staff. Staff told us they received good opportunities for training and career progression.

What needs to improve

The service's emergency policy confirmed that patients could call or email the service direct during service opening hours if they had any issues or concerns following treatment. Patients were advised to attend their local hospital's accident and emergency department if they experienced an adverse reaction or complication from treatment out of hours. We were told that no out-of-hours patient emergencies had been reported following treatment. Keeping this under review would help make sure that patients could contact someone from the clinic out of hours if they experienced an adverse reaction or complication from treatment. We will follow this up at future inspections.

During a previous inspection of one of the provider's other registered services, we were told a full review of the provider's corporate policies and procedure manual would begin in January 2025. All of the provider's registered Therapie Clinic services in Scotland used this manual. However, we noted that some of the findings we highlighted during our inspection had already been addressed. For example, the medicines management and toxin policy had been updated to reflect changes in practice for the preparation and administration of prescription-only medicine, such as botulinum toxin. We will continue to follow up progress with the update of the manual at future inspections.

- No requirements.
- No recommendations.

Planning for quality

A business continuity plan was in place if 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 contact patients.

The service's audit programme and risk management policy supported the quality assurance processes in place for managing and monitoring risk. We saw appropriate environmental risk assessments were carried out for:

- cleaning products
- fire safety
- lasers
- moving and handling
- needlestick injuries, and
- slips, trips and falls.

Clinical risks associated with treatments were also documented and included the preventative measures that patients should follow before and after treatment to reduce the risk of a complication following treatment.
An up-to-date risk register included risks to patients and staff, as well as the actions in place to reduce each risk.

We saw evidence of audits carried out for infection control and medicines stock, including emergency medicines and equipment. This helped the service monitor compliance with its policies and procedures to make sure it delivered safe care and treatment for its patients. The clinic management team carried out weekly infection control audits of the environment and regular staff hand hygiene audits. All staff had received infection control training.

Notes about laser treatments in patient care records were audited weekly. These audits checked whether treatment protocols were followed and the required information was recorded in each patient care record in line with the service's laser policy. Clinical patient care records were audited every month and showed good compliance. We saw that areas of non-compliance identified from these audits were documented and discussed at one-to-one meetings with staff.

What needs to improve

We saw a quality improvement plan had been developed to record improvement actions and measure their impact in the service. While this was a positive development, the plan did not include any information about planned improvements in the service. We will follow this up at future inspections.

- 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

Patients spoke positively about their experience of using the service. The care environment and patient equipment was clean and fit for purpose. Cleaning schedules were fully completed and infection control precautions were in place. Medicines were stored securely and the service had a contract in place for the safe disposal of clinical waste. Effective recruitment processes were in place to make sure staff were safe to work in the service. Staff had good opportunities for training and career progression. The majority of patient documentation was well completed.

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 satisfactory self-evaluation.

The reception area and all treatment rooms were clean, the fabric and finish of the clinic was in good condition and patient equipment was fit for purpose. Daily, weekly and monthly cleaning schedules were fully completed and up to date. Colour-coded mop handles and single-use mopheads were used for floor cleaning. We saw that the correct cleaning products were used. For example, chlorine-based cleaning products were used for sanitary fixtures and fittings.

We saw good compliance with infection prevention and control procedures. This included clear procedures for the safe disposal of medical sharps, such as:

- clinical waste
- single-use patient equipment (used to prevent the risk of cross-infection), and
- syringes and needles.

We saw a good supply of alcohol-based hand rub and appropriate personal protective equipment (such as disposable gloves, aprons and face masks) was available. Hand hygiene audits were completed every month and showed good compliance. Posters were displayed in the treatment rooms to promote good hand hygiene.

Medicines that required to be stored in a refrigerator were monitored and temperatures were recorded every day to make sure they remained safe to use. Audits of fridge temperatures showed good compliance.

Medicines we reviewed during the inspection were all in-date, including:

- emergency medicines
- equipment, such as oxygen, masks and airways, and
- medical devices, such as needles and syringes.

The medical fridge was clean, not overstocked and temperature sensitive prescription-only medicine, such as botulinum toxin was in-date. Patient care records included the batch number and expiry date of medicines used during clinical treatments and a facial map of the dosage administered to each area.

We reviewed six patient care records, including electronic care records for patients who had received aesthetic and laser treatments. We saw fully completed medical questionnaires and signed consent to treatment forms in all the patient care records we reviewed. Consent to share information with patients' GPs and for taking photographs and a record of the patients' emergency contact or next of kin was documented in all patient care records we reviewed. We saw that patients received a copy of their treatment plan outlining their treatment options and the estimated cost of the treatment.

Consent forms documented the risks and benefits of treatment. The consent form had been updated to seek patients' consent to use bacteriostatic saline rather than normal saline to reconstitute botulinum toxin (when a liquid solution is used to turn a dry substance into a fluid for injection). This made sure that patients were made aware that the product was being used outside of its licensed use. Patients were given verbal aftercare advice and written aftercare instructions following their treatment. Where appropriate, patients would attend a follow-up appointment to review the outcome of their treatment.

We saw the service had a copy of its clinical waste contract. This confirmed that all clinical and hazardous waste was being disposed of in line with clinical waste legislation.

We reviewed four recruitment files for staff, including clinical staff employed under a practicing privileges arrangement. The files all contained a record of:

- an up-to-date Disclosure Scotland background check
- evidence of training attended
- professional qualifications
- proof of identity, and
- two references.

New staff appointments were not approved until a background check was completed to make sure they were safe to work in the service. The provider's human resources department maintained an electronic record of this information, which recorded the type of disclosure, the completion date and when it was due to be updated.

We saw that staff had attended an induction before they started working in the service and had an employment contract or practicing privileges agreement on file. Clinical staff files provided evidence of their professional registration, health clearance and indemnity insurance.

Patients we spoke with and those who completed our online survey said they were fully involved in decisions about their care and treatment. They also told us they had been encouraged to ask questions and discuss and agree treatment options before they consented to treatment. This helped to make sure they had realistic expectations of the proposed treatment. They also told us they were satisfied with the facilities, equipment and environment where they were treated. Comments included:

- 'Service was fantastic.... was super helpful and reassured me of all my options and what to expect from the treatment.'
- '..... was very nice and explained everything to me as it was my first time, I was nervous but made me feel relaxed and at ease.'
- 'Having a medical professional is super reassuring that I am in safe hands.'
- 'Friendly, clean and hygienic, staff very knowledgeable.'
- 'Reception staff were very friendly and gave me forms to fill out beforehand.'

What needs to improve

Consent forms had been updated to include the use of unlicensed medicines. However, a summary of the discussion with the patient and the rationale for

using the medicine in a different way from its license was not documented in the patient care record (recommendation b).

- No requirements.

Recommendation b

- The service should ensure when unlicensed medicines are used that a summary of the discussion and the rationale for using the medicine outwith its license is recorded 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.

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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