



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Bupa Dental Care Dundee, Broughty Ferry

Service Provider: Xeon Smiles UK Limited

25 October 2022

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

Xeon Smiles UK Limited is a subsidiary of Bupa Dental Care and is the registered provider for Bupa Dental Care Dundee. The service operates within Bupa Dental Care corporate frameworks and policies. For the purposes of this report, we will refer to Bupa (the parent company) when referring to Bupa Dental Care, and Xeon Smiles UK Limited when referring to the provider. We carried out an announced inspection to Bupa Dental Care Dundee on Tuesday 25 October 2022. We spoke with a number of staff during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of two inspectors.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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.

What we found and inspection grades awarded

For Bupa Dental Care Dundee, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	Key information about the services offered was available for patients on the service's website and in the practice. Patients were regularly asked for feedback, and this was regularly reviewed and shared with staff. Patient feedback received by the service was very positive. The	✓✓ Good

	complaints procedure must be clarified and a protocol developed to inform patients if the practice closes or their dentist leaves.	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Patient care and treatment was delivered in a modern, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection and sedation practice checklists were met. However, improvements are needed for radiological safety, electrical safety, cleaning, the availability and safety of equipment, and sedation-related training.	✓ Satisfactory
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	A clear corporate governance structure was in place. Information, such as corporate updates, changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider Bupa parent company. A range of methods ensured information was continually shared with staff to help improve how the service was delivered, both for patients and staff. Staff worked well together and spoke positively about leadership attitudes. Quality improvement was central to the way the service operated.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive patient assessments were carried out, and treatments were fully explained and discussed with patients. Patient care records provided information about all aspects of consultations, assessments and treatments, and aftercare.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Safe recruitment and induction processes were in place. All staff had personal development plans, were appropriately trained for their job role and had opportunities for training and development.

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: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Xeon Smiles UK Limited to take after our inspection

This inspection resulted in 10 requirements and three recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Xeon Smiles UK Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Bupa Dental Care Dundee for their assistance during the inspection.

2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

Key information about the services offered was available for patients on the service's website and in the practice. Patients were regularly asked for feedback, and this was regularly reviewed and shared with staff. Patient feedback received by the service was very positive. The complaints procedure must be clarified and a protocol developed to inform patients if the practice closes or their dentist leaves.

Key information about the services offered was available for patients on the service's website. Written information was also available in the practice. A clear patient participation process was in place. Patients were encouraged to provide verbal feedback at any time during their treatment and had opportunities to ask questions at their treatment plan discussions. An external online provider gathered patient feedback through a structured questionnaire that patients were asked to complete after each visit. Staff could access these results in real time. The service manager regularly reviewed comments and shared patient feedback at the practice meetings. The vast majority of patient feedback received by the service was very positive. Any negative feedback was automatically treated as a complaint, then recorded and investigated as such.

Bupa's governance team used a centralised electronic system to record and monitor complaints. Complaints were regularly reviewed and analysed to identify any learning opportunities. We saw a recent example where a patient's treatment was undergoing further investigation following their complaint. This information had been shared with staff through staff meetings.

A duty of candour procedure described how the service would meet its responsibility to be honest with patients if things went wrong. All clinical staff had carried out a mandatory training module in duty of candour principles.

A complaints procedure was displayed in the reception area and in the patient information folder.

What needs to improve

We found two different versions of the complaints procedure were in use. Although the practice only treated private patients, one procedure referred to NHS patients. It also did not state that patients receiving private dental care can contact Healthcare Improvement Scotland at any time. A single complaints procedure should make clear the correct complaints process for patients receiving private dental care. The service's website should be updated to reflect this complaints procedure (requirement 1).

No protocol was in place for informing patients what would happen if the practice closed or if their dentist no longer worked there (recommendation a).

Part of a provider's duty of candour responsibilities is to produce and publish a duty of candour report every year, even when duty of candour has not been invoked. As the duty of candour policy was a Bupa corporate policy, it was unclear what its arrangements were for producing and publishing yearly reports. The service manager agreed to discuss this with Bupa head office. We will follow this up at the next inspection.

Requirement 1 – Timescale: immediate

- The provider must review its complaints procedure to ensure it accurately reflects the correct process for making a complaint, including making clear that complainants can contact Healthcare Improvement Scotland at any time.

Recommendation a

- The service should develop a protocol for informing patients if the practice closes or their dentist will no longer be working there.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patient care and treatment was delivered in a modern, clean and well-equipped environment. Re-usable dental instruments were decontaminated (cleaned) on site. The majority of the criteria from the national dental combined practice inspection and sedation practice checklists were met. However, improvements are needed for radiological safety, electrical safety, cleaning, the availability and safety of equipment, and sedation-related training.

NHS dental services are inspected using the national Combined Practice Inspection and Sedation Practice Inspection Checklists to ensure the safe delivery of care. These checklists have a number of essential and best practice criteria for dental practices, including:

- premises, facilities and equipment
- documentation and certification, and
- processes, including decontamination and sterilisation of equipment.

We used the same combined practice and sedation practice inspection checklists during this inspection.

The service was provided from a clean environment and treatment rooms were fully equipped for the procedures offered. The onsite decontamination room was well equipped with a washer disinfectant and autoclaves used to clean and sterilise equipment. Dental instruments could be safely and easily transported between the treatment rooms and decontamination room. Staff knew the service’s decontamination process and were able to show us how they safely processed dental instruments. Where appropriate, single-use patient equipment was used to prevent the risk of cross-infection. Contracts were in

place to dispose of clinical waste safely. Alcohol-based hand rub was available at the entrance to the premises and patients were still being asked to wear face masks until seated in the dental chair.

A range of radiological examinations could be carried out to aid treatment planning and treatment. The dental surgeries had X-ray machines, and a specific X-ray machine for taking 3D images was also located in a separate dedicated room.

A corporate audit programme helped to review the safe delivery and quality of the service, and maintain a good standard of care and treatment. This included prescribing, patient care records and radiographic audits.

All staff carried out training in the management of medical emergencies every year. The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen.

A comprehensive system was in place to record and manage accidents, incidents and complaints. The service manager and regional compliance lead regularly monitored these. The regional compliance lead supported the service manager to analyse trends and identify where any action or improvement was needed.

What needs to improve

The service was using an ultrasonic bath to disinfect certain equipment items. The washer disinfector must always be used for cleaning dental instruments, with the ultrasonic bath only used as a back-up method if the washer disinfector is out of order (requirement 2).

Staff were using a large equipment rinse sink in the decontamination room for hand washing. An appropriate clinical hand wash basin must be installed to allow proper hand washing to take place (requirement 3).

Several employer's procedures were missing from the service's radiation protection file. Employer's procedures set out how patients' exposure to ionising radiation will be safely managed and must be easily accessible to staff at all times (requirement 4).

The service had only one size of intraoral direct sensor (used for X-rays taken inside the mouth). This meant some patients could be exposed to more radiation than necessary (requirement 5).

The 3D X-ray machine and the mobile intraoral X-ray machine radiation safety assessments were out of date (requirement 6).

Some X-ray machine isolator switches (to be used if the X-ray machine malfunctions) were not positioned safely. The operator would have to walk through the direct X-ray beam to switch the machine off. These isolator switches must be repositioned, following advice from the service's radiation protection advisor (requirement 7).

An electrical installation condition report had been carried out in March 2021 and found the service's electrical installation to be unsatisfactory. No action had been taken to address the remedial action highlighted in the report (requirement 8).

The portable suction motor (used to suck saliva, blood and other bodily fluids out of the way during treatment) was not connected to an external extraction system and did not have an air filter fitted (requirement 9).

Individual members of the sedation team had received training in how to deal with emergencies. However, no sedation-related emergency training had taken place that involved the whole sedation team (requirement 10).

The service had not carried out any quality improvement activity, such as audits, for sedation-related procedures (recommendation b).

While a clear review process was in place for policies and procedures, several policies we reviewed were out of date. This meant that staff were potentially not accessing the most up-to-date information (recommendation c).

Requirement 2 – Timescale: immediate

- The provider must use the washer disinfecter as the primary method of disinfecting dental instruments.

Requirement 3 – Timescale: by 20 February 2023

- The provider must install an appropriate clinical hand wash basin in the decontamination room that complies with national guidance for sanitary fittings.

Requirement 4 – Timescale: immediate

- The provider must ensure that a copy of each employer's procedure is kept in the radiation protection file so that staff can easily access them.

Requirement 5 – Timescale: immediate

- The provider must ensure a range of intraoral direct sensor sizes is available for each patient to achieve adequate image quality, minimise the number of X-rays taken and minimise patients' exposure to radiation.

Requirement 6 – Timescale: immediate

- The provider must arrange for the 3D X-ray and mobile intraoral X-ray machines to be serviced and appropriate action taken against any recommendations made.

Requirement 7 – Timescale: immediate

- The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions.

Requirement 8 – Timescale: immediate

- The provider must carry out the remedial actions detailed in the electrical installation condition report and produce evidence of completion along with a further satisfactory electrical installation condition report.

Requirement 9 – Timescale: by 20 February 2023

- The provider must ensure that the portable suction motor is either vented externally or an air filter is fitted to the equipment.

Requirement 10 – Timescale: immediate

- The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year.

Recommendation b

- The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.

Recommendation c

- The service should ensure policies and procedures are regularly reviewed and updated to make sure staff always have access to the most up-to-date information.

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive patient assessments were carried out, and treatments were fully explained and discussed with patients. Patient care records provided information about all aspects of consultations, assessments and treatments, and aftercare.

Patients attended the practice either by self-referral or they could be referred by their general dental practitioner for specialist treatment. Patients could also register at the practice for their general dentistry requirements, including hygiene treatments. Patients requiring complex treatments could access a treatment co-ordinator who could assign the patient the most appropriate dental practitioner to treat them. The treatment co-ordinator supported the patient through their treatment journey, from making their initial appointment to discussing treatment plan options and costs. Information was provided on the risk and benefits of treatment and a consent process was in place. This helped to ensure patients were involved in planning their treatment, with costs discussed as part of the consultation and assessment process.

Patients were given a full explanation of their treatment before it took place. Standardised consent forms were used and written consent obtained from the patient before treatments took place. Patient care records also included information on:

- assessment
- treatment plan
- aftercare advice, and
- follow-up care.

Patients received a printed or email copy of their treatment plan to take home. We found records were of a good standard with notes clearly written, signed and dated. These were held securely on an electronic database and back-up systems were in place in case of failure. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to ensure safe storage of confidential patient information.

Referring dentists were kept up to date by letter informing them of their patients' treatments.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Safe recruitment and induction processes were in place. All staff had personal development plans, were appropriately trained for their job role and had opportunities for training and development.

We noted the service had a consistent and long-standing staff group with a very low turnover rate. Safe staff recruitment processes were in place and had been followed. For example, all staff had relevant background and Protecting Vulnerable Groups (PVG) checks carried out and professional indemnity insurance in place. Evidence of health clearance certification was also kept in the staff files.

From speaking with staff, it was clear they understood their individual roles and had been appropriately trained for them. Staff were also clear about their own responsibilities and those of other team members. They knew who to contact if information was required or if an issue needed to be resolved.

Staff kept up to date with changes in legislation and best practice through online training courses and continuous professional development. Staff could access a number of online training modules and corporate information, such as policies and procedures, through the staff intranet. Staff were required to regularly complete mandatory training modules. Some of these modules were part of the corporate induction process, whilst others were introduced if additional training was required in a particular area. For example, a duty of candour mandatory training module had been developed for all clinical staff to complete.

An external company carried out two separate staff satisfaction surveys on an ongoing basis: one for employed staff and one for self-employed staff. Results were regularly analysed and improvements made where possible.

The service had an employee representative that staff could raise issues with at any time and who would take forward suggestions to regional employee representative meetings. These meetings took place every 3 months. Information was shared between the service and Bupa head office where necessary. Staff told us about a recent example where employee representatives helped to change the uniform supplier to improve the quality and supply of staff uniforms.

Goal-setting performance meetings were held at least annually. Staff were given a pre-appraisal form to complete before these meetings. This helped to identify training and development needs and opportunities. Staff told us they felt supported to carry out further training and education.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

A clear corporate governance structure was in place. Information, such as corporate updates, changes to best practice and legislation, and audit outcomes were shared through a variety of routes across the wider Bupa parent company. A range of methods ensured information was continually shared with staff to help improve how the service was delivered, both for patients and staff. Staff worked well together and spoke positively about leadership attitudes. Quality improvement was central to the way the service operated.

Quality improvement was central to the way the service operated. Systems were set up to generate opportunities to identify learning and improvement and share this among staff both within the service and across the wider Bupa organisation. Examples included:

- accidents, incidents and near misses
- a comprehensive audit programme
- evaluation of complaints
- external quality assurance audits from Bupa head office, and
- patient feedback analysis.

Clear governance structures were in place, as the service is one of several Bupa dental practices in Scotland. A compliance team at Bupa head office provided support and guidance to the service. They also carried out yearly inspections and regular audits of the service to make sure all corporate operating procedures were being followed. Bupa's corporate electronic system of audit, known as MOT, includes a range of audit topics such as hand hygiene, patient care records and radiation safety. Staff in the service used this audit system to audit these topic areas every 3 months. This helped to ensure regular review of the quality of the service provided.

The area manager visited the service every 2 months, as part of a quality assurance visit. Weekly calls were held between the service manager and other managers within their designated local area to provide updates and share information about current practice.

Corporate weekly newsletters and clinical bulletins were issued to staff every 2 weeks to share operational information from across the organisation so that individual practices could learn from each other.

Staff worked well together as a team to support each other and spoke positively about leadership attitudes. Daily morning huddles allowed clinical staff to discuss any issues and plans for the day ahead. Practice meetings were held every 3 months. Standing agenda items included incidents, safety alerts, safeguarding (public protection) updates and patient feedback. Minutes were then emailed to staff. Staff group meetings also took place with different groups of staff, such as dental nurse meetings and clinician meetings. A clinical safety alert system quickly alerted staff to any immediate issues about treatments or equipment.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 2 – Impact on people experiencing care, carers and families	
Requirement	
1	<p>The provider must review its complaints procedure to ensure it accurately reflects the correct process for making a complaint, including making clear that complainants can contact Healthcare Improvement Scotland at any time (see page 9).</p> <p>Timescale – immediate</p> <p><i>Regulation 15 The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
a	<p>The service should develop a protocol for informing patients if the practice closes or their dentist will no longer be working there (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.12</p>

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

Requirements

- 2** The provider must use the washer disinfectant as the primary method of disinfecting dental instruments (see page 12).

Timescale – immediate

Regulation 3(d)(ii)

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

- 3** The provider must install an appropriate clinical hand wash basin in the decontamination room that complies with national guidance for sanitary fittings (see page 12).

Timescale – by 20 February 2023

Regulation 3(d)(i)

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

- 4** The provider must ensure that a copy of each employer's procedure is kept in the radiation protection file so that staff can easily access them (see page 12).

Timescale – immediate

Regulation 3(a)

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

- 5** The provider must ensure a range of intraoral direct sensor sizes is available for each patient to achieve adequate image quality, minimise the number of X-rays taken and minimise patients' exposure to radiation (see page 13).

Timescale – immediate

Regulation 3(a)

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Requirements

- 6** The provider must arrange for the 3D X-ray and mobile intraoral X-ray machines to be serviced and appropriate action taken against any recommendations made (see page 13).

Timescale – immediate

Regulation 3(a)

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

- 7** The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions (see page 13).

Timescale – immediate

Regulation 3(a)

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

- 8** The provider must carry out the remedial actions detailed in the electrical installation condition report and produce evidence of completion along with a further satisfactory electrical installation condition report (see page 13).

Timescale – immediate

Regulation 3(a)

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

- 9** The provider must ensure that the portable suction motor is either vented externally or an air filter is fitted to the equipment (see page 13).

Timescale – by 20 February 2023

Regulation 3(a)

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

Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

Requirements

- 10** The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year (see page 13).

Timescale – immediate

Regulation 12(c)(2)

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

Recommendations

- b** The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented (see page 13).

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

- c** The service should ensure policies and procedures are regularly reviewed and updated to make sure staff always have access to the most up-to-date information (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

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

Telephone: 0131 623 4300

Email: his.ihtregulation@nhs.scot

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or email his.contactpublicinvolvement@nhs.scot

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