Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Crystal Clear Aesthetics, Clydebank

Service Provider: Crystal Clear Aesthetics Limited

7 September 2023

NHS SCOTLAND

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Contents

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 21 April 2022

Requirement

The provider must update patient information to make it clear to complainants they can refer a complaint to Healthcare Improvement Scotland at any stage of the complaints process.

Action taken

Patient complaints information had been updated and made clear that they could contact Healthcare Improvement Scotland to make a complaint about the service at any stage of the complaints process. The complaints process was displayed in the clinic and on the services website. **This requirement is met.**

Requirement

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

Action taken

There was still no structured process in place to manage risk. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate processes in place to help manage any risks identified. **This requirement is not met** and is reported in Domain 5 (see requirement 2 on page 21).

Requirement

The provider must arrange for all hazardous waste produced by the service to be segregated and disposed of in line with appropriate national waste legislation.

Action taken

The appropriate sharps waste bins detailing the correct European waste code for the disposal of the disposal of botulinum toxin were now in use. **This requirement is met.**

Requirement

The provider must implement a medicine management policy that describes how medicines will be procured, prescribed, ordered, delivered, stored, administered and disposed of in the service.

Action taken

An appropriate medicines management policy had been developed and implemented. **This requirement is met.**

Requirement

The provider must develop a recruitment policy to ensure any staff working in the service, including staff working under practicing privileges, are safely recruited.

Action taken

The provider had produced a practicing privileges policy that detailed the recruitment of staff working under a practicing privileges agreement and arrangements for working in the service including checks to ensure they are safe to work with patients. **This requirement is met**.

What the service had done to meet the recommendations we made at our last inspection on 21 April 2022

Recommendation

The service should implement its participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

The service had now produced a participation policy describing how it would obtain and use patient feedback for service improvement.

Recommendation

The service should establish a system to ensure electrical equipment is safe and maintained.

Action taken

All portable appliance testing had been carried out to ensure electrical equipment was safe.

Recommendation

The service should update its infection prevention and control policy to include reference to all relevant standard infection control precautions.

Action taken

The infection prevention and control policy did not include all relevant standard infection control precautions. The policy also did not direct staff to the appropriate references such as Health Protection Scotland's National Infection Prevention and Control Manual and Healthcare Improvement Scotland's

Infection Control Standards 2022. This recommendation is reported in Domain 4 (see recommendation f).

Recommendation

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

Action taken

Checklists were in place for stock control of medicines stock and the emergency drug kit which recorded the type and number of drugs only. We found no evidence of audits taking place to review the safe delivery and quality of the service. An audit programme would help the service structure its approach to being identified and implemented. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. This recommendation is reported in Domain 5 (see recommendation i).

Recommendation

The service should ensure patients are aware that information will be shared with other healthcare professionals as required and that this is documented in the patient care record.

Action taken

Patients are asked to consent to their information being shared with other healthcare professionals if required. This is documented in the consent forms in the patient care records.

Recommendation

The service should ensure patients' next of kin contact details are recorded in the patient care record in case of an emergency.

Action taken

Patients next of kin contact details were recorded in the patient care records in case of emergency.

Recommendation

The service should register with the Information Commissioner's Office.

Action taken

The service were registered with the Information Commissioners Office.

Recommendation

The service should ensure that all relevant annual checks are carried out on each individual healthcare worker who is working under practicing privileges.

Action taken

Although more information was held in the staff file for the staff working under practicing privileges agreements there was no record of annual checks of the staff member who had worked in the service for longer than a year, including no PVG check. This requirement is reported in Domain 6 and 7 (see requirements 3 and 4).

Recommendation

The service should develop and implement a quality assurance system and a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

Plans for improvements within the service were documented. It would benefit the service if more detail was documented in a quality improvement plan. We will follow this up at future inspections.

Recommendation

The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept.

Action taken

We were told that there was no programme of regular staff meetings. However there was evidence of regular communication with the team. This recommendation is reported in Domain 2 (see recommendation c).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask key questions about the service's direction, implementation and delivery, and results.

About our inspection

We carried out an announced inspection to Crystal Clear Aesthetics on Thursday 7 September 2023. We spoke with the manager/owner during the inspection. We received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Clydebank, Crystal Clear Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Crystal Clear Aesthetics, the following grades have been applied.

Direction	*How clear the service's vision and purpose are, and how supportive its leadership and culture is.*
Summary findings	**Grade awarded**
The service had a clear vision statement. Measurement of the service against its own key performance indicators would provide insight into how well they are doing. Staff meetings would keep staff informed and provide an opportunity for staff to contribute to the development and improvement of the service.	✓ Satisfactory
Implementation and delivery	*How well the service engages with stakeholders, and manages and improves performance.*
Patients' views of the service were sought. Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care. A process to engage with staff to obtain their views would help improve the service. An audit programme would help to ensure the safety and quality of the service. A Disclosure Scotland check must be carried out on all staff to make sure they were safe to work in the service. A risk register would help to manage and reduce risks in the service.	✓ Satisfactory
Results	*What difference the service has made and what it has learned.*
The environment was clean and well equipped. Patient care was well documented. Appropriate checks on all staff at recruitment and annually must be carried out to ensure they are 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:
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/scrutiny/the_quality_assurance_system.aspx

What action we expect Crystal Clear Aesthetics Limited to take after our inspection

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

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

This inspection resulted in four requirements and 10 recommendations.

Direction	
Requirements	
	None
Recommendations	
a	The service should share its vision statement with patients (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19.
b	The service should document how they will assess the service against the key performance indicators (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
c	The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the April 2022 inspection report for Crystal Clear Aesthetics.

Implementation and delivery	
Requirements	
1	The provider must ensure that a responsible healthcare professional is able to prescribe and administer prescription-only medicines as part of a response to complications and/or an emergency situation, if required (see page 19). Timescale – immediate *Regulation 12 (a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must develop effective systems that demonstrate the proactive management of risks to patients and staff (see page 21). Timescale – by 7 February 2024 *Regulation 13 (2)(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011* This was previously identified as a requirement in the April 2022 inspection report for Crystal Clear Aesthetics.
Recommendations	
d	The service should develop and implement a process to actively seek the views of staff working within the service (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
e	The service should update its infection prevention and control policy to include reference to all relevant standard infection control precautions (see page 19). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 4.11 This was previously identified as a recommendation in the April 2022 inspection report for Crystal Clear Aesthetics.
f	The service should ensure that staff files contain a record of all relevant training including: a) safeguarding (adult protection)

	b) complaints management c) consent, and d) duty of candour (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 This was previously identified as a recommendation in the April 2022 inspection report for Crystal Clear Aesthetics.
g	The service should ensure that a staff appraisal system is put in place to ensure performance is regularly documented and evaluated (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
h	The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason (see page 21). Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 4.14
i	The service should develop a programme of audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 21). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the April 2022 inspection report for Crystal Clear Aesthetics.

Results

Requirements

3	The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly (see page 23). Timescale – immediate *Regulation 8(1)*

	The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
4	The provider must ensure that all staff have an appropriate level of Disclosure Scotland background check and are enrolled in the PVG scheme as appropriate to their role (see page 23). Timescale – immediate *Regulation 8(1)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendations	
j	The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins (see page 23). Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 4.11

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

Crystal Clear Aesthetics 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 Crystal Clear Aesthetics for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service had a clear vision statement. Measurement of the service against its own key performance indicators would provide insight into how well they are doing. Staff meetings would keep staff informed and provide an opportunity for staff to contribute to the development and improvement of the service.

Clear vision and purpose

The service told us in their self-evaluation that its vision was to 'gain trust and maintain a trusting and autonomous relationship with every service user as our approach allows for person centred care.'

We were told that the services key performance indicators (KPI) were:

- New clientele – increase in patient numbers due to word of mouth and online reach (social media and website)
- Returning clientele – patients that are happy with the service they have received, therefore return to the service for more treatments
- Online feedback – reviews posted by patients about the treatment they received, and
- Verbal feedback – in person feedback given to staff by the patient directly after treatment.

What needs to improve

The services vision statement was not visible in the service and there was no evidence that it had been shared with patients to inform them of the services purpose, goals and outcomes (recommendation a).

The service did not document how they would measure the service against the key performance indicators (KPIs), or that measuring of the service against its own KPIs had been carried out (recommendation b).

- No requirements.

Recommendation a

- The service should share its vision statement with patients.

Recommendation b

- The service should document how they will assess the service against the key performance indicators.

Leadership and culture

The service was owned and managed by an aesthetic practitioner who was also a registered nurse. There were two staff members working under a practising privileges agreements (staff not employed directly by the provider but given permission to work in the service), another registered nurse carrying out aesthetic treatments and a nurse prescriber.

What needs to improve

In the April 2022 inspection report, we recommended that staff meetings take place and are documented. During this inspection, although the services self-evaluation referred to staff meetings, we were told that no staff meetings took place. Although there was some documentation of discussions with staff as and when the need arose, there was no programme of team meetings (recommendation c).

Recommendation c

- The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept.

Key Focus Area: Implementation and delivery

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

Our findings

Patients' views of the service were sought. Patients received sufficient information to make informed choices and consent. Policies and procedures set out the way the service would deliver safe care.

A process to engage with staff to obtain their views would help improve the service. An audit programme would help to ensure the safety and quality of the service. A Disclosure Scotland check must be carried out on all staff to make sure they were safe to work in the service. A risk register would help to manage and reduce risks in the service.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service had a participation policy in place describing the way it would gather and use patient feedback. The service had set up a link for patients to leave feedback on an online review platform and all responses received had been positive.

A survey with structured questions had been made available to patients in the reception area however, there had been very few responses. We were told that other options for encouraging patients to complete a survey were being considered to receive more feedback to use for improvement of the service. We will follow this up at future inspections.

What needs to improve

The services self-evaluation stated that 'Crystal Clear Aesthetics welcomes all feedback on services received and uses this to learn any lessons and incorporate these into future planning for the clinic and services provided. These are discussed and documented in staff meetings and minutes.' However, staff meetings did not take place. Therefore, staff did not have a way to formally give feedback or be involved in any improvements or changes that would benefit the service (recommendation d).

Recommendation d

- The service should develop and implement a process to actively seek the views of staff working within the service.

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 service.

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 notifications guidance.

Patient care records were stored on a password-protected electronic database and on paper in a locked filing cabinet. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

Patients had a face-to-face consultation before attending their treatment appointment, giving them a cooling-off period and time to consider the information received before consenting to proceed with the treatment. Discussions at the consultations included:

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

A medicines management policy described how medicines were managed safely and effectively. Medicines were stored in locked cupboards and a locked fridge and the fridge temperature was monitored to make sure medicines were stored at the appropriate temperature. Emergency medicines were easily accessible and checked monthly. As a member of aesthetic professional organisation, the Complications in Medical Aesthetic Collaborative (CMAC), the service could access additional support if a complication occurred from cosmetic treatments. CMAC supports clinicians in diagnosing and managing complications in medical aesthetics.

The nurse also completed ongoing training as part of their Nursing and Midwifery Council (NMC) registration, attended aesthetic training events and was a member of the Aesthetic Practitioners Forum where aesthetics practitioners discuss aesthetic knowledge, skills, advice and support. This made sure that the service kept up to date with changes in the aesthetics industry, legislation and best practice guidance.

An annual fire risk assessment was carried out. Fire safety signage was displayed and fire safety equipment was in place and checked. A safety certificate was in place for the fixed electrical wiring.

The service had an accident and incident reporting procedure in place and had not had any accidents or incidents.

A safeguarding policy described the actions to take in case of an adult protection concern.

A complaints policy detailed the process for managing a complaint and provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service had not received any complaints. Information for patients on how to make a complaint about the service was displayed in the reception area.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when things go wrong). The annual duty of candour report had been published on the services website.

What needs to improve

Patients who are treated with dermal fillers are at risk of adverse effects such as vascular occlusions (blockage of a blood vessel) and may require prescription only medication in this emergency situation. Dermal filler treatments should not be provided unless a prescriber is present to prescribe the emergency medication, if required. However, the prescriber was not always present during administration of dermal fillers (requirement 1).

The service's infection prevention and control policy covered a limited number of standard infection control precautions, such as hand hygiene and the management of sharps. There was no information about other standard infection control precautions, such as the safe management of the environment or personal protective equipment. This was a recommendation in the April 2022 inspection report (recommendation e).

We were told the service had not had any instances requiring the need to implement the duty of candour principles. However, the service could not be assured of this as there was no evidence that staff had completed duty of candour training. The staff may have received this training as part of their other jobs in the NHS but the service had not requested evidence of this. There was also no evidence in the staff files of training in complaints management, safeguarding or consent (recommendation f).

The staff in the service also worked in the NHS. There was no appraisal system in place to obtain a copy of the staffs NHS appraisals or for the manager to carry out their own appraisal (recommendation g).

Requirement 1 – Timescale: immediate

- The provider must ensure that a responsible healthcare professional is able to prescribe and administer prescription-only medicines as part of a response to complications and/or an emergency situation, if required.

Recommendation e

- The service should update its infection prevention and control policy to include reference to all relevant standard infection control precautions.

Recommendation f

- The service should ensure that staff files contain a record of all relevant training including:
  a) safeguarding (adult protection)
  b) complaints management
  c) consent, and
  d) duty of candour.

Recommendation g

- The service should ensure that a staff appraisal system is put in place to ensure performance is regularly documented and evaluated.

Planning for quality

Appropriate insurances were in-date, such as public liability and professional indemnity insurance.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. We were provided with a list of projects and actions, and whilst not a detailed and structured quality improvement plan, it did evidence the services plans to improve the service, including actions from our last inspection.

What needs to improve

There was still no structured process in place to manage risk. All risks to patients and staff must be effectively managed. This includes developing a register of risk assessments that will be regularly reviewed and updated with appropriate

processes in place to help manage any risks identified. This requirement was given in the April 2022 inspection report (requirement 2).

We were told that, in case of emergencies such as sickness, flood or power failure, there was a contingency arrangement in place that would provide patients with an option to continue their treatment plans with an alternative practitioner. The service told us in their self-evaluation that 'a proactive approach to contingency planning to ensure patient care'. However, the contingency plan arrangements were not documented (recommendation h).

During the inspection in April 2022, we found no evidence of audits taking place to review the safe delivery and quality of the service. Audits could be carried out on patient care records, medicine management, and the safety and maintenance of the care environment. Audits should also include the activities of staff working under practicing privileges to ensure that there is appropriate governance and oversight of all staff working in the service (recommendation i).

Requirement 2 – Timescale: by 7 February 2023

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

Recommendation h

- The service should develop and document a formal business contingency plan that sets out the arrangements for continuity of care for patients, in the event of the service closing for any reason.

Recommendation i

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

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The environment was clean and well equipped. Patient care was well documented. Appropriate checks on all staff at recruitment and annually must be carried out to ensure they are 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.

The clinic environment was modern, appeared clean and was well equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'very bright and clean.'
- 'the clinic is very professional and immaculate.'

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, gloves and face masks) and alcohol-based hand gel. Personal protective equipment instructional posters were displayed.

We saw that the three patient care records we reviewed had been completed with detailed information, including documentation of:

- consultation and consent for treatment
- medical history
- the procedure
- medicine dosage, batch numbers and expiry dates, and
- aftercare information.

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

- 'The process, benefits and aftercare advice were all fully explained and all questions I had were answered fully'
- 'Every aspect was explained clearly to me.'

What needs to improve

We reviewed the staff files of two members of staff who worked in the service under a practicing privileges arrangement. The service had a practicing privileges policy that detailed the recruitment of staff working under a practicing privileges agreement and arrangements for working in the service including annual checks to ensure they are safe to work with patients. However, there was no evidence of annual checks on the prescriber. This was previously highlighted in the April 2022 inspection report. The second staff member under practicing privileges had been working in the service for less than a year so annual checks were not yet required. However, there was no evidence of immunisation status or completion of training apart from aesthetics related courses (requirement 3).

The Protecting Vulnerable Groups (PVG) scheme is managed by Disclosure Scotland. It helps make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups. The service had not carried out a Disclosure Scotland check on one member of staff (requirement 4).

The correct cleaning product for cleaning sanitary fittings including clinical wash hand basins was not being used (recommendation j).

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 self-evaluation. However, some information in the self-evaluation did not reflect what was happening in the service. For example, the self-evaluation described minuting of staff meetings, clinical audits and standard operating procedures. However, there was no evidence of these. Self-evaluations should only describe what could be evidenced as happening in the service and any planned improvements. We will follow this up at future inspections.

Requirement 3 – Timescale: immediate

- The provider must ensure any staff working in the service, including staff working under practicing privileges, are safely recruited and that key ongoing checks then continue to be carried out regularly.

Requirement 4 – Timescale: immediate

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

Recommendation j

- The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basins.

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: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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.ihcregulation@nhs.scot

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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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