

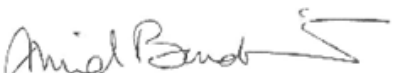
Action Plan

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| Service Name: | Assured Occupational Health |
| Organisation Number: | 00971 |
| Service Provider: | Assured Occupational Health Ltd |
| Address: | 2 Thistle Road, Dyce, Aberdeen, AB21 0NN |
| Date Inspection Concluded: | 10 June 2025 |

| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|---|---|-----------|--------------------|
| <p>Recommendation a: The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and action plans implemented (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the November 2024 inspection report for Assured Occupational Health</p> | We will decide on audit topics and perform different audits regarding aspects of clinical care to assess competence, confidentiality and communication for those accessing care | 6 months | Astrid Bendomir |

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| Circulation type (internal/external): Internal/External | | |

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| <p>Recommendation b: The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p> <p>This was previously identified as a recommendation in the November 2024 inspection report for Assured Occupational Health</p> | A Quality improvement plan will be developed | 6 months | Astrid Bendomir |
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|-------------|---|
| Name | Dr Astrid Bendomir |
| Designation | Medical Director |
| Signature |  |
| Date | 30/07/25 |

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.

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- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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