

Announced Follow-up Inspection Report: Independent Healthcare

Service: Assured Occupational Health, Aberdeen

Service Provider: Assured Occupational Health Ltd

10 June 2025

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1 A summary of our follow-up inspection

Previous inspection

We previously inspected Assured Occupational Health on 15 November 2024. That inspection resulted in eight requirements and 13 recommendations. As a result of that inspection, Assured Occupational Health Ltd, produced an improvement action plan and submitted this to us. The inspection report and details of the action plan are available on the Healthcare Improvement Scotland website at:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

About our follow-up inspection

We carried out an announced follow-up inspection to Assured Occupational Health on Tuesday 10 June 2025. The purpose of the inspection was to follow up on the progress the service has made in addressing the eight requirements and 13 recommendations from the last inspection. This report should be read along with the November 2024 inspection report.

We spoke with a number of staff during the inspection. The inspection team was made up of one inspector.

Improved grades awarded as a result of this follow-up inspection will be restricted to no more than 'Satisfactory'. This is because the focus of our inspection was limited to the action taken to address the requirements and recommendations we made at the last inspection. Grades higher than Satisfactory awarded at the last inspection will remain the same. Grades may still change after this inspection due to other regulatory activity.

		Grade awarded
Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	✓ Satisfactory

The grading history for Assured Occupational can be found on our website.

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](#)

We found that the provider had worked to address the requirements made at our previous inspection. It had also taken steps to act on the majority of the recommendations we made.

Of the eight requirements made at the previous inspection on 15 November 2024, the provider has:

- met eight requirements.

What action we expect Assured Occupational Health 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 two recommendations which remain outstanding.

Implementation and delivery	
Recommendations	
a	<p>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>
b	<p>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>

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 Assured Occupational Health for their assistance during the inspection.

2 Progress since our last inspection

What the provider had done to meet the requirements and recommendations we made at our last inspection on 15 November 2024

Key Focus Area: Direction

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

Our findings

Clear vision and purpose

Recommendation

The service should develop structured service aims and objectives with measurable indicators to help monitor service delivery.

Action taken

A 'mission and values statement' had been developed, which also included the service's objectives. This was displayed at the reception desk for patients to see.

Recommendation

The service should develop a strategic plan that sets out its strategic objectives and operational priorities.

Action taken

An operational manual, which included a strategic plan had been developed and set out the following and how the service would review them:

- key performance indicators (KPIs)
- strategic aim
- strategic goals, and
- strategic objectives.

Leadership and culture

Recommendation

The service should formalise its staff meetings, with a record of discussions and decisions reached at these meetings kept. These should detail staff responsible for taking forward any action.

Action taken

We were shown evidence of weekly staff meeting agenda and minutes.

Key Focus Area: Implementation and delivery

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

Our findings

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

Recommendation

The service should develop a participation policy that includes a structured approach to gathering and analysing patient feedback to drive improvements in the service and demonstrating the impact of change from the improvements made. This feedback should be audited at agreed set intervals with improvement action plans implemented.

Action taken

A participation policy was in place, which described how feedback would be gathered and analysed to inform improvements. We were shown evidence of completed feedback forms.

Quality improvement

Requirement – Timescale: by 12 May 2025

The provider must publish an annual duty of candour report.

Action taken

The provider had produced an annual duty of candour report, displayed in the service.

This requirement is met.

Requirement – Timescale: by 15 May 2025

The provider must establish a written complaints procedure for considering complaints made about the service. The procedure must include the name and full contact details for HIS and highlight patients' right to complain to the healthcare regulator at any time.

Action taken

A complaints policy had been developed, which included Healthcare Improvement Scotland (HIS) contact details and that service users could contact HIS at any point. We also saw evidence of a standard operating procedure for complaints.

This requirement is met.

Requirement – Timescale: by 15 May 2025

The provider must ensure that an emergency management policy is in place and clearly sets out how an emergency or adverse event would be dealt with.

Action taken

The service had an emergency management policy in place, which set out how the service would deal with emergencies or adverse events. Emergency contact numbers were displayed at reception, such as those for Aberdeen Royal Infirmary, NHS 24 and social work.

This requirement is met.

Requirement – Timescale: by 15 May 2025

The provider must complete annual appraisals with all members of staff who work in the service.

Action taken

The service had an appraisal policy in place and we saw a copy of a staff appraisal form. We saw that there was a plan in place for when to carry out appraisals for staff. Agendas and minutes of the service's weekly operational meeting included evidence of staff discussions.

This requirement is met.

Recommendation

The service should regularly review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance.

Action taken

The service had reviewed all policies. Policies were available for staff to view on the service's internal computer system. New review dates had been set for policies.

Recommendation

The service should record when an induction programme for has been completed for new members of staff, including those working under practicing privileges.

Action taken

We were shown a copy of the service's staff induction handbook, induction policy and procedure. All new members of staff had completed the induction process.

Recommendation

The service should implement a process to provide oversight of staff compliance with all training relevant to their role.

Action taken

The service had developed a document describing how it provided oversight of training and education. We saw staff training certificates and evidence that the service had implemented this process, including a training log.

Planning for quality

Requirement – Timescale: by 15 May 2025

The provider must develop and maintain an effective system to manage risks associated with patient care delivery.

Action taken

An external contractor had completed a fire risk assessment in January 2025. PAT testing had been carried out and the service was renewing its Electrical Installation Certificate at the time of our inspection. A risk management policy and risk register was in place and we saw additional risk assessments on slips, trips and falls and electrical safety.

This requirement is met.

Recommendation

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.

Action taken

We saw no evidence that the service carried out regular audits to cover key aspects of care and treatment **(see recommendation a on page 6)**.

Recommendation

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

Action taken

While the service could describe the quality improvements it had implemented, we did not see a documented quality improvement plan **(see recommendation b on page 6)**.

Key Focus Area: Results

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

Our findings

Requirement – Timescale: by 15 January 2025

The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland.

Action taken

The provider had submitted its two most recent annual returns to Healthcare Improvement Scotland.

This requirement is met.

Requirement – Timescale: by 15 January 2025

The provider must have an appropriate number of emergency kits.

Action taken

The service had two emergency kits, each with an oxygen cylinder and adrenaline ampules. A defibrillator was also available at reception.

This requirement is met.

Requirement – Timescale: by 15 February 2025

The provider must ensure that appropriate Disclosure Scotland background checks are carried out:

- (a) on all staff before they begin working in the service, and*
- (b) on all staff currently working in the service.*

Checks must be recorded and retained on staff files.

Action taken

The service had applied to Disclosure Scotland to register for PVG checks. We saw evidence that Level 1 disclosures had been applied for. The service was awaiting its Level 2 disclosures being processed.

This requirement is met.

Recommendation

The service should implement a system for recording consent for all treatments.

Action taken

The service had reviewed its consent policy and we saw signed consent forms from patients.

Recommendation

The service should develop checklists capturing the regular cleaning of the clinic and checks on expiry dates of single-use equipment and medication.

Action taken

The service had checklists in place for cleaning and checking equipment, which were fully completed.

Recommendation

The service should ensure that all emergency protocols are visible and easily accessed by staff.

Action taken

An emergency protocol had been developed and was available on the service's intranet. Posters for management of anaphylaxis were displayed in the clinical treatment rooms.

Recommendation

The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance.

Action taken

The service used appropriate cleaning products for the cleaning of all sanitary fittings, including sinks.

Appendix 1 – About our inspections

Our quality of care approach and the quality assurance 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.

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.ihtregulation@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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