



Healthcare  
Improvement  
Scotland

Inspections  
and reviews  
To drive improvement

# Announced Inspection Report: Independent Healthcare

**Service:** International Medical Management,  
Aberdeen

**Service Provider:** International Medical  
Management Ltd

28 January 2026

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Healthcare Improvement Scotland Announced Inspection Report  
International Medical Management, International Medical Management Ltd: 28 January 2026

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## **1 Progress since our last inspection**

### **What the provider had done to meet the requirement we made at our last inspection on 29 June 2021**

#### **Requirement**

*The provider must make sure that flooring in the clinical areas have a smooth impermeable surface that is easy to clean.*

#### **Action taken**

All clinical treatment rooms had wipeable flooring in place, which could be cleaned easily.

### **What the service had done to meet the recommendation we made at our last inspection on 29 June 2021**

#### **Recommendation**

*The service should make sure that it complies with the guidance in Health Protection Scotland's national infection prevention and control manual, in particular:*

- *Personal protective equipment, and*
- *Decontamination of the environment*

#### **Action taken**

We saw that the service had appropriate supplies of personal protective equipment (PPE) in place, which staff could access. Cleaning checklists were in place and staff we spoke with had a good understanding of how to decontaminate the environment.

## **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 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 International Medical Management on Wednesday 28 January 2026. We spoke with a number of staff during the inspection. We received feedback from three patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Aberdeen, International Medical Management is an independent clinic providing non-surgical treatments providing non-surgical treatments such as occupational health assessments and medicals.

The inspection team was made up of one inspector.

## What we found and inspection grades awarded

For International Medical Management, the following grades have been applied.

<b>Direction</b>	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
<b>Summary findings</b>	<b>Grade awarded</b>	
<p>The service had a clear mission statement and set of values. Regular staff meetings were held. A clear governance structure was in place. Staff described the manager's leadership as visible, approachable and responsive.</p> <p>The service should implement a freedom-to-speak-up-guardian to make it easy for staff to raise any concerns or queries.</p>	✓✓ Good	
<b>Implementation and delivery</b>	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were involved in decisions about their care. Patient feedback was used to improve the service. Procedures and treatment protocols helped the service deliver safe patient care. A yearly duty of candour report was published. All staff received appraisals. Clear systems and processes were in place to monitor and manage complaints, risk and accidents or incidents. An audit programme was in place.</p> <p>The provider must notify Healthcare Improvement Scotland in line with the notification guidance. The impact of improvements made after feedback should be shared with patients.</p>	✓✓ Good	
<b>Results</b>	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>Our survey results were positive and confirmed that patients felt safe and satisfied with the quality of care and treatment they received in the service. The clinic environment was clean. Patient equipment was fit for purpose. We saw good compliance with infection control procedures. Patients had a full assessment to determine their suitability for treatment. Consent-to-treatment forms were fully completed.</p> <p>Appropriate disclosure checks must be carried out for all non-clinical staff. Emergency contact details must be recorded.</p>	✓ 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:

[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 International Medical Management 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 three requirements and three recommendations.

Direction	
<b>Requirements</b>	
None	
<b>Recommendation</b>	
<b>a</b>	<p>The service should implement a freedom-to-speak-up-guardian to make it easy for staff to raise any concerns or queries (see page 15).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.2</p>

Implementation and delivery	
<b>Requirement</b>	
<b>1</b>	<p>The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in specified timeframes (see page 20).</p> <p>Timescale – immediate</p> <p><i>Regulation 5(1)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

## Implementation and delivery (continued)

### Recommendation

- b** The service should develop a process of keeping patients informed of the impact their feedback has on 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

## Results

### Requirements

- 2** The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 25).

Timescale – by 26 April 2026

*Regulation 4(1)*

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

- 3** The provider must ensure that appropriate Disclosure Scotland background checks and health clearance 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 (see page 25).

Timescale – by 26 April 2026

*Regulation 9*

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

## Results (continued)

### Recommendation

- c** The service should have a process in place to document when medications are checked (see page 25).

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

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](#)

International Medical Management Ltd the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at International Medical Management 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
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

#### Our findings

**The service had a clear mission statement and set of values. Regular staff meetings were held. A clear governance structure was in place. Staff described the manager's leadership as visible, approachable and responsive.**

**The service should implement a freedom-to-speak-up-guardian to make it easy for staff to raise any concerns or queries.**

#### *Clear vision and purpose*

The provider described its mission as to improve the health, wellbeing and productivity of workforces through proactive, personalised occupational health services. Its health initiatives included lifestyle and wellness medicals to help detect health conditions early. The holistic services provided would maximise wellbeing and minimise health risks. The mission statement was published in full on its website and displayed at reception for staff and patients to see.

A vision statement was also included on the provider's website and displayed in the reception for staff and patients. Its vision was to be the leading provider of occupational health solutions and recognised for advancing workplace wellbeing through:

- a commitment to preventative care
- clinical excellence, and
- innovation.

A set of core values for its patients and corporate clients (businesses using the service to provide occupational health solutions to its workforce) informed the service's strategic direction, growth and continuous improvement. The core values included:

- deliver tailored services efficiently
- market its services with honesty, integrity and professionalism
- quickly address and act on complaints or concerns received
- seek feedback to help improve service quality, and
- work in line with high ethical standards and deliver services with professionalism, cost effectiveness and courtesy.

A core set of company values stated a dedication to a culture of excellence, accountability and continuous improvement. Some of these values included:

- acting with professionalism, respect and integrity at all times
- aiming for personal excellence
- effective communication across all levels of the organisation
- proactively drawing attention to any issues that may impact the quality of service, and
- taking pride and joy in the service's work.

These values were clearly stated and displayed in the service, on its website and social media platforms for patients and staff.

The service measured its key performance indicators (KPIs), which included:

- audit and compliance
- complaints
- financial reports
- feedback from patients
- having skilled staff to deliver safe care and excellence in customer service, and
- referral rates.

We saw evidence that the senior management team regularly monitored and evaluated the KPIs to inform the service's cycle of improvement and development.

### **What needs to improve**

The service was updating its website to reflect all of its values at the time of our inspection. We will follow this up at future inspections.

- No requirements.
- No recommendations.

### ***Leadership and culture***

A commitment to staff was displayed at reception and in the clinical treatment rooms. It stated that the service understood how vital a good team was and that each member played a critical role in delivering its services. The commitment included:

- encouraging staff suggestions for improvement
- providing resources to allow efficient and effective service delivery
- providing training, resources and the empowerment needed to allow people to perform their duties effectively
- regular performance reviews to support development and recognise achievement, and
- treating everyone fairly.

The service had a documented leadership structure with defined roles, responsibilities and support arrangements in place. The staff group was made up of:

- a general manager
- a medical director
- a nurse manager
- administrative staff including reception staff
- an operations manager
- occupational health doctors
- occupational health nurses, and
- occupational health technicians.

All staff we spoke with in the service told us they felt well supported and able to raise any concerns with the management team.

Of the staff group, two members of medical staff were contracted to work under practicing privileges (staff who are not directly employed by the service but given permission to work in the service). These members of staff provided cover when some employed staff members were on holiday.

The clinic manager was responsible for the oversight of all doctors contracted to work under practicing privileges agreements. All clinical staff were registered with their professional regulator, the General Medical Council (GMC). Each clinician was responsible for arranging and carrying out their own clinical supervision.

The service had a practicing privileges policy and clear processes in place to complete checks for anyone who applied for practicing privileges, including checks of:

- Disclosure Scotland status
- fitness to practice
- ongoing continuous personal and professional development
- relevant qualifications, and
- two references.

We saw evidence of a signed and dated contract between the service and the medical staff. The contract made it clear that the independent nurse prescriber agreed to work in line with the service's policies and procedures.

A governance system was in place that addressed safe practice and continuously improving the service, which included:

- a rolling programme of audits
- management and staff meetings
- patient satisfaction, and
- reviewing policies and procedures.

The service's 3-monthly clinical governance meeting included terms of reference, an agenda and minutes of the previous meeting. An action tracker was in place for the clinical governance meetings.

The monthly senior management team meeting included an agenda and minutes of the previous meeting. An action tracker was also in place for this meeting.

Clinical staff attended monthly team meetings and non-clinical staff attended a weekly team meeting. Regular catch-ups were also held for staff. Agendas and minutes of team meetings we saw included identified areas of responsibility for staff to take forward any actions, as well as discussions about:

- audit results for patient care records
- current treatments
- feedback from staff
- patient and staff feedback reviews, and
- staff training and development opportunities.

We saw the service promoted a positive culture of staff engagement in a variety of ways, such as through:

- an open-door policy, which helped to encourage open communication between the service manager and staff
- formal and informal opportunities for team discussion, and
- sharing information from patient feedback, audit results and training.

Staff spoke positively about the leadership and support that the manager provided. Staff told us they were regularly kept up to date with any changes and described the manager's leadership as visible, approachable and responsive.

### **What needs to improve**

The 'Freedom to Speak Up' initiative encourages staff to speak up about anything that gets in the way of doing an effective job. Freedom-to-speak-up-guardians support workers to speak up when they feel unable to in other ways. While staff we spoke with felt safe to raise any concerns, the service did not have a formal freedom-to-speak-up system in place (recommendation a).

- No requirements.

### **Recommendation a**

- The service should implement a freedom-to-speak-up-guardian to make it easy for staff to raise any concerns or queries.

## 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

**Patients were involved in decisions about their care. Patient feedback was used to improve the service. Procedures and treatment protocols helped the service deliver safe patient care. A yearly duty of candour report was published. All staff received appraisals. Clear systems and processes were in place to monitor and manage complaints, risk and accidents or incidents. An audit programme was in place.**

**The provider must notify Healthcare Improvement Scotland in line with the notification guidance. The impact of improvements made after feedback should be shared with patients.**

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

The service had a participation policy in place and we saw that it proactively sought patient feedback to learn from and improve. Self-funding patients (patients who paid the company directly themselves) could leave feedback through an online form. After each occupational health appointment, a member of staff would contact the clients (business who had used the service for its employees) to ask for feedback. The service sent a yearly survey to its clients.

We spoke with a variety of staff members, who all spoke positively about the service and of how supportive the senior management team was. Staff we spoke with told us they felt able to raise any concerns and had confidence that any concerns would be taken seriously.

Staff views could be raised during any of the meetings that staff attended, including informal staff meetings and appraisals. We saw that any actions were shared at staff meetings.

We saw that feedback from patients, clients and staff was analysed and used to inform service improvement, which was also discussed at staff meetings. Improvements were recorded in the service's quality improvement plan. Examples of improvement made as result of feedback included:

- additional medical and nursing staff recruited due to an increase in workload
- admin team moved to all work on the same level of the building
- implementation of a staff handbook
- information leaflet explaining rationale for failed assessments
- introduction of wellness services
- new record management system introduced
- parking charges made clearer for service users in the information sent out to them, and
- weight-loss guidance introduced, along with a lifestyle booklet.

### **What needs to improve**

The service had made improvements informed from feedback received. However, we saw no evidence that the benefits of improvements made after feedback had been communicated to patients (recommendation b).

- No requirements.

### **Recommendation b**

- The service should develop a process of keeping patients informed of the impact their feedback has on 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 registration.

Policies and procedures were in place to support the delivery of person-centred care. These included those for:

- complaints
- duty of candour
- emergency arrangements policy
- infection prevention and control
- information management, and
- medication.

An infection prevention and control policy was in place and the service had a good awareness of infection prevention and control practices, including hand

hygiene and clinical waste management. We saw that cleaning checklists were fully and accurately completed. All equipment used, including personal protective equipment (such as aprons and gloves) was single-use to prevent the risk of cross-infection.

Cleaning checklists were in place and completed. We saw that sinks were cleaned in line with national guidance.

The service had not experienced any accidents that should have been notified to Healthcare Improvement Scotland in the year before our inspection. A clear system was in place to record and manage accidents and incidents.

The complaints procedure was displayed in the clinic and on the service's website. This advised patients that they could contact Healthcare Improvement Scotland at any point during the complaint process and included Healthcare Improvement Scotland contact details. The service had received some complaints in the year before our inspection, which had been managed in line with the service's complaints policy.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. We saw that the service had published an annual duty of candour report.

Arrangements were in place to deal with medical emergencies. This included up-to-date training in anaphylaxis, first aid supplies and anaphylaxis emergency kits.

Fire safety signage was displayed and fire safety equipment was serviced every year. Electrical equipment had been tested and safety certificates were in place for fixed electrical wiring and portable appliance testing (to make sure electrical appliances and equipment are safe to use). Maintenance contracts were in place of the audiology booth and spirometry equipment (used for a test to assess how well your lungs work). The service had a clinical waste contract in place and kept copies of waste consignment notes.

Patients booked their appointments using the service's online booking system. Patients were sent a health questionnaire and treatment-specific information. We were told patient consultations for treatment were always carried out face-to-face with medical staff. A comprehensive assessment was carried out, which included discussions about the patient's past medical history. The risks, benefits and possible side effects of treatments were also discussed and documented in patient care records we reviewed.

Appropriate arrangements were in place to maintain the privacy and dignity of patients. All consultations were appointment-only. Access to treatment rooms was controlled through reception. Window screening in the treatment room also helped make sure patient privacy was not compromised.

Patient information was stored securely on a password-protected device. This helped to protect confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that the service followed the appropriate data protection regulations.

Recruitment policies and processes were in place for all staff. Appropriate pre-employment checks had been carried out before staff started working in the service, including those for:

- Disclosure Scotland background checks
- proof of ID
- qualifications, and
- references.

We saw evidence that all new members of staff had an induction to the service. This included an introduction to key members of staff and training on the service's policies and procedures.

Staff were expected to complete mandatory and refresher training on a range of topics relevant to their roles. This included training for:

- anaphylaxis
- basic life support
- fire safety
- health and safety,
- infection prevention and control
- medication and,
- moving and handling

### **What needs to improve**

Healthcare Improvement Scotland's notifications guidance is a list of specific events and circumstances which services are required to report to Healthcare

Improvement Scotland, in specified timescales. During the inspection, we noted that a notification required to be reported to Healthcare Improvement Scotland had not been (requirement 1).

While we saw evidence in governance meetings and a policy spreadsheet that all policies had been updated with appropriate timescale, the reviewed date was not clear for some policies. The service immediately rectified this during our inspection and understood the need for this to be clearer in the policies. We will follow this up at future inspections.

#### **Requirement 1 – Timescale: immediate**

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in the notification guidance and in specified timeframes.
  
- No recommendations.

#### ***Planning for quality***

We were shown evidence that the service had achieved ISO 9001 accreditation. ISO 9001 is a recognised quality management system standard, established by the International Organization for Standardization (ISO).

An equipment asset register had been established to track when each item of equipment was due to be serviced or maintained. We saw evidence that all equipment servicing and maintenance was up to date. Examples included:

- clinical and medical equipment
- fire equipment
- gas boiler, and
- the fixed electrical installation.

Processes were in place to manage the service's water safety, including a legionella risk assessment and regular water flushing.

The service maintained a register of practice-associated risks and their impact to help manage risks. We saw a number of current risk assessments in place to protect patients and staff, such as those for:

- control of substances hazardous to health (COSHH)
- display screen equipment
- fire safety
- infection control
- lone working
- non-compliant sinks, and
- slips, trips and falls.

Risk assessments and were easy to follow and each risk assessment included a likelihood of occurrence. We saw that all risks had been regularly reviewed and all necessary action plans were in place. A comprehensive risk register was also in place, which was reviewed regularly. This helped to make sure that care and treatment was delivered in a safe environment through identifying and taking action to reduce any risks to patients and staff.

A business continuity policy was in place in the event that the service experienced a disruptive incident. In this case, the policy stated that the service would establish alternative arrangements for patient treatments and prioritise critical functions.

The service carried out regular audits, including those for:

- audiometry
- fire safety
- infection control
- medicals
- screening medicals
- staff recruitment (including training and education), and
- vaccinations.

We saw that action plans were developed to address any issues identified in these audits.

A detailed quality improvement plan set out how the service used information from audit results and patient feedback to continuously improve service delivery and patient outcomes. The plan was regularly reviewed and updated.

- 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

**Our survey results were positive and confirmed that patients felt safe and satisfied with the quality of care and treatment they received in the service. The clinic environment was clean. Patient equipment was fit for purpose. We saw good compliance with infection control procedures. Patients had a full assessment to determine their suitability for treatment. Consent-to-treatment forms were fully completed.**

**Appropriate disclosure checks must be carried out for all non-clinical staff. Emergency contact details must be recorded.**

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 comprehensive self-evaluation.

Medications and single-use items, such as gloves, syringes and needles were in-date.

We saw that the clinic was clean and the environment was well maintained. Cleaning schedules were in place and up to date. The service used chlorine-releasing agents to clean all sanitary fixtures and fittings. Single-use equipment was used, where appropriate and any reusable equipment was appropriately decontaminated.

A medication fridge was in place, which was clean and in working order. The service had a temperature recording logbook, where fridge temperature was recorded when temperature sensitive medication was stored. This was fully completed and up to date. We saw that cleaning schedules and checklists were

regularly audited for compliance. People who used the service told us the environment was:

- ‘Clean, precise and comforting to see the extent at how the medicines were stored.’

We reviewed five patient care records and all contained the patient’s name, date of birth and contact details. A process was in place for obtaining GP details only if an onward referral was needed, which we saw in place for one patient care record we reviewed. A process was in place to obtain emergency contact details for patients who worked for corporate clients (businesses using the service to provide occupational health solutions to its workforce). Patients were asked for their GP and next of kin contact details. Consent to share information was recorded. Each patient signed and dated a consent form which included information on the risks and benefits of the treatment. Follow-up appointments were arranged when necessary.

All patients who responded to our online survey told us that they had received adequate information about their procedure and felt involved in decisions about their care. They also confirmed that they had been given time to consider all the provided information before having a procedure. Comments included:

- ‘Included in discussions but really just here to get my inoculations and go.’
- ‘Each inoculation I was told about the benefits and side effects of and given opportunity to consider them.’

All patients who responded to our online survey felt treated with dignity and respect. They also confirmed that they had confidence in the staff, comments included:

- ‘I was welcomed at the door, spoken to and handled in a very mature, professional and if I was concerned at all - these were quashed as I was being informed and my questions were being answered.’
- ‘Member of staff was very friendly and polite.’

We reviewed five files of staff the service directly employed and two members of staff working under a practicing privileges arrangement. The majority of staff files included evidence of appropriate initial and ongoing checks to help make sure staff were safe to work in the service. Staff had completed an induction process when starting in the service, as well as ongoing occupational health training. We saw evidence of documented yearly appraisals. Each staff member,

including the manager had a learning and development folder with a yearly training-needs analysis and evidence of completed training.

### **What needs to improve**

We saw a process in place for obtaining emergency contact details for patients who worked for corporate clients. However, the service did not have a mechanism in place for obtaining emergency contact details for self-funding patients (requirement 2).

While we saw evidence that appropriate Disclosure Scotland checks had been carried out for all clinical staff, Disclosure Scotland checks had not been carried out for non-clinical staff. Some staff files did not include evidence of health clearance status checks (requirement 3).

A spreadsheet recorded all of the service's medication and expiry dates. However, we did not see any evidence of documented monthly checks on this medication (recommendation a).

### **Requirement 2 – Timescale: by 26 April 2026**

- The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

### **Requirement 3 – Timescale: by 26 April 2026**

- The provider must ensure that appropriate Disclosure Scotland background checks and health clearance 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.

### **Recommendation c**

- The service should have a process in place to document when medications are checked.

## 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.



More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](#)

Healthcare Improvement Scotland Announced Inspection Report

International Medical Management, International Medical Management Ltd: 28 January 2026

## 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](mailto: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  
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