



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: UnitedHealthcare Global, Aberdeen

Service Provider: UnitedHealthcare Global
Medical (UK) Limited

31 October 2024

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Healthcare Improvement Scotland Announced Inspection Report
UnitedHealthcare Global, UnitedHealthcare Global Medical (UK) Limited: 31 October 2024

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1 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 UnitedHealthcare Global on Thursday 31 October 2024. We spoke with a number of staff during the inspection. We received feedback from nine patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Dyce, Aberdeen, UnitedHealthcare Global is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For UnitedHealthcare Global, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings	Grade awarded	
<p>The service's vision and values were displayed on its website. A strategic plan was in place. Clinical governance meetings were held. Staff felt well supported.</p> <p>The service's vision and values should be displayed within the service. All staff meetings should be documented. A freedom-to-speak-up guardian should be implemented.</p>	✓ Satisfactory	
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were involved in all decisions about their care. Patient feedback was sought and used to improve the service. Policies, procedures and treatment protocols helped the service deliver safe patient care. 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 service must update its website to include details of its complaints process. A yearly duty of candour report must be published, and appraisals must be carried out for all members of staff.</p>	✓ Satisfactory	
Results	<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, and 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 pre-employment checks must be carried out for all staff, including those working under practicing privileges agreements.</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 UnitedHealthcare Global (UK) 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 five recommendations.

Direction	
Requirements	
None	
Recommendations	
a	The service should ensure that information about the service’s vision is available to patients (see page 11). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Direction (continued)	
Recommendations	
b	<p>The service should record the agenda and minutes of staff meetings and include any actions taken and those responsible for the actions (see page 13).</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>
c	<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 13).</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	
Requirements	
1	<p>The provider must ensure the correct details for patients to complain to Healthcare Improvement Scotland are included on its website (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
2	<p>The provider must complete annual appraisals with all members of staff who work in the service (see page 18).</p> <p>Timescale – by 31 March 2025</p> <p><i>Regulation 12(c)(i)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Implementation and delivery (continued)

Requirements

3 The provider must publish an annual duty of candour report (see page 18).

Timescale – immediate

Regulation 3(d)

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

Recommendation

d The service should ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments (see page 15).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.9

Results

Requirement

4 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 (see page 22).

Timescale – by 31 January 2025

Regulation 8(2)(c)

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

Results (continued)

Recommendation

- e The service should ensure that appropriate cleaning products are used for the cleaning of all sanitary fittings, including sinks, in line with national guidance (see page 22).

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

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](#)

UnitedHealthcare Global (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 UnitedHealthcare Global for their assistance during the inspection.

2 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's vision and values were displayed on its website. A strategic plan was in place. Clinical governance meetings were held. Staff felt well supported.

The service's vision and values should be displayed within the service. All staff meetings should be documented. A freedom-to-speak-up guardian should be implemented.

Clear vision and purpose

The service's vision was displayed on its website and outlined how it saw its role in sickness absence management, with the aim of helping its clients:

- increase well-being
- increase productivity
- reduce sickness absence, and
- save money.

It stated that it aimed to work with quality, reliability, and expertise. The provider's core values included:

- 'Integrity - We do the right thing and follow through on our shared commitment to quality.'
- 'Compassion - We listen, advocate and act with urgency for those we serve and our colleagues.'
- 'Inclusion - We welcome, value, respect and hear all voices and diverse points of view.'
- 'Relationships - We work together to deepen connections and collaboration for better outcomes.'
- 'Innovation - We invent a better future by learning from the past.'

- ‘Performance - We strive for high quality results in everything we do.’

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

- efficacy of patient administration
- effective management of corporate contracts
- monitoring of medical correspondence to patients and clients, and
- monitoring of patient and staff satisfaction.

The provider’s overall strategic plan included aims, objectives and purpose for all of its services.

What needs to improve

While the service had a vision in place, it was not readily available for patients to view in the service, at reception or on its website (recommendation a).

- No requirements.

Recommendation a

- The service should ensure that information about the service’s vision is available to patients.

Leadership and culture

The service’s staff was made up of:

- administrative staff
- an administrative manager
- an occupational health manager
- an occupational health services director
- an occupational health technician
- occupational health doctors, and
- occupational health nurses.

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

The service had a documented leadership structure with defined roles, responsibilities and support arrangements in place.

The service's clinical governance framework set out how the quality and safe delivery of care and treatment provided would be monitored in line with its clinical governance policy. The policy included:

- clinical governance meetings
- education and training
- risk management, and
- staff meetings.

Staff could access minutes of meetings and the service's policies and procedures through its intranet.

From minutes and agendas we reviewed, we saw evidence of regular senior management team meetings with the provider's staff, which included the:

- clinic manager
- finance director
- managing director
- medical director operations director
- medical supplies manager
- product and marketing development manager
- quality health safety and environmental manager, and
- sales director.

We reviewed written minutes and agendas from a monthly occupational health nurse-led meeting, which covered education and training. Training topics included Health and Safety Executive (HSE) guidance and travel health updates.

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

- formal and informal opportunities for team discussion, and
- sharing information from patient feedback, audit results and training.

An open-door policy helped to encourage open communication between the service manager and staff.

What needs to improve

We were told that the clinical operations team meets every 2 weeks. The meeting was made up of the:

- admin manager
- clinic manager
- clinical support manager, and
- project delivery manager.

We were also told that nurses met regularly with their manager and admin staff met regularly with their manager. However, formal agendas and minutes were not documented for these meetings (recommendation b).

‘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 c).

- No requirements.

Recommendation b

- The service should record the agenda and minutes of staff meetings and include any actions taken and those responsible for the actions.

Recommendation c

- 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 all decisions about their care. Patient feedback was sought and used to improve the service. Policies, procedures and treatment protocols helped the service deliver safe patient care. Clear systems and processes were in place to monitor and manage complaints, risk and accidents or incidents. An audit programme was in place.

The service must update its website to include details of its complaints process. A yearly duty of candour report must be published, and appraisals must be carried out for all members of staff.

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

The service had a participation policy in place. We saw that the service proactively sought patient feedback to learn from and improve. Service users could leave feedback through an online form. After each occupational health appointment, a member of staff would contact the business who had used the service for its employees to ask for feedback.

We spoke with eight members of staff, who all spoke positively about the service and of how supportive the senior management team was. They also told us that felt able to raise any concerns and these would be taken seriously if they did so.

We saw that feedback was analysed and used to inform service improvement, which was also discussed at staff meetings. For example, the service had increased its number of staff to cope with the increase in business demand. A map of where the service was located and details of where to park for an appointment had also been included in its patient information.

A staff survey was carried out every 6 months, which asked a comprehensive set of questions. Results from the most recent survey showed a good level of satisfaction, which had improved from the previous year. Results were shared with staff, which included examples of feedback from staff and actions taken as

a result, which included the introduction of an occupational health nurse educational meeting.

The service recognised its staff in a variety of ways, including through a staff recognition scheme. In this scheme, staff could nominate a colleague for good practice. News of the nomination was then shared with the member of staff. The service also provided free fruit for staff and sometimes pizza.

What needs to improve

While the service had a corporate website, it did not contain information about the local service, the treatments it offered and costs (recommendation d).

- No requirements.

Recommendation d

- The service should ensure its website is up to date and relevant to how the service is delivered. This should include information to help patients make informed decisions about treatments.

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.

The service had policies and procedures in place to support the delivery of person-centred care. Staff could access these policies and procedures through the service's intranet, including those for:

- complaints
- duty of candour
- emergency arrangements policy
- information management
- medication, and
- safeguarding.

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.

All medication, including vaccines were in-date and we saw that medication checklists were fully and accurately completed.

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 (for electrical appliances and equipment to ensure they 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.

The service was aware of the notification process to Healthcare Improvement Scotland. An incident and accident book was available to record all accidents or incidents. During our inspection, we saw that the service had not experienced any events or incidents that should have been notified to Healthcare Improvement Scotland.

The service had a complaints policy in place, which described the process for managing a complaint. The policy also 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.

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.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were stored electronically and password-protected, to help maintain patient confidentiality. All patients were provided with a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. During their consultation appointment, patients discussed the risks and benefits, costs and likely outcome of the desired treatment.

All patients who responded to our survey agreed they were involved in decisions about their care and treatment. This helped to make sure patients had realistic expectations of the proposed treatment. Comments included:

- ‘Options were given on how best we can complete the vaccination program to fit my requirements and schedule.’
- ‘Well explained.’
- ‘Explained well.’

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 systems in place for the ongoing checks of clinical staff members’ professional registration and revalidation.

We were told 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, and
- infection protection and control.

What needs to improve

The service had a complaints policy in place and details of how to complain were sent out to contractors. However, the service’s website did not detail how service users could make a complaint (requirement 1).

While staff performances were discussed at their one-to-one meeting and some members of staff had documented appraisal, not all members of staff had a yearly appraisal carried out (requirement 2).

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy in place. However, it did not publish its yearly duty of candour report (requirement 3).

Requirement 1 – Timescale: immediate

- The provider must ensure the correct details for patients to complain to Healthcare Improvement Scotland are included on its website.

Requirement 2 – Timescale: by 31 March 2025

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

Requirement 3 – Timescale: immediate

- The provider must publish an annual duty of candour report.

- No recommendations.

Planning for quality

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:

- display screen equipment
- fire safety
- infection control, 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 that all necessary action plans were in place.

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.

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 Organisation for Standardization (ISO).

A quality improvement plan was in place, which measured the outcomes of service changes. This informed and directed service improvement activities from patient feedback analysis, previous inspections and audit results.

What needs to improve

The service carried out some audits, including those for:

- ISO 9001:2015 surveillance (Conducted by external auditors annually)
- ISO 9001:2015 recertification (Conducted every 3 years by a regulatory body)
- travel health notes – peer review, and
- management referral.

However, it did not carry out an infection control audit or medication audit. We discussed the importance of completing a regular infection control and medication audit with the management team. We will follow this up at future inspections.

- 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, and 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 pre-employment checks must be carried out for all staff, including those working under practicing privileges agreements.

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 satisfactory self-evaluation.

The clinic environment was clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Cleaning checklists were fully and accurately completed.

Patients who responded to our online survey told us they felt safe and were reassured by the cleaning measures in place to reduce the risk of infection in the service. All patients stated the clinic was clean and tidy. Some comments we received from patients included:

- ‘Nice and clean.’

All five of the electronic patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records we reviewed included:

- comprehensive practitioner notes
- contact details for patients' next of kin or emergency contact
- consent
- GP details
- medical history (including details of any health conditions, allergies, medication and previous treatments), and
- treatment plans.

All patients who responded to our survey agreed they had been involved in decisions about their care and treatment. This helped to make sure patients had realistic expectations of the proposed treatment. Comments included:

- 'Efficient, professional and friendly.'
- 'Well organised.'
- 'Took care in asking the right questions.'

We saw a safe system in place for the procurement, storing and prescribing of medicines and additional stock items used in the clinic. The medicines fridge was clean and in good working order. A temperature recording logbook was used to record fridge temperatures daily. This made sure medicines were stored at the correct temperature. The logbook was fully completed and up to date. All vaccines stored in the fridge were in-date.

We reviewed four files of those staff the service directly employed and one of a staff member working under a practicing privileges arrangement. These 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 aesthetics 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

The service carried out Disclosure Scotland checks for clinical members of staff. However, it did not keep a record of the Disclosure number and Disclosure

checks had not been carried out for non-clinical members of staff (requirement 4).

The service's clinical handwash basins were not cleaned with the appropriate cleaning solution, in line with current guidance (recommendation e).

Requirement 4 – Timescale: by 31 January 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.

Recommendation e

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

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](#)

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

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
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