

Action Plan

Service Name:	Assured Occupational Health
Service number:	00971
Service Provider:	Assured Occupational Health Ltd
Address:	2 Thistle Road, Dyce, Aberdeen, AB21 0NN
Date Inspection Concluded:	15 November 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must publish an annual duty of candour report (see page 21).</p> <p>Timescale – by 15 May 2025</p>	The Duty of Candour Policy and annual Duty of Candour completed. Both are enclosed.	Submitted	Dr Astrid Bendomir

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<p>Requirement 2: 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 (see page 21).</p> <p>Timescale – 15 May 2025</p>	<p>There is a current complaints procedure for employees and a complaints procedure for patients will be prepared by 15 May 2025.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendorir</p>
<p>Requirement 3: 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 (see page 21).</p> <p>Timescale – immediate</p>	<p>The emergency management policy deals on how we will deal with an emergency or an adverse event such as:</p> <ul style="list-style-type: none"> • Needle stick injury • Slips /trips/falls • Anaphylaxis • Collapse: unresponsive breathing/ unresponsive non breathing <p>The emergency management policy is enclosed.</p>	<p>submitted</p>	<p>Dr Astrid Bendorir</p>

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<p>Requirement 4: The provider must complete annual appraisals with all members of staff who work in the service (see page 21).</p> <p>Timescale – by 15 May 2025</p>	<p>All staff will have an annual appraisal and regular review meetings. An Appraisals policy will be provided by 15 May 2025.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>
<p>Requirement 5: The provider must develop and maintain an effective system to manage risks associated with patient care delivery (see page 22).</p> <p>Timescale – by 15 May 2025</p>	<p>A risk assessment to the service will be done by the 15 May 25. This will be a risk management process considering all the risks, audits and a quality improvement plan.</p> <p>A risk register and appropriate and suitable risk assessment of the risk will be prepared by 15 May 25.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>

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<p>Requirement 6: The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 25).</p> <p>Timescale – immediate</p>	<p>Annual return to HIS will be completed for 2024. I have been unable to access the HIS Portal to submit the annual return.</p>	<p>Submitted</p>	<p>Dr Astrid Bendomir</p>
<p>Requirement 7: The provider must have an appropriate number of emergency kits (see page 25).</p> <p>Timescale – immediate</p>	<p>The First Aid bag has been replaced by a new First Aid bag. There are two medical oxygen cylinders, the defibrillator is ready for use.</p>	<p>Completed</p>	<p>Dr Astrid Bendomir</p>

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<p>Requirement 8: The provider must ensure that appropriate Disclosure Scotland background checks are carried out:</p> <p>(a) on all staff before they begin working in the service, and (b) on all staff currently working in the service.</p> <p>Checks must be recorded and retained on staff files (see page 25).</p> <p>Timescale – immediate</p>	<p>Disclosure Scotland checks for all staff are being requested.</p>	<p>4 weeks</p>	<p>Dr Astrid Bendomir</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should develop structured service aims and objectives with measurable indicators to help monitor service delivery (see page 16).</p>	<p>Service Aims and Objectives are being discussed with staff and will be published on the website.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>

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<p>Recommendation b: The service should develop a strategic plan that sets out its strategic objectives and operational priorities (see page 16).</p>	<p>A strategic plan will be developed.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>
<p>Recommendation c: 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 actions (see page 16).</p>	<p>Staff meetings have been restarted. They are recorded and documented with actions.</p>	<p>started</p>	<p>Dr Astrid Bendomir</p>

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<p>Recommendation d: 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 (see page 18).</p>	<p>A participation policy is being developed for Feedback from Patients about the services provided.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>
<p>Recommendation e: The service should regularly review all its policies and procedures and ensure they are up to date with current standards, legislation and guidance (see page 21).</p>	<p>All polices will be reviewed at least every 2 years.</p>	<p>Dec 2025</p>	<p>Dr Astrid Bendomir</p>

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<p>Recommendation f: The service should record when an induction programme for has been completed for new members of staff, including those working under practicing privileges (see page 21).</p>	<p>An induction programme is in place and recorded by 1 month and 3 months. An induction checklist is in place.</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>
<p>Recommendation g: The service should implement a process to provide oversight of staff compliance with all training relevant to their role (see page 21)</p>	<p>A spreadsheet about staff training requirements has been compiled such as Life support training, Fire Warden etc</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>

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<p>Recommendation h: The service should develop a program of regular audits to cover key aspects of care and treatment. Audits must be documented and action plans implemented (see page 22).</p>	<p>Audits regarding :</p> <p>Infection control Audit on vaccines Audit on emergency equipment It should show 95% compliance, alternatively develop action plan</p>	<p>Dec 25</p>	<p>Dr Astrid Bendomir</p>
<p>Recommendation i: The service should develop and implement a quality improvement plan to formalize and direct the way it drives and measures improvements (see page 22).</p>	<p>A quality improvement plan is to be developed. Anything to improve services</p>	<p>Dec 25</p>	<p>Dr Astrid Bendomir</p>

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<p>Recommendation j: The service should implement a system for recording consent for all treatments (see page 25).</p>	<p>A consent for all medicals is in place.</p>	<p>Current</p>	<p>Dr Astrid Bendomir</p>
<p>Recommendation k: The service should develop checklists capturing the regular cleaning of the clinic and checks on expiry dates of single-use equipment and medication (see page 25).</p>	<p>Checklists for regular clinic schedule discussed and prepared. All staff are involved. This will be discussed with the contracted cleaning service.</p>	<p>May 25</p>	<p>Dr Astrid Bendomir</p>

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<p>Recommendation l: The service should ensure that all emergency protocols are visible and easily accessed by staff (see page 25).</p>	<p>Emergency protocols – to be laminated and have them in every room</p>	<p>15 May 25</p>	<p>Dr Astrid Bendomir</p>
<p>Recommendation m: 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 25).</p>	<p>A bottle for cleaning with chloride tablets has been requested. (3 bottles of 1 litre for chlorine solution)</p>		<p>Dr Astrid Bendomir</p>

Name	Dr Astrid Bendomir
Designation	Medical Director
Signature	
	Date 03/ 02 25

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **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 can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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