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Inspections
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To drive improvement

Unannounced Inspection Report: Independent Healthcare

Service: Assured Occupational Health, Aberdeen

Service Provider: Assured Occupational Health Ltd

15 November 2024

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1 Progress since our last inspection

What the service had done to meet the recommendations we made at our last inspection on 7 September 2021

Recommendation

The service should ensure that policies are implemented and reviewed regularly.

Action taken

The service did not document when it had reviewed all of its policies. This recommendation is reported in Domain 4: Quality improvement (see recommendation e on page 21).

Recommendation

The service should put appropriate measures in place to identify and manage risk in the service.

Action taken

We found no evidence that appropriate measures had been put in place to identify and manage risk in the service. This recommendation is reported in Domain 5: Planning for quality (see requirement 5 on page 22).

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Action taken

We found no evidence that the service carried out any audits. This recommendation is reported in Domain 5: Planning for quality (see recommendation h on page 22).

Recommendation

The service should implement a medication and vaccine checklist and record expiry date.

Action taken

While we saw that vaccines and emergency medication were in-date, we saw no evidence of a medication and vaccine checklist to record expiry dates. This recommendation is reported in Domain 7: Quality control (see recommendation k on page 25).

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 the decontamination of the environment.

Action taken

While the service kept a stock of chlorine tablets, we saw no evidence that the service complied with the guidance in Health Protection Scotland's *National Infection Prevention and Control Manual*. This recommendation is reported in Domain 7: Quality control (see recommendation m on page 25).

Recommendation

The service should review the pre-employment procedure and the information requested for new members of staff in line with the Scottish Government's Safer Recruitment through Better Recruitment guidance.

Action taken

We found no evidence that the service had carried out Disclosure Scotland background checks on staff. This recommendation is reported in Domain 7: Quality control (see requirement 8 on page 25).

Recommendation

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

Action taken

We found no evidence that a quality improvement plan was in place for the service. This recommendation is reported in Domain 5: Planning for quality (see recommendation h on page 22).

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 unannounced inspection to Assured Occupational Health on Friday 15 November 2024. We spoke with a number of staff and service users during the inspection.

Based in Aberdeen Assured Occupational Health 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 Assured Occupational Health, 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 mission and vision were displayed on its website. Staff spoke positively of the manager. Clear and measurable key performance indicators should be developed for the service along with a strategic plan. All staff meetings should be documented.</p>		Unsatisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Maintenance contracts were in place.</p> <p>Staff appraisals must be carried out. A duty of candour report must be published every year. A proactive approach must be taken for the assessment and management of risk. Patient feedback should be sought and used to improve the service in line with its participation policy. Complaints information should be easily accessible to patients. A regular audit programme should be in place. A quality improvement plan should be developed.</p>		Unsatisfactory

Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>
<p>The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were satisfied with their care and treatment. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.</p> <p>The service must submit an annual return as requested by Healthcare Improvement Scotland. Consent should be recorded patient care records. A second emergency kit must be available. Disclosure Scotland checks must be completed for all members of staff working in the service. Checklists for checking of medication, equipment and emergency kits should be implemented. Appropriate cleaning products should be used for the cleaning of all sanitary fittings.</p>	Unsatisfactory

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 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 eight requirements and 13 recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should develop structured service aims and objectives with measurable indicators to help monitor service delivery (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.7</p>
b	<p>The service should develop a strategic plan that sets out its strategic objectives and operational priorities (see page 16).</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 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>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery

Requirements

- | |
|--|
| <p>1 The provider must publish an annual duty of candour report (see page 21).</p> <p>Timescale – by 15 May 2025</p> <p><i>Regulation 5(2)</i>
<i>The Healthcare Improvement Scotland (Inspections) Regulations 2011</i></p> |
| <p>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><i>Regulation 12(c)(i)</i>
<i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
| <p>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><i>Regulation 3(a)</i>
<i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p> |
| <p>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><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

- 5** The provider must develop and maintain an effective system to manage risks associated with patient care delivery (see page 22).

Timescale – by 15 May 2025

Regulation 12(c)(i)

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

Recommendations

- 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).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

This was previously identified as a recommendation in the September 2021 inspection report for Assured Occupational Health

- 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).

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

This was previously identified as a recommendation in the September 2021 inspection report for Assured Occupational Health

- 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).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

Implementation and delivery (continued)

Recommendations

g The service should implement a process to provide oversight of staff compliance with all training relevant to their role (see page 21).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

h 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 22).

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

This was previously identified as a recommendation in the September 2021 inspection report for Assured Occupational Health.

i The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 22).

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

This was previously identified as a recommendation in the September 2021 inspection report for Assured Occupational Health

Results

Requirements

6 The provider must complete and submit an annual return as requested by Healthcare Improvement Scotland (see page 25).

Timescale – immediate

Regulation 5(1)(c)

The Healthcare Improvement Scotland (Applications and Registrations)

Regulations 2011

Results (continued)

7 The provider must have an appropriate number of emergency kits (see page 25).

Timescale – immediate

Regulation 3(d)(iv)

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

8 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 25).

Timescale – immediate

Regulation 3(d)(iv)

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

Recommendations

j The service should implement a system for recording consent for all treatments (see page 25).

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

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).

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

This was previously identified as a recommendation in the September 2021 inspection report for Assured Occupational Health.

Results (continued)

- l** The service should ensure that all emergency protocols are visible and easily accessed by staff (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

- 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).

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

This was previously identified as a recommendation in the September 2021 inspection report for Assured Occupational Health.

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](#)

Assured Occupational Health 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 Assured Occupational Health 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's mission and vision were displayed on its website. Staff spoke positively of the manager. Clear and measurable key performance indicators should be developed for the service along with a strategic plan. All staff meetings should be documented.

Clear vision and purpose

The service aimed to provide a range of industry-specific medicals, travel health services, health surveillance and management of sickness absence. The service stated its mission as:

- 'To assist our clients in achieving maximum staff productivity whilst minimising costs through maintaining the health and well-being of their employees.'

The service's vision was:

- 'To provide a high quality specialist occupational health services working with employers and employees over the whole range of occupational health business needs.'

The service's mission and vision were published on its website.

What needs to improve

The service's mission and vision did not include formal aims, objectives or key performance indicators to inform or help assess the quality of its service delivery (recommendation a).

The service did not have an overall strategic plan in place (recommendation b).

- No requirements.

Recommendation a

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

Recommendation b

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

Leadership and culture

The service's staff was made up of:

- a receptionist, who also carried out some screening roles
- an administration manager, and
- occupational health doctors (one of whom was the manager of the service).

Staff we spoke with were positive about the service and of how supportive the manager was. They told us they felt able to raise any concerns and that they would be taken seriously if they did so.

What needs to improve

A clinical governance framework stated that the service would monitor the quality and safe delivery of care and treatment provided, in line with its clinical governance policy. This included discussions of clinical governance during staff meetings. While we were told that the manager met weekly and monthly with all members of staff, we saw no evidence of a written agenda and minutes of these meetings (recommendation c).

- No requirements.

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.

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 fully informed about treatment options and involved in all decisions about their care. Maintenance contracts were in place.

Staff appraisals must be carried out. A duty of candour report must be published every year. A proactive approach must be taken for the assessment and management of risk. Patient feedback should be sought and used to improve the service in line with its participation policy. Complaints information should be easily accessible to patients. A regular audit programme should be in place. A quality improvement plan should be developed.

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

The service's website contained information about the service and the treatments it offered.

What needs to improve

The service did not have a participation policy in place. Patients could provide some feedback online or through an enquiry form on the service's website. However, we found no evidence that feedback was recorded, analysed or used to inform service delivery. A more structured approach to patient feedback should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation d).

■ No requirements.

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.

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.

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. Equipment used, including personal protective equipment (such as aprons and gloves) was single-use to prevent the risk of cross-infection. Reusable equipment, such as spirometry equipment (used for a test to assess how well your lungs work) and the audio booth were decontaminated after use.

All medication, including vaccines and emergency medication were in-date. The vaccine fridge temperature was monitored daily and recorded on a temperature-recording sheet. Arrangements were in place to deal with medical emergencies, including an emergency bag and a first aid kit.

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. The service had a clinical waste contract in place and kept copies of waste consignment notes.

An incident and accident book was available to record all accidents or incidents. The service was aware of the notification process to Healthcare Improvement Scotland. 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 policies and procedures in place to support the delivery of person-centred care. These included those for:

- duty of candour
- infection control
- medicines management
- practicing and privileges, and
- recruitment.

Appropriate arrangements were in place to maintain the privacy and dignity of patients. Consultations were appointment-only. Access to treatment rooms was controlled through reception. Window-screening in the treatment room also helped maintain patient privacy.

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 in a locked room and scanned into an electronic, password-protected format to help maintain patient confidentiality. All patients had 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.

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

- proof of ID
- qualifications, and
- references.

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

What needs to improve

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, the service had not completed and published a yearly duty of candour report (requirement 1).

The service did not have a written complaints procedure in place and its website did not detail how service users could make a complaint (requirement 2).

The service did not have an emergency arrangement policy in place that detailed how an emergency, such as anaphylaxis would be dealt with (requirement 3).

We found no recorded evidence that yearly appraisals were carried out for staff (requirement 4).

While the service had a variety of policies in place, not all had been reviewed since our last inspection in September 2021. Some policies also lacked specific details. For example:

- The infection control policy did not detail all the standard infection control procedures (SICPs), as included in the *National Infection Control Manual*.
- The information management policy did not set out retention and destruction arrangements for notes.
- The medication policy did state who the prescriber was and the ordering process was unclear.
- The recruitment policy did not confirm that background checks from Disclosure Scotland would be sought.
- The safeguarding policy did not include details of who the service would contact (such as the local authority adults support and protection unit) (recommendation e).

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. However, we did not see any documented evidence of this (recommendation f).

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

- anaphylaxis
- basic life support
- fire safety
- health and safety, and
- infection protection and control.

However, we saw no evidence of training certificates or competencies (recommendation g).

Requirement 1 – Timescale: by 15 May 2024

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

Requirement 2 – Timescale: by 15 May 2024

- 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.

Requirement 3 – Timescale: by 15 May 2024

- 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.

Requirement 4 – Timescale: by 15 May 2024

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

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.

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.

Recommendation g

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

Planning for quality

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

What needs to improve

The service had a fire risk assessment in place. However, it did not have a system in place to identify, manage and monitor risks associated with the care of patients. A risk management process would demonstrate that all risks had been considered, appropriately assessed and measures in place to reduce frequency or harm (requirement 5).

We saw no evidence of audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement (recommendation h).

The service did not have a quality improvement plan in place. A quality improvement plan would help to structure and record service improvement processes and outcomes. It would also allow the service to measure the impact of any service changes and demonstrate a continuous cycle of improvement (recommendation i).

Requirement 5 – Timescale: by 15 January 2025

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

Recommendation h

- 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.

Recommendation i

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

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

The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were satisfied with their care and treatment. Medications were in-date. The service had recorded no accidents or serious incidents. Adequate personal protective equipment was available for use.

The service must submit an annual return as requested by Healthcare Improvement Scotland. Consent should be recorded patient care records. A second emergency kit must be available. Disclosure Scotland checks must be completed for all members of staff working in the service. Checklists for checking of medication, equipment and emergency kits should be implemented. Appropriate cleaning products should be used for the cleaning of all sanitary fittings.

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. Although requested, the service did not submit an annual return this year. 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. We did not request a self-evaluation from the service before the inspection.

The clinic environment was clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients we spoke with also told us they felt safe in the environment and the cleaning measures in place helped reassure them that their risk of infection in the service was reduced. Some comments included:

- 'Clean and well laid out.'
- 'Professional environment.'

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
- medical history (including details of any health conditions, allergies, medication and previous treatments), and
- treatment plans.

We saw that a system was 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.

What needs to improve

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 did not submit an annual return this year (requirement 6).

The service had one emergency bag which contained equipment, such as emergency medication and an oxygen cylinder, which were in-date. We were told that the emergency bag was taken off-site when vaccines were administered off-site at a workplace. We saw no evidence of a second emergency bag in place, should a vaccine have been administered at the clinic at the same time that vaccines were administered off-site (requirement 7).

We saw no evidence that the service had carried out a Disclosure Scotland check for its employed staff (requirement 8).

We saw evidence of consent for drug and alcohol testing in patient care records. However, patient care records we reviewed did not document patients' consent for occupational health medicals (recommendation j).

While the contents of the emergency bag were in-date, some contents of the first aid kit had expired, such as wound dressings. We discussed this with the service. We saw no evidence of a checklist to document regular checks of the emergency bag, first aid kit or expiry dates of medication. Cleaning checklists were also not in place (recommendation k).

Guidelines on anaphylaxis and basic life support were available in the emergency bag. However, these guidelines were not displayed in the clinical treatment rooms (recommendation l).

While the service kept a stock of chlorine tablets, we saw no evidence that clinical hand wash sinks were cleaned regularly with a chlorine solution in line with national guidance (recommendation m).

Requirement 6 – Timescale: by 15 January 2024

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

Requirement 7 – Timescale: by 15 January 2024

- The provider must have an appropriate number of emergency kits.

Requirement 8 – Timescale: by 15 February 2024

- 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 j

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

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.

Recommendation l

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

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.

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

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