



Independent Healthcare Inspection (Announced)

The Grove Skin and Laser Clinic,
Swansea

Inspection date: 09 March 2020

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Grove Skin and Laser Clinic on the 09 March 2020.

Our team, for the inspection comprised of two HIW inspectors, one of whom was the inspection lead.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

The Grove Skin and Laser Clinic had processes in place to help ensure they were providing an effective service to patients in an environment that was conducive to providing Intense Pulsed Light (IPL) and laser treatments.

Patients were able to maintain their privacy and dignity during consultation and treatments.

Clinical staff had the required skills to help deliver safe treatment to patients.

However, we found evidence that the service was not fully compliant with current regulations, standards and best practice guidelines.

This is what we found the service did well:

- The environment was clean and well maintained
- Patients were provided with detailed information to help them make an informed decision about their treatment
- Patient notes and records were being maintained to a high standard
- The clinic was committed to improving services and actively sought feedback from patients about their experiences
- The IPL/laser machines had been serviced and calibrated in line with manufacturer's guidelines.

This is what we recommend the service could improve:

- Weekly fire alarm tests need to be documented
- Portable Appliance Testing must be undertaken on electrical appliances
- The register of authorised users needs to include all IPL/laser operators
- Cleaning schedules must be created and maintained

- All staff to receive training in safeguarding which is appropriate to their role
- The recruitment policy must outline the pre-employment checks undertaken on new members of staff.

We identified the service was not compliant with the following regulation of the Independent Health Care (Wales) Regulations 2011:

- Regulation 21(2)(d) regarding fitness of workers – one IPL/laser operator had not been subject to an enhanced Disclosure and Barring Service (DBS) check.

This is a serious matter and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed.

3. What we found

Background of the service

The Grove Skin and Laser Clinic is registered as an independent hospital to provide IPL and laser treatments at 117 Glanmor Road, Uplands, Swansea, SA2 0RN.

The clinic is owned by the registered manager¹ who is supported by a small team of four staff members, which includes two other IPL/laser operators.

The service was first registered on 27 September 2018 and provides a range of treatments to patients over 18 years of age, including:

- Tattoo removal
- Hair removal
- Skin resurfacing and rejuvenation
- Skin tag/lesion removal
- Nail fungus removal
- Follicular Unit Transplant.

¹ A registered manager means a person who is registered under the Independent Health Care (Wales) Regulations 2011 as the manager of an establishment.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that patients were very happy with the service provided by the clinic and the registered manager was committed to providing a positive experience for patients.

Patients received detailed information pre and post treatment to help them make an informed decision about their treatment.

Patients could provide feedback about their experiences of the care and treatment received at the clinic.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 questionnaires were completed.

Overall, patient feedback was positive; every patient who completed a questionnaire rated the care and treatment that they were provided with as excellent or very good. Patient comments included the following:

"I have had a number of different treatments and have always received excellent advice and care. The team are very approachable and always responsive in a timely way to any questions I had whether in person or over email/Facebook"

"I am extremely happy with the service I have received at every appointment I have attended. All members of staff operate efficiently and with absolute courtesy. The setting for the appointments is comfortable and clean and I have always been treated in an excellent manner"

Health promotion, protection and improvement

Patients must complete a medical history form during their initial consultation and are required to sign a record card at each subsequent treatment session to confirm that there have or have not been any changes in their medical history.

This follows best practice guidance and helps to ensure treatment is safe and suitable for each patient.

We saw evidence of completed and signed medical history forms and records cards within patient records to confirm this approach. All of the patients who completed a HIW questionnaire also confirmed that they completed a medical history form, or had their medical history checked, before undertaking any treatment.

Dignity and respect

Consultations with patients take place in private to ensure that confidential and personal information can be disclosed without being overheard. Patients are able to change in an empty treatment room if necessary and are provided with towels in order to help maintain their dignity. Each patient who completed a HIW questionnaire said that they had been treated with dignity and respect by the staff at the clinic and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

The registered manager told us that patients are able to have a family member, friend or a formal chaperone present for support during consultations and treatment sessions.

Patient information and consent

The registered manager described how the capacity of patients to consent to treatment is assessed and we were assured that patients would be able to make their own informed decision to consent to treatment. Patients receive a face-to-face consultation with an IPL/laser operator prior to treatment to help them understand the options available to them and to discuss the benefits and potential risks of each treatment.

Each patient that completed a HIW questionnaire agreed that they had been given enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option; one patient commented:

“My treatments have always been very good and explained to me thoroughly. They are great at making sure expectations of the results are realistic”

We saw evidence within patient records of consent to treatment forms that had been signed by the patient and countersigned by the IPL/laser operator which

we noted as good practice. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

Communicating effectively

Every patient who completed a HIW questionnaire said that they were always able to speak to staff in their preferred language. Patients also told us that staff listened to them during their appointment and felt that they had been involved as much as they wanted to be in decisions about their treatment.

A patients' guide was available for patients which we found contained all the relevant information required by the regulations. We reviewed the clinic's statement of purpose² and noted that it needed to be updated to include the arrangements for dealing with patient complaints.

Improvement needed

The statement of purpose must be updated to include the arrangements for dealing with patient complaints.

Care planning and provision

The registered manager described suitable pre-treatment checks that are performed on patients to help determine a safe and effective setting of the IPL/laser for their skin and hair type. Patients are required to undergo a patch test on a small area of their skin before receiving treatment, the results of which are documented in their patient records. Where applicable, all of the patients who completed a HIW questionnaire confirmed that a patch test had been carried out before they received treatment.

Patients told us that they had been given aftercare advice to ensure they understand how to prevent infection and aid healing after their treatment.

We examined a sample of patient records and found evidence that they were being maintained to a high standard and in line with best practice guidelines.

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

This meant we were assured that care was being planned and delivered with patients' safety, wellbeing and individual needs in mind.

Equality, diversity and human rights

The clinic is located on a main road and parking is available on the surrounding streets. Although some facilities were located on the ground floor, the IPL/laser treatment rooms are located down a flight of stairs and are therefore not easily accessible for people with mobility difficulties. The registered manager told us that patients are informed of this when they contact the clinic and this is also made clear to patients on the clinic's website.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback as a way of monitoring the quality of service provided. Comment cards were available which patients could complete anonymously. Patients could also leave a review of their visit in a comments book that was available in the waiting area. Patients are also encouraged to complete an online review through social media about their experience at the clinic.

The registered manager told us that all comments and reviews are monitored regularly, acted upon if necessary and also discussed with staff.

We were assured that the transparency of the comments book and the online reviews ensured current and prospective patients are kept informed about the quality of care being delivered by the clinic.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We were assured that patients were receiving focussed individualised care that had been documented in accurate and comprehensive patient records.

Clinical facilities were in good condition and the IPL/laser machines had been regularly serviced to help ensure patients were being treated as safely as possible.

Improvements were needed to help fully protect the safety and well-being of staff and people visiting the premises and to ensure the clinic complies with best practice guidelines.

Managing risk and health and safety

During the inspection we looked at the maintenance arrangements in place to help protect the safety and well-being of staff and people visiting the premises. We saw certification that confirmed electrical wiring and gas safety checks had recently been undertaken. However, the registered manager could not confirm when Portable Appliance Testing (PAT) had last been carried out at the clinic. We recommend that testing is undertaken to help ensure small electrical appliances are fit for purpose and safe to use.

A fire risk assessment of the premises had recently been undertaken to mitigate against potential fire hazards and risks and help provide adequate protection in the event of a fire. Fire exits were signposted and we saw evidence that fire extinguishers throughout the premises had been serviced annually to ensure they worked properly. However, there was some confusion during the inspection as we noticed that two water fire extinguishers in the clinic had not been documented as serviced during the last maintenance check. We recommend the clinic seeks clarification from the fire specialist company about this to ensure they are safe to use.

The registered manager told us that fire alarm tests are carried out weekly but are not documented. The clinic must ensure the weekly fire alarm tests are

documented in future to comply with the Regulatory Reform (Fire Safety) Order 2005.

The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse and we saw that a number of staff had been suitably trained in first aid to treat minor injuries. A first aid kit was available with all of its contents within their expiry date and therefore fit for purpose.

Improvement needed

Portable Appliance Testing on electrical appliances must be undertaken throughout the premises.

The practice must seek clarification from the fire specialist company to identify whether the two water fire extinguishers are safe to use.

The weekly fire alarm tests undertaken at the clinic need to be documented.

Infection prevention and control (IPC) and decontamination

We found the premises to be in good condition and the treatment room was clean and clutter free. There were no concerns given by patients regarding cleanliness; all of the patients that completed a HIW questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described the infection control arrangements at the clinic which included ensuring good hand hygiene and cleaning of the treatment rooms and IPL/laser equipment between sessions. These arrangements were consistent with those outlined in the clinic's infection control policy. However, the cleaning tasks undertaken within the premises were not being documented.

We recommend that cleaning schedules are created and maintained to evidence the cleaning tasks undertaken within the premises and that this new process is detailed in an updated version of the infection control policy to ensure staff are aware of their responsibilities.

Improvement needed

Cleaning schedules must be created and maintained and the infection control policy must be updated to document this new process.

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service complies with their condition of registration to only treat patients over the age of 18 years old. No children are allowed on the premises for their own safety.

We saw that a protection of vulnerable adults policy was in place which outlined the procedures to follow in the event of any safeguarding concerns. The policy included the contact details of relevant local adult safeguarding agencies to ensure any concerns can be reported appropriately and in a timely manner.

We saw evidence that some staff at the clinic had undertaken safeguarding training to help them recognise and act on issues to help protect any vulnerable adults who may be at risk. The registered manager must ensure that all staff at the clinic undertake training in safeguarding which is appropriate to their role to fully help protect the welfare and safety of vulnerable adults.

Improvement needed

All staff must receive training in safeguarding which is appropriate to their role.

Medical devices, equipment and diagnostic systems

During the inspection we looked at the arrangements in place at the clinic to protect the safety of patients when receiving treatment. The IPL/laser machines had been regularly serviced and calibrated to help ensure they performed consistently and as expected. Medical treatment protocols that set out the procedures to follow to ensure treatments are delivered safely to patients were also in place and had been overseen by expert medical practitioners as required by the regulations. We noted that the protocol for the Gentlemax laser machine had recently expired and the registered manager must arrange for the protocol to be reviewed and re-issued by an expert medical practitioner and updated if necessary.

A contract was in place with a Laser Protection Adviser (LPA) to provide expert safety advice on the day to day operational use of the IPL/laser machines. We

saw that local rules³ were in place which had been reviewed by the LPA in keeping with the clinic's conditions of registration with HIW. However, we saw that the register of authorised users contained within the local rules was incomplete; the registered manager must ensure that all IPL/laser operators sign the register of authorised users to evidence their agreement to follow the local rules when undertaking treatments.

Improvement needed

The medical treatment protocol for the Gentlemax laser machine must be reviewed and re-issued by an expert medical practitioner.

All IPL/laser operators must sign the register of authorised users in the local rules.

Safe and clinically effective care

We saw evidence that each IPL/laser operator met Medicines and Healthcare products Regulatory Agency (MHRA) requirements⁴ to be a competent user of the IPL/laser machines having completed Core of Knowledge⁵ training and training by the IPL/laser machine manufacturers on how to operate them safely.

Protective eyewear was available for patients and the IPL/laser operators. We saw that the glasses and eye shields had been kept in good condition and the registered manager confirmed that they were checked daily for any damage.

The registered manager described the safety precautions taken when treatments are in progress; a warning sign on the outside of each treatment room door indicates that the IPL/laser machine is in use and the rooms are

³ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf.

⁴ [Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices](#)

⁵ Training in the basics of the safe use of IPL/laser machines.

locked to prevent any unauthorised persons from entering during treatments. We were told that the keys to each IPL/laser machine are locked away after every appointment to ensure they are kept secure when not in use.

We saw that an environmental risk assessment had been carried out when the clinic opened in 2018 to identify and mitigate for any hazards associated with the use of the use of the laser machines and the environment of each treatment room. This was undertaken before the IPL machine was installed at the clinic and we recommend that the risk assessment is reviewed to provide assurance that all potential risks have been identified.

Improvement needed

A review of the previous environmental risk assessment must be carried out to include any potential risks from the installation of the IPL machine.

Participating in quality improvement activities

We saw that the clinic had systems in place to regularly assess and monitor the quality of service provided. For example, we noted earlier in the report that patients had the opportunity to provide feedback about their experiences at the clinic. The registered manager also explained the importance of post treatment observations and discussions with patients to help provide improved individualised care throughout a course of treatment.

The registered manager also told us that all IPL/laser operators are encouraged to attend professional conferences or undertake webinars on relevant topics to develop their skills and knowledge to help provide improved patient care.

Records management

We saw evidence that patient records were being maintained in line with best practice and professional guidelines and supported the service to deliver good quality patient care. Patient notes were detailed and of good quality and a comprehensive patient treatment register was in place for the IPL/laser machines.

We found that patient information was being kept securely. Paper patient records were kept in a locked cabinet to prevent unauthorised access.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

The registered manager demonstrated a commitment to support staff working at the clinic.

The complaints procedure in place at the clinic would enable patient complaints to be handled effectively and in a timely manner.

A range of policies and procedures were in place but the clinic must monitor and check that staff have read them to ensure they understand their responsibilities.

The clinic must do more to ensure that any new staff members are fit to work at the clinic by undertaking suitable pre-employment checks.

Governance and accountability framework

We found a wide range of policies and procedures in place that set out the rules and guidelines for staff to follow during their employment. We saw that policies had been regularly reviewed by the registered manager in line with the regulations. However we could not be assured that all staff had read each policy to understand their responsibilities. We recommend that the clinic implements a system to monitor and ensure that all staff have read and understood each policy and any subsequent updates.

We saw that the clinic had an up to date liability insurance certificate in place to protect against compensation claims and associated legal costs.

Improvement needed

The registered manager must implement a system going forward to monitor and ensure that all staff have read and understood each policy and procedure in place at the clinic.

Dealing with concerns and managing incidents

The service had a clear complaints procedure which included the correct contact details of HIW in line with regulatory requirements. We found that it would enable staff to handle any complaints effectively and in a timely manner.

A summary of the complaints procedure was included within the patients' guide and we recommended earlier in the report that a summary should also be included within the statement of purpose.

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic from patients.

Workforce planning, training and organisational development

As mentioned earlier within the report, we were assured that the IPL/laser operators at the clinic had the appropriate knowledge, skills and experience to provide safe and effective care to patients.

Monthly staff meetings are held to discuss any potential issues, identify lessons learned and provide an opportunity for staff to raise any issues they may have.

The registered manager told us that regular catch ups with all staff members take place instead of formal appraisals. The catch ups allow staff to hear feedback about their performance and to identify future training opportunities. We advised the registered manager that it is good practice to document each catch up and share with the staff member for transparency and to reduce the risk of any misunderstanding in communication.

Workforce recruitment and employment practices

We looked at the recruitment policy in place that set out the procedure to follow to recruit any new members of staff. The policy did not set out the pre-employment checks the clinic would undertake to ensure any new staff are suitably qualified and fit to work at the clinic. We discussed this with the registered manager who confirmed that a new IPL/laser operator had recently been employed only on the strength of two references from their previous employer. HIW would expect all IPL/laser operators to have a suitable

enhanced Disclosure and Barring Service⁶ (DBS) certificate as required by the regulations to prove their suitability to work unsupervised with patients. Our concerns regarding this were dealt with under our immediate non-compliance process and are detailed in Appendix A.

The registered manager described an appropriate induction process in place at the clinic to help new staff gain an effective understanding of their new role which included a period of shadowing, training and supervision.

Improvement needed

The recruitment policy must be updated to outline the pre-employment checks undertaken to help ensure any new members of staff are fit to work at the clinic.

⁶ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>During the inspection we asked the registered manager for evidence that appropriate pre-employment checks had been carried out on the IPL/laser operators. The registered manager confirmed that one IPL/laser operator had never been subject to a DBS check and had been employed on the strength of two references from their previous employer.</p>	<p>This meant we could not be assured that the operator was fit to work at the clinic and that the welfare and safety of patients was being protected.</p>	<p>We raised our concerns with the registered manager immediately during the inspection.</p>	<p>The registered manager confirmed that they would arrange for an enhanced DBS check to be carried out immediately on the IPL/laser operator. In addition, the registered manager agreed to supervise the IPL/laser operator during treatments until a suitable certificate is received.</p>

Appendix B – Improvement plan

Service: The Grove Skin and Laser Clinic

Date of inspection: 09 March 2020

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The statement of purpose must be updated to include the arrangements for dealing with patient complaints.	The Independent Health Care (Wales) Regulations 2011 Regulation 6	I thought only patient guide needed this I have now updated the statement of purpose to reflect the same.	Jodie Grove	Done
Delivery of safe and effective care				
Portable Appliance Testing on electrical appliances must be undertaken throughout the premises.	National Minimum Standards for Independent Health Care Services in	Done on the 10 th of March.	Jodie Grove	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Wales Standard 12			
The practice must seek clarification from the fire specialist company to identify whether the two water fire extinguishers are safe to use.	The Independent Health Care (Wales) Regulations 2011 Regulation 26	Speak to PES who organise all our fire safety. They were replaced on 30 April 2020.	Jodie Grove	Done
The weekly fire alarm tests undertaken at the clinic need to be documented in future.	The Regulatory Reform (Fire Safety) Order 2005	Purchase of a fire safety log book in order to record.	Jodie Grove	Done
Cleaning schedules must be created and maintained and the infection control policy must be updated to document this new process.	The Independent Health Care (Wales) Regulations 2011 Regulation 9(1n)	Have cleaning logs on the back of each door to be signed by staff.	Jodie Grove	Done
All staff must receive training in safeguarding which is appropriate to their role.	National Minimum Standards for Independent Health Care Services in Wales	To enrol staff on appropriate training.	Jodie Grove	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Standard 11			
The medical treatment protocol for the Gentlemax laser machine must be reviewed and re-issued by an expert medical practitioner.	The Independent Health Care (Wales) Regulations 2011 Regulation 45(1)	To contact supplier Candela and get a new updated protocol.	Jodie Grove	3 months
All IPL/laser operators must sign the register of authorised users in the local rules.	National Minimum Standards for Independent Health Care Services in Wales Standard 16	Get staff to sign.	Jodie Grove	Done
A review of the previous environmental risk assessment must be carried out to include any potential risks from the installation of the IPL machine.		To contact Simon Wharmby LPA to update risk assessment.	Jodie Grove	Done
Quality of management and leadership				
The registered manager must implement a system going forward to monitor and ensure that all staff have read and understood each policy and procedure in place at the clinic.	National Minimum Standards for Independent Health Care Services in Wales Standard 24	To set time aside for staff to read and sign to say they have read and understood all policies and procedures. Staff to sign each time there is an adjustment to any of the above.	Jodie Grove	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The recruitment policy must be updated to outline the pre-employment checks undertaken to help ensure any new members of staff are fit to work at the clinic.	The Independent Health Care (Wales) Regulations 2011 Regulation 9(1)	Updated recruitment policy in particular to include enhanced DBS for all new staff.	Jodie grove	Done

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Jodie Grove
Job role: RN INP Service Owner / Manager
Date: 10/05/2020