

Independent Healthcare Inspection Report (Announced)

Infiniti Healthcare, Cardiff

Inspection date: 13 October 2022

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Infiniti Healthcare on 13 October 2022.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a clinical peer reviewer. The team was led by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Infiniti Healthcare was committed to providing treatments to patients in an environment that was conducive to providing a high-quality service. Staff placed an emphasis on promoting the privacy and dignity of patients and on protecting patients' rights when visiting the clinic. The environment also promoted the patients' privacy and dignity.

The registered manager and consultants ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment.

Senior staff were dedicated to ensuring patients received a quality experience and this was reflected in the patient feedback; with almost all patients rating the service they received as 'very good'.

There were good processes in place to enable patients to provide their views on the care they had received at the hospital.

This is what we recommend the service can improve:

- Provide more health promotion information on how patients can maintain their general health.

This is what the service did well:

- Treated patients with dignity and respect
- Providing patients with information about the care and treatment provided, including aftercare.

Delivery of Safe and Effective Care

Overall summary:

The clinic environment was well maintained and free from obvious hazards, it was also warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout.

All patients said that the clinic was clean and that COVID-19 infection control measures were being followed where appropriate.

The clinic had the right equipment and medical devices to meet the needs of patients. The equipment was maintained in a timely manner.

The clinical records were well organised and easy to understand. They were clear, accurate and legible. An electronic record system was used at the clinic and the records management system allowed for authorised staff to view records.

Non-compliance notices:

- The clinic did not have appropriate arrangements to deal with medical emergencies such as a cardiopulmonary event or other life-threatening emergencies
- The clinic had not maintained appropriate standards of fire precautions by not documenting fire drills and suitability of fire equipment including fire alarms and fire escape lighting. A fire risk assessment had not taken place as required in 2022.

This is what we recommend the service can improve:

- Ensure that the offer of chaperones is recorded on patient records
- Provide a range of clinical audits.

This is what the service did well:

- Having a welcoming environment for patients
- Maintaining a clean environment to minimise the risk of healthcare acquired infections.

Quality of Management and Leadership

Overall summary:

We found the registered manager was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

The clinic had a range of policies and procedures in place which were being reviewed and updated regularly.

The human resources (HR) system used, enabled staff to record training records, manage staff and ensure appropriate policies and procedures were stored.

This is what we recommend the service can improve:

- Ensure that all staff are appropriately trained in relevant mandatory training
- Ensure that arrangements are in place for staff to report changes to circumstances that would affect their DBS status.

This is what the service did well:

- Having strong governance arrangements in place
- Following the correct processes for staff recruitment
- Providing staff with up-to-date policies and procedures to follow.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 23 completed questionnaires. The responses and limited comments indicate a positive patient experience for this setting.

Some of the comments provided by patients on the questionnaires included:

“Very happy with the care. Doctor was amazing and put my mind at ease.”

“I was very satisfied with the care I received”

“Staff friendly and approachable and put at ease”.

Patients were asked in the questionnaire to rate their overall experience of the service, all bar one rated the service as ‘very good’.

Patients were asked in the questionnaires how the setting could improve the service it provides. No suggestions for improvement were made, with patients commenting:

“None”

“No improvement necessary”.

Health protection and improvement

There was little health promotion material displayed within the clinic. However, staff confirmed that patients would be provided with relevant health promotion advice during their consultations prior to receiving treatment. We were told that the consultation would include lifestyle choices and patients are referred to health lifestyle applications online. For patients without online access the clinic would print out the relevant information.

However, more information needs to be available in the clinic on how patients can look after their own general health.

Dignity and respect

The environment of the clinic promoted the privacy and dignity of patients. All consultation rooms had doors that would be closed when in use and the blinds to the

windows were closed. The reception area and waiting room at the clinic was large, we were told that a maximum of two patients would be in the waiting room at any one time. Should there be a need, the patient would be taken to a spare consulting room to hold any confidential conversations. We noted that staff placed an emphasis on promoting the privacy and dignity of patients attending the clinic.

All patients who completed a HIW questionnaire told us staff had treated them with dignity and respect and measures were taken to protect their privacy during their appointment at the clinic.

Communicating effectively

We saw that signage within the clinic was in English only. Most correspondence was sent to patients via e-mail.

Written patient information was generally available in English only and not bilingually in Welsh and English. None of the patients who completed the questionnaire said that their preferred language was Welsh. However, as the clinic operated in Wales, the registered manager should consider providing more information in both Welsh and English.

Staff confirmed they could access a translation service, should this be required, to communicate with patients whose first language was not English. Any patients who required additional needs would be identified on the medical record system used.

Patient information and consent

All the patients who completed the questionnaire agreed they were provided with enough information to help them understand their healthcare. They also all agreed that staff listened to them and answered their questions.

Care planning and provision

Staff we spoke with said that patients were provided with information about their care and treatment, at all stages of the treatment. There was information on the clinic website about the general issues that patients would experience and how to manage these. Additionally, patients were provided with information about the care and treatment provided, including aftercare. All patients confirmed in the questionnaire that they felt involved as much as they wanted to be in decisions about their healthcare.

The majority of patients indicated in the questionnaire that they had to wait under 15 minutes for their appointment. Whilst only 75% said they had been told how long they had to wait; we were told that patients would only be told of any delays in receiving treatment.

Equality, diversity and human rights

The clinic was easily accessible to patients with mobility difficulties or those who used a wheelchair. There was a lift available from the ground floor entrance area to the first-floor consulting rooms. Staff stated that they had helped patients in the past where necessary to ensure they could access and egress the consulting rooms and the clinic. This showed that staff provided care in a way that promoted and protected people's rights.

The clinic also had an up-to-date equality and diversity policy in place.

Patients who completed a HIW questionnaire told us they had not faced discrimination when accessing or using the clinics' services and felt that they could access the right healthcare at the right time regardless of any protected characteristic.

Citizen engagement and feedback

Staff we spoke with told us that after each consultation the patients were asked to complete an online survey that provided verified feedback for healthcare specialists. This included the overall experience, wait time and cleanliness. We were told that recently the clinic had started to include questions on the booking system process as part of the survey. The clinic answered all comments posted, even if the answer was a 'thank you' or a positive comment.

If a negative comment was posted, the clinic would ask for further information so they could investigate this further. However, we believe the clinic would benefit from informing patients of the results of the feedback collected such as a 'you said, we did board' in the clinic.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic environment was well maintained and free from obvious hazards, it was also warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout. Senior staff also explained their plans for the consulting rooms to further enhance the experience of patients.

All patients who completed the questionnaire thought there was adequate seating in the waiting area.

We reviewed the arrangements for dealing with a medical emergency including resuscitation in line with Resuscitation Council guidelines and found these to be insufficient.

Additionally, we noted the following relating to taking adequate precautions against the risk of fire:

- Weekly checks of fire alarms and fire escape lighting had not taken place and documented in the fire log
- The six-monthly fire drills had not taken place and documented in the fire log
- The action plans required by the health and safety and fire risk evaluation dated April 2022 had not been updated. This included the urgent requirement for a fire risk assessment within two months, which had not taken place.

Both the issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report. We have since received satisfactory assurance of improvement.

Infection prevention and control (IPC) and decontamination

We noted that personal protective equipment was used, available and changed appropriately between patients. The majority of equipment used was single use. Sharps bins were available and stored appropriately. There was a sufficient IPC policy in place.

The clinic shared the use of cleaning company with the other registered provider on the premises. We saw evidence of the cleaning audit completed in the current year by the cleaning company. There was not an isolation room in the building, during the pandemic, patients waited in their car before being called into the clinic for their appointment.

The practice had a number of in-date policies in place that staff had access to on the HR system.

Whilst there had been an audit in clinical record keeping, the last audit of use of tristel (disinfectant) and the ultrasound scanning probe was in 2020. More clinical audits need to be completed by the clinic as part of a documented clinical audit programme.

We noticed a number of areas in the clinic with hand gels and masks for patients to use. Should any patients attend the clinic who would be considered as vulnerable they would be allocated the first appointment of the day.

All bar one patient in the questionnaire said the setting was 'very clean'. All patients with an opinion said that COVID-19 infection control measures were being followed where appropriate.

Safeguarding children and safeguarding vulnerable adults

There was an up-to-date safeguarding policy in place, which included information on local services with relevant contact details. The registered manager was the designated safeguarding lead and staff said they would be informed of any safeguarding concerns to coordinate any action required.

Medicines management

The clinic had a medicines management policy that had been recently updated. Whilst no medication was stored on the premises at the time of the inspection, as a result of the non-compliance notice a number of emergency drugs were required to be stored at the premises. Following on from this we were provided with a Medical Emergency Policy and Procedure.

The clinic used an online system to store accurate records of all patient related notes. A nearby pharmacy was available to be used to provide advice on any medicines management relevant to the clinic.

Evidence was provided of the audits that had been undertaken relating to record keeping and chaperones.

There was a phlebotomy service provided by the clinic on a daily basis, with the results available within the week.

Medical devices, equipment and diagnostic systems

The clinic had the right equipment and medical devices to meet the needs of patients and these were situated in the correct environment for their use. The registered manager was responsible for ensuring the equipment was maintained in

a timely manner, this included a process for reporting faulty equipment. Evidence of this maintenance was provided and showed that it had been completed in a timely manner.

Safe and clinically effective care

From speaking to staff at the setting, including senior staff, we were told that very few patients attending their clinic had additional needs. Whilst the clinic had access to a translation line, patients were also encouraged to bring an interpreter with them. The staff we spoke with were both happy working at the clinic and they believed that the care given was timely and that care to patients was provided in a safe environment with access to clinical policies and procedures.

Participating in quality improvement activities

Staff at the clinic describe a recent purchase and use of a system called Pelvi Power which was described as a way to build up and relax the pelvic floor and the surrounding muscles. Whilst this was not a service that required registration by HIW it showed that the clinic was considering additional methods to help in the treatment of patients. We were told that the business manager was also a pilates instructor, able to deal with the pelvic floor needs. They accompanied patients during the first two lessons on the Pelvi Power equipment and then remain within earshot. However, to further improve the safety of this equipment we believe that the patient should have a buzzer or similar when on the equipment to call for assistance. Alternatively, the patient should remain within view of a member of staff when the equipment was in use.

The clinic were also in the process of employing a menopause specialist nurse and were also looking at employing a physio to work alongside the Pelvi Power package. The clinic was keen to promote a holistic approach of to the treatment of the patient.

Records management

We inspected a random sample of records for five patients. We saw that the records were organised well and easy to understand, clear, accurate and legible. An electronic record system was used at the clinic and the records management system allowed for authorised staff to view records.

The records showed that information leaflets were given to patients about their condition, investigation and management so they could understand their own health and illness.

We noted that the clinic offered both face to face and virtual appointments and are able to track patients from their first contact to the end of their treatment, showing

that they collaborated with primary care. The clinical record keeping system used was considered to be impressive.

From speaking to the two consultants involved in the treatment of patients, we were told that chaperones were offered on every occasion to patients. However, on two of the five records checked this was not documented.

Quality of Management and Leadership

Governance and accountability framework

The clinic had a business manager to assist the registered manager in the day-to-day management of the clinic. There was a clear management structure in place, with clear lines of reporting and accountability shown. There had been regular staff meetings that had been documented.

The up-to-date statement of purpose and patient guide in relation to the clinic was on display in the waiting area of the clinic. Both included the relevant information required by the regulations.

There were in-date policies and procedures in place, although these would benefit from having a review date to ensure that they were updated when required. These were available on the HR system for staff to access.

The registered manager, in addition to regularly working at the clinic, had oversight of the management and operation of the clinic. They had also written a recent report on the setting as required by the regulations.

Our findings showed that there was a clear governance and accountability in place to ensure that the clinic was able to comply with the relevant legislation. Both consultants at the clinic were passionate about the service they provided and were keen to show that they had plans in place to improve the service. They, together with the business manager and receptionist, were welcoming, engaged well with the inspection and were keen to correct any issues on this inspection in a timely manner.

Dealing with concerns and managing incidents

The clinic had an up-to-date written complaints procedure, which was on display at the clinic. This set out to patients who they could contact for advice, including the details of HIW, in addition to the timescales for responding to complaints.

Arrangements were in place to record and monitor incidents. We were also told the process to receive monitor and investigate any complaints, which we confirmed from examining a sample of the complaints recorded. Additionally, the process to ensure that lessons were learned and shared with all staff was described.

Workforce planning, training and organisational development

Staff we spoke with confirmed the number and skill mix of staff working at the clinic was sufficient to deliver the services provided at the clinic. We were told that patients were only booked in for appointments when there were sufficient qualified staff working at the clinic. Whilst patients were normally booked in for 30-minute

time slots, the clinical staff were passionate about the care provided and would spend as much time as patients needed for the consultation.

Workforce recruitment and employment practices

Both non-clinical staff at the premises had only recently been employed and formal appraisals have yet to take place. The consultants employed were both appraised as part of their re-validation process as consultants within the NHS.

We examined the new staff files for both non-clinical staff, which included references, job descriptions and contracts. The disclosure and barring services (DBS) check on one of the new members of staff was in the process of being completed. The DBS should have been in place before staff are employed. Whilst there were DBS checks in place for all other staff, the DBS for the registered manager was dated 2017. The service needs to assure themselves that staff have not had changes to their circumstances that would affect their DBS status.

The clinic had recently invested in a new HR system that provided the management of recruitment and staffing in addition to providing policies and procedures that could be used by the practice. The staff training was also managed on this system. This showed that both non-clinical staff had not completed all the mandatory training required, including basic life support, safeguarding and manual handling.

Staff stated that they were able to access a helpline, through the HR system on wellbeing and counselling.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Infiniti Healthcare

Date of inspection: 13 October 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure that appropriate arrangements are in place to deal with a medical emergency, including resuscitation, in line with Resuscitation Council guidelines.	Independent Healthcare Regulations (Wales) 2011 Regulation 26	Defibrillator purchased 14th October 22. Arrived 17th October.	Kiron Bhal	17th October
The register manager must ensure that appropriate emergency medication is available for use at the clinic in the event of life-threatening emergencies at the clinic. This medication held must be considered following a documented risk assessment by the registered manager of the types of	Independent Healthcare Regulations (Wales) 2011 Regulation 26	BOC Emergency bag ordered containing: <ul style="list-style-type: none"> • Glyceryl trinitrate (GTN) spray (400micrograms/dose) • Salbutamol aerosol inhaler (100micrograms/actuation) • Adrenaline injection (1:1000, 1mg/ml) • Aspirin dispersable (300mg) • Glucagon injection (1mg) 	Kiron Bhal	Received

emergencies that could occur at the clinic.		<ul style="list-style-type: none"> • Oral glucose gel • Midazolam 10mg (buccal) Also, Oxygen tank and eqpt for administering.		
<p>The registered manager must then ensure that the necessary checks are in place and documented to ensure this equipment and medication is available, in date and serviceable. This includes:</p> <ul style="list-style-type: none"> • Updating the medicines management procedures • Writing a procedure for actions to be taken in the event of a medical emergency • Ensure that staff are appropriately trained in the use of the equipment • Weekly documented checks of all the equipment and medication held to ensure it is serviceable • Monthly checks of the use by dates of the equipment and 	Independent Healthcare Regulations (Wales) 2011 Regulation 9 and 15 (5)	Medicines management procedures updated and attached.	Kiron Bhal	19th October 22
		Risk assessment for the emergency bag attached.	Kiron Bhal	20th October 22
		Procedure for emergency attached Dr Nadia Bhal / Dr Kiron Bhal already trained in resus in NHS.	Heather Williams	20th October 22
		First Aid training inclusive of AED training booked in for 16th December.	Heather Williams	16th December 22
		Checks to be implemented by Heather Williams/Corinne Manning on receipt of Emergency bag. See attached Weekly/monthly checklist. BOC offer an effective monitoring service for the replacement of out-of-date drugs and will replace Oxygen cannister 3 times a year.	Heather Williams / Corrine Manning	7th November

<p>medication to ensure it is in date</p> <ul style="list-style-type: none"> Document the use by dates for all the medication and equipment to use on the monthly checks. 				
<p>The registered manager must ensure that the relevant assessments and checks are in place and that these are documented and updated to include:</p> <ul style="list-style-type: none"> Weekly documented checks of fire alarms and fire escape lighting Six monthly documented fire evacuation drills In date, regular, fire risk assessments with evidence that the action plans are being monitored and actioned. 	<p>Independent Healthcare Regulations (Wales) 2011 Regulation 26 (4)</p>	<p>Updated Fire Risk Assessment October 2022- no Christmas decorations used in the stairwell. 4.13: sealant has been ordered to seal mortice locks.</p> <p>All issues with regard to fire safety management have been addressed and implementation has begun. Nominated Fire Safety officer will ensure these are actioned as per plan attached.</p> <p>Evacuation fire drill (see attached cert) and weekly fire alarm and lighting test performed and logged. Corrine Manning appointed as Fire officer to carry out weekly and monthly checks or a nominated deputy, 6 monthly evacuations will be carried out by the appointed fire company. See attached.</p>	<p>Heather Williams</p> <p>Heather Williams/ Corrine Manning</p>	<p>Completed</p> <p>Undertaken 18th October 2022.</p>

		<p>Fire evacuation/Alarm/Emergency lighting testing training also undertaken on same day.</p> <p>Water Risk Assessment booked in for 17th November 22, water policy attached.</p>		
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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): Heather Williams

Job role: Clinic Manager

Date: 21 October 2022

Appendix C - Improvement plan

Service: Infiniti Healthcare

Date of inspection: 13 October 2022

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	Standard/Regulation	Service action	Responsible officer	Timescale
The registered manager is required to provide Healthcare Inspectorate Wales (HIW) of details of the action taken to ensure that a selection of leaflets are available at the setting to allow patients to look after their own health.	National Minimum Standards, Standard 3 Health Promotion, Protection and Improvement	Leaflets for healthy lifestyle downloaded and will be on display in the clinic for patients to take away	The Registered manager	Completed
The registered manager is required to provide HIW with details of the action taken to ensure the results and actions taken on feedback provided are displayed at the clinic.	Standard 5 Citizen Engagement and Feedback Independent Health Care (Wales) Regulations 2011 (IHR) regulation 19	Feedback provided will be displayed in the clinic setting as part of the latest inspection	The Registered manager	Completed

The registered manager is to ensure that all staff are appropriately trained in relevant mandatory training to include, safeguarding, fire safety and basic life support.	Standard 25 Workforce Planning, Training and Organisational Development IHR regulation 20 (2) (a)	Mandatory training programme to include safeguarding relevant to the staff in clinic is already in place with Bright HR online programme and basic life support training already booked.	The Registered manager	Basic Life support booked for 16.12.2022 Mandatory programme in place Fire safety- booked with next 3 months
The clinic is to ensure that an appropriate mechanism is put in place to ensure that patients using the Pelvi Power system have a method to call for help or are kept under constant supervision.	Standard 7 Safe and Clinically Effective Care	We have already ordered a camera and call system in the room that is directly linked to the admin room who can be alerted if there are any concerns. The nursing staff in the space next to the room will also check on the patient every 15mins - which is twice within a 25-30minute programme	The Registered manager	Camera/Contact device to be fitted in next 4 weeks
The registered manager is to ensure that a range of clinical audits are carried out at the clinic as part of a clinical audit programme.	Standard 6 Participating in Quality Improvement Activities IHR regulation 9 (1) (o)	A list of relevant clinical audit to the practice within the clinic have been drafted	The Registered manager	Completed - audits to commence in January 2023 on a rolling basis
The registered manager is to ensure that the offer of	Standard 20 Records Management	This is routine practice for all clinical examination by clinician	The Registered manager	Completed

chaperones is recorded on patient records.	IHR Schedule 3	in this clinic and all staff to be reminded to record this in electronic or paper notes. This will also form part of the clinical audit programme.		
The registered manager is to ensure that appropriate arrangements are in place for staff to report all circumstances that would affect their DBS status.	Standard 24 Workforce Recruitment and Employment Practices IHR Schedule 2	This is already in place as part of any staff working in the clinic. Kindly suggest what other arrangements that HIW would wish to see in place as this is part of the contract of staff both employed and working as an adhoc basis. Staff will also be reminded in staff meetings or via emails annually.	The Registered manager	Completed

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): Heather Williams
Job role: Clinic/Business Manager
Date: 12 December 2022