

Independent Healthcare Inspection Report (Announced)

Innermost Healthcare, Cardiff

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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 Innermost Healthcare on 06 March 2025.

Our team for the inspection comprised of three HIW healthcare inspectors and a clinical peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of seven were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Innermost 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 clinicians ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment.

Staff were dedicated to ensuring patients received a quality experience and this was reflected in the patient feedback; with 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 clinic.

This is what we recommend the service can improve:

- Add the complaints policy to the clinic website
- Provide details of staff, their roles and suitable qualifications on the clinic website.

This is what the service did well:

- Treated patients with dignity and respect
- Good processes in place for patients to provide feedback
- 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 infection control measures were being followed.

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.

This is what the service did well:

- A welcoming and clean environment for patients
- Appropriate infection, prevention and control (IPC) processes
- Medical records were well maintained, secure and easy to navigate.

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.

We viewed staff training records and found that staff had completed mandatory training.

The clinic had a range of policies and procedures in place which were being reviewed and updated regularly. These were found to be well organised and easy to navigate.

The human resources (HR) system enabled staff to record training records, manage staff and ensure appropriate policies and procedures were stored. However, we found that staff had not provided immunisation status as part of their pre-employment checks. This was dealt with through our immediate assurance process.

Team meetings were being held regularly.

Immediate assurances:

- Staff had not provided immunisation status as part of their pre-employment checks.

This is what the service did well:

- Robust governance arrangements in place
- Appropriate processes in place for staff recruitment

- Up to date policies and procedures.

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 ten completed questionnaires. The responses and limited comments indicate a positive patient experience for this setting.

Patient comments included:

“All staff are fantastic. This has been an invaluable service to me throughout my pregnancy.”

“I would like to take the opportunity to praise Innermost Healthcare. Always easy to contact, the environment is comfortable and all staff are extremely accommodating, knowledgeable and reassuring.”

Health protection and improvement

Health promotion leaflets appropriate to the setting, were available in the reception area and we saw, from patient records, that staff discussed general health during consultations.

Dignity and respect

The clinic was found to be light, airy and clean. Access to the clinic was on ground floor and street level and therefore suitable for patients with mobility issues. Assessment rooms had lockable doors and curtains around the beds that patients could remove clothing in privacy. We were told that dignity drapes were used to cover patients during intimate examinations.

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 only patients with a pre-arranged appointment 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.

Patient information and consent

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

We reviewed a sample of five patient records and saw that the consent process was appropriate and followed guidelines set out by Royal College of Obstetricians and Gynaecologists (RCOG), National Institute of Clinical Excellence (NICE) and the National Antenatal Guidelines.

Communicating effectively

We saw from a review of medical records that patients were given the opportunity to use their preferred language. Signage within the clinic was in English only and we were told that this can be provided in Welsh if required. Most correspondence was sent to patients via e-mail.

Staff told us that they have access to a translation service if required. Any patients who required additional needs would be identified on the medical record system.

Written patient information was generally available in English only and not in Welsh. 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.

The clinic had an informative website. However, we recommended that the registered manager add details of the staff who work at the clinic.

The registered manager should display details of the staff working at the clinic.

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. 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 were wide doors and an accessible toilet. Staff stated that they would help patients where necessary to ensure they could access 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 clinic 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 patients could complete an online survey that provided verified feedback for healthcare specialists. This included the overall experience, wait time and cleanliness. We saw that a QR code was displayed in patient areas to allow patients to provide feedback. The clinic recorded all comments posted and made changes where possible. We were told that feedback was mostly positive.

Staff explained that they had not received any negative feedback but if a negative comment was posted, the clinic would investigate this further.

Delivery of Safe and Effective Care

Managing risk and health and safety

Innermost Health Clinic was situated on the ground and first floors with wide doors and lift for easy access for people with mobility issues. The entrance was controlled by an intercom system and only people with appointments were granted entry.

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. We saw a Health and Safety risk assessment which had been recently reviewed.

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 sufficient and checked regularly.

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

Infection prevention and control (IPC) and decontamination

We found the clinic to have appropriate IPC processes in place. We noted that personal protective equipment (PPE) was used, available and changed appropriately between patients. Hand washing stations were available in all consultation rooms. Reusable equipment was found to have appropriate decontamination processes. Sharps bins were available and stored appropriately. We found suitable arrangements in place with a waste carrier company.

There was a sufficient IPC policy in place which had been recently reviewed.

The clinic was visibly clean and well maintained. We saw evidence of the cleaning schedules and audits completed in the current year.

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

All patients who completed the questionnaire said that the setting was 'very clean'

Medicines management

There was no medication kept on site. Patients who required medication were given a prescription to get their medication from their own local pharmacy.

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.

We saw records of safeguarding training which showed 100% compliance.

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 did not have access to a translation line, staff used Google translate or equivalent. We were told that they avoid using family members to translate due to safeguarding issues.

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.

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 face to face appointments and can track patients from their first contact to the end of their treatment. Clinicians can refer patients

to other services both within the NHS and IHC. The clinical record keeping system used was considered to be very good.

From speaking to the consultant involved in the treatment of patients, we were told that chaperones were offered on every occasion to patients. We recommended that signage be displayed informing patients to request if a chaperone is required.

Quality of Management and Leadership

Staff feedback

Staff comments included:

'It is a very supportive, informed place to work. We are treated as valuable members of the team, new information and learning is openly shared. There is encouragement if we make suggestions and bring ideas forward to improve service or areas of working. Patients are treated with the utmost respect, courtesy and discretion and it is a friendly and welcoming environment.'

'Everyone I work with is professional, supportive and friendly. If I don't know something there is always someone to go to for answers.'

Governance and accountability framework

The clinic had a 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.

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 and these were well organised and easy to navigate. These were available on the HR system for staff to access.

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. However, we recommended displaying this on the clinic website.

The registered manager should add the complaints policy to the clinic website.

Arrangements were in place to record and monitor incidents. We were also told the process to receive monitor and investigate any complaints. We were told that they had not had any incidents to date. However, staff described the process of how lessons learned would be shared with all staff was described.

Workforce recruitment and employment practices

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.

We saw that a HR monitoring system was in place to ensure pre-employment checks took place and track training.

We were told regular staff meeting took place although, minutes were not always recorded. We recommended formally recording staff meetings as a matter of process which will be beneficial as the team grows. Staff told us they discussed good practice and feedback in the weekly meetings.

Workforce planning, training and organisational development

We reviewed a sample of five staff files and found that pre-employment checks were performed, and staff had a contract and job description. However, staff had not provided evidence of immunisations such as hepatitis B. This was dealt with through our immediate assurance process.

We saw that appraisals took place annually and all staff had received one within the last year. There were also more frequent supervisory discussions that were recorded on the HR system.

The clinical staff employed were also appraised as part of their re-validation process as staff within the NHS. In addition, clinical staff also received training from the NHS on some topics.

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 all members of staff was completed.

The staff training was also managed on the HR system. This showed that compliance with mandatory training was 100%. This included 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 summarises 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 concerns were identified and resolved during this inspection.			

Appendix B - Immediate improvement plan

Service: Innermost Healthcare, Cardiff

Date of inspection: 6 March 2025

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Whilst reviewing staff files we identified that there were no records of immunity status for staff.	The practice must ensure that: <ul style="list-style-type: none">• a Hepatitis B immunity register is implemented to record the immunity status of the clinical staff	The Independent Health Care (Wales) Regulations 2011 regulation 21 (2) (c) Immunisation against infectious disease	<ul style="list-style-type: none">• a hepatitis B immunity register is in place to record the status of clinical staff; all 7 clinical staff have been tested and 6 members of staff have immunity	Dr Bryan Beattie	COMPLETED

	<ul style="list-style-type: none"> • staff provide evidence to the clinic manager of their immunity status • risk assessment undertaken and action implemented, where applicable, for staff unable to demonstrate immunity following Hepatitis B vaccination. 	(The Green Book) 2006 - Chapter 18	<ul style="list-style-type: none"> • 1 member of healthcare assistant staff required immunisation and the accelerated schedule has been commenced through our occupational health service (Independent General Practice) with immunity re-checking after 30 days • confirmation of the above has been provided to Dr Beattie and the Clinic Manager • a risk assessment of their duties confirms a low risk as they usually provide chaperone and support duties, but they will not undertake phlebotomy tasks until immunity is confirmed 		30 April 2025
					COMPLETED
					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): Dr Robert Bryan Beattie

Job role: Company Owner and Consultant in Obstetrics and Fetal Medicine

Date: 14 March 2025

Appendix C - Improvement plan

Service: Innermost Healthcare

Date of inspection: 6 March 2025

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Although details of how to complain were on the website, a copy of the full policy should also be uploaded.	The registered manager must ensure the complaints policy is available on the clinic website	Dealing with Concerns	Upload the complaints policy to the website	Dr RB Beattie	Immediate COMPLETED
2.	Details of staff working at the clinic was not displayed.	The registered manager must ensure staff names and qualifications are displayed.	Communicating Effectively	Staff details will be displayed in the clinic	Dr RB Beattie	Immediate 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): Dr Robert Bryan Beattie

Job role: Company Owner

Date: 06 May 2025