

# Independent Healthcare Inspection Report (Announced)

## Cannabis Clinic, 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 the Cannabis Clinic, Cardiff on 5 February 2026.

Our team for the inspection comprised of a HIW healthcare inspector 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 64 questionnaires were completed by patients or their carers and 5 were completed by staff. Feedback and some of the comments we received appear throughout the report.

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:

The Cannabis Clinic Cardiff demonstrated a strong commitment to promoting healthy lifestyles, offering harm-reduction advice and signposting to wider support services. Consultations took place virtually, from a private, well-organised clinical space that safeguarded patient dignity and confidentiality.

The service had robust processes for informed consent, with detailed treatment information, full medical histories and clear eligibility checks. Care planning was comprehensive and supported by a structured clinical pathway, flow-charts and secondary review by another doctor. Patients received thorough information on medication use, side effects, and good safety netting.

The service was responsive to individual communication needs, offering alternative formats and Welsh language support. Staff were trained in equality, diversity and inclusion, and most patients felt able to access care fairly, although some reported feeling discriminated against due to prescribing criteria. Feedback was actively collected and used to review outcomes and medication suitability.

This is what we recommend the service can improve:

- Increase availability of health-promotion materials.

This is what the service did well:

- Comprehensive care planning
- Strong dignity and privacy measures
- Robust consent and assessment processes.

### Delivery of Safe and Effective Care

Overall summary:

The service operated from a secure private dwelling and delivers all patient consultations remotely. Robust measures were in place to ensure patient safety, including checks for coercion and safe environments prior to online consultations. Clinical guidance was kept up to date through continuous professional development, conferences, and Medicines and Healthcare products Regulatory Agency safety alerts.

Medicines were not stored on site; controlled drug prescriptions follow regulatory requirements, with records maintained in a bespoke records management system.

Eligibility and exclusion criteria for Cannabis-Based Medicinal Products were clearly defined, and information was routinely shared with patient GPs. Safeguarding arrangements were strong, with staff trained and vigilant to potential concerns. Patient records reviewed were detailed, clear, and aligned with complete, accurate, relevant, accessible, and timely (CARAT) principles.

The service engaged in quality improvement activities such as medication reviews, patient onboarding audits, and learning from incidents. The electronic system supported reliable recordkeeping, reporting, and feedback processes.

This is what we recommend the service can improve:

- Expand the audit programme to strengthen continuous quality improvement.

This is what the service did well:

- Robust information systems
- Structured quality improvement
- Effective safeguarding and patient-safety measures.

## Quality of Management and Leadership

Overall summary:

The service demonstrated strong governance, with the Registered Manager clearly accountable for decisions and supported by peer consultation. Policies were routinely reviewed, and changes were communicated effectively. Record-keeping and systems for managing significant events were well-established. Staff maintained up-to-date clinical guidance through conferences and ongoing professional development, and although audits were present, a more structured audit programme could strengthen assurance.

Clear processes were in place for raising and managing concerns. Complaints information was accessible across several platforms, and the service followed defined timescales for acknowledgement, investigation and response. Learning from complaints was shared through discussions and meeting minutes, and incident notifications to HIW were completed appropriately.

Recruitment and employment practices were robust, including identity checks, DBS screening and validation of professional registration. Staff roles, responsibilities and competency requirements were clearly documented. Training compliance was 100%, and professional revalidation was current. Staff development requests were considered and supported by management.

This is what we recommend the service can improve:

- Introduce a more formal, structured clinical audit schedule.

This is what the service did well:

- Strong governance, clear accountability and effective record-keeping
- Well-structured complaints process
- Full training compliance and robust recruitment checks.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Cannabis Clinic, Cardiff for the inspection in February 2026.

In total, we received 64 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 64 responses.

Patient comments included:

*"I have been treated with a dignity and kindness that I am not used to at my local GP and less used to in other medical settings"*

*"Accessibility is excellent, I've been accessing services through digital consultations to accommodate my disabilities"*

*"Cardiff Cannabis Clinic is amazing; both staff and the service. Timely, responsive, and with great tech too. Frictionless compassionate care."*

*"Excellent understanding of my needs for this medication"*

*"Access to prescription cannabis has substantially improved my life.... I'm now looking to engage in community-based activities to benefit my mental health"*

*"10/10 service. Very professional and client focused."*

*"Super friendly, prompt, and helpful."*

*"Excellent service."*

#### Health protection and improvement

The service promoted healthy lifestyles by focusing on harm-reduction approaches that reflected the needs of its patient group, including supporting individuals engaged in illegal cannabis use, encouraging smoking cessation and advising on safer methods of consumption such as moving to vaperisers. During consultations, staff provide guidance on lowering tobacco use, alcohol reduction and directing

people to other relevant support services and general healthy-lifestyle guidance aimed at reducing substance-misuse behaviours.

**The registered manager must increase health promotion materials for lifestyle choices, cancers, and other relevant health issues or behaviours.**

### **Dignity and respect**

The clinic was set up in a manner that protected the privacy and dignity of all patients that accessed the service. The consultation took place in a private room located within the doctor's main residence. The space had been thoughtfully arranged, was suitable for its intended purpose and was free of unnecessary clutter. We were told that during the virtual consultation appointments, the only door to the room remained closed and locked to avoid disturbances. The backdrop for the webcam provided full privacy and confidential conversations were protected from being overheard by others on the premise.

Patients were given the opportunity to choose an appointment time that suited them, ensuring they could participate in the consultation privately and at their own convenience. All respondents of the HIW survey confirmed staff treated them with dignity and respect, with measures taken to protect their privacy during consultations.

### **Patient information and consent**

The service demonstrated processes for obtaining informed consent, with patients receiving information about their treatment and being required to return a signed consent form due to the nature of the medication involved. Patients were informed that refusal to consent to information-sharing would result in the service being unable to accept them for treatment or issue prescriptions.

The clinician carried out a full assessment including review of GP records, a detailed consultation exploring patient history and any existing usage and verification that eligibility criteria were met. The service provided people with their treatment plan and required their consent and signature to indicate agreement. An up-to-date informed consent policy was in place which included details on how consent was obtained, documented and reviewed. The policy was and signed, dated and version-controlled.

All respondents to the HIW survey confirmed they were given enough information to understand their treatment options, completed a full medical history before undertaking treatments, and signed consent to treatments.

### **Communicating effectively**

Information was made available to patients in a way that considered their language and communication needs. Although the doctor's first language was English, a part time employee, fluent in Welsh, would support translation if required. Alternative information formats could be provided upon request.

### **Care planning and provision**

A clear and comprehensive clinical pathway was in place for all patients. People's health and well-being needs were identified through a full hour consultation, which included access to relevant GP records. Individualised care and treatment plans were developed using an established flow-chart to support consistency in practice. Care plans were presented to a second doctor for review to ensure correct processes had been followed, including capacity assessment and informed consent. Information was given to patients on medication usage, methods of administration, strength and how to use it, alongside guidance and signposting to appropriate supportive and informative websites.

Post-treatment advice included who to contact in an emergency, such as 999 for urgent concerns or 111 for less urgent issues, as well as direction back to the medical agency. Information for people with sensory or cognitive needs was provided in a manner suitable to the individual and, where relevant, their family or support network. When treatment was unsuitable or abnormal results occur, alternative options are discussed, someone with financial difficulties, for example, may be referred to a more affordable service if it was in their best interests. Feedback was sought from all patients about the effectiveness of their medication and any side effects they experienced. Treatment plans would be adapted accordingly.

### **Equality, diversity and human rights**

The service had an in-date equality policy to support individuals, and staff were fully trained in equality, diversity and inclusion. We were told that everyone was treated the same regardless of their presentation or characteristics. Nearly all the respondents to the HIW patient survey felt able to access appropriate healthcare regardless of protected characteristics. However, seven respondents reported experiencing some discrimination. The service explained that there was set criteria determining which patients could be prescribed legal cannabis products and this would exclude some individuals.

### **Citizen engagement and feedback**

The service sought feedback continuously, which was formally audited every three months. This included the service offered, medications administered and the effects of those medications such as side effects to enable the clinic to adjust or revisit medication volumes, types and usage. Feedback was captured in a

specifically designed spreadsheet summarising the themes and trends, in addition to individual comments.

# Delivery of Safe and Effective Care

## Environment

The service operated from a single room in a private residential dwelling. The room was considered fit for purpose, uncluttered, with no visible hazards. The premise was secured against unauthorised access and there was closed circuit television (CCTV) and an alarm system in place with lockable windows and doors to always restrict access, ensuring electronic or paper records were protected. The service was fully virtual for patients. Consultations were conducted online and would not proceed if the patient was in an unsafe environment such as driving or a public setting.

A fire extinguisher and first aid kit were available on site. The service had emergency protocols relating to utility failure, supported by a laptop with a backup battery.

## Managing risk and health and safety

The service had arrangements in place for maintaining up-to-date clinical guidance. The service was operated by a single clinician. They remained current with professional standards and updated clinical guidelines through attendance at conferences and continued professional development (CPD) activities. The clinician was also signed up to receive Medicines and Healthcare products Regulatory Agency (MHRA) safety bulletins, ensuring that safety alerts were received promptly and acted upon. Evidence seen demonstrated that the service undertook some clinical audit activity. This included a full patient onboarding audit completed in January, which appeared comprehensive and showed an appropriate approach to reviewing practice.

**The Registered Manager should enhance the current audit programme by increasing audit activity and strengthening existing processes to support continuous quality improvement.**

## Infection prevention and control (IPC) and decontamination

Whilst no patients were assessed or treated on site, the room was uncluttered and the layout allowed for effective cleaning.

## Medicines management

The service did not store or hold any medicines on site and prescriptions were issued directly to pharmacies. This included controlled drugs. The provider used a bespoke client record management (CRM) system to maintain records of medicines administered. Repeat prescriptions were ordered by patients through an internal system and were reviewed by the clinician at the Cannabis Clinic, with additional

authorisation from a second prescriber, in accordance with Welsh regulatory requirements. The service routinely shared relevant information with patients' GPs, including urgent communications. New patients were assessed using GP records, particularly to identify factors such as liver enzyme concerns related to Cannabidiol (CBD) at high doses. The service reported eligibility criteria including a prior mental health diagnosis, previous use of at least two therapeutic interventions and exclusion criteria such as pregnancy, active psychosis, family history of psychosis, cognitive impairment, or evidence of diversion.

Advice surrounding medicines management was provided during consultations and the pharmacies used by the service were described as experienced in supplying these medicines. Although a designated pharmacy was not explicitly named, the service stated that controlled drug prescriptions were subject to strict requirements and that there was a two-way feedback system with pharmacies for resolving issues.

The service had access to the Yellow Card reporting system. A medicines management policy was in place.

The service reported prescribing approximately 400 formulations of controlled drugs and Cannabis-Based Medicinal Products (CBMPs), mainly cannabis flower products but also oils and other formulations that contained CBD. Products were sourced from two named laboratories. Prescriptions for CBMPs were issued remotely, scanned and printed from the system, signed and sent by post. Prescribers were registered with the Controlled Drugs Accountable Officer (CDAO) and those individuals had to hold a medical PIN number. Records relating to controlled drugs were maintained within the bespoke cloud-based system, which the provider stated were accurate and easily accessible. The service reported that it did not handle controlled drug disposal. Auditing of CBMP prescriptions occurred, however, was identified as needing some improvement. Whilst the service did not handle drugs, staff had completed controlled drug mandatory training.

### **Safeguarding children and safeguarding vulnerable adults**

All staff were appropriately trained, and safeguarding policies were in place. All patients were assessed by video consultations only. However, if there was a query, for example suspected coercion, or anything suspicious, staff knew to be vigilant and to report this appropriately. Illicit drug use did not always warrant referral to safeguarding unless anything was raised because of this, for example, a disclosure of selling, or providing drugs to other individuals who were underage, or incapable of consenting to drug use.

### **Safe and clinically effective care**

The service demonstrated several processes that supported safe and effective treatment. Policies and clinical guidelines were kept up to date, with the clinician maintaining awareness through conferences and ongoing CPD, which was current with revalidation due in 2029. Overall, CPD records for the clinician were satisfactory, showing CPD aligned with best practice.

### **Participating in quality improvement activities**

The service reviewed each patient's medication every three months as part of its approach to assessing and monitoring quality. This formed one element of how the service maintained oversight of clinical care and ensured safe, effective practice. They reported being fully aware of the requirements for notifying HIW of certain events under Regulation 31 and confirmed that they understood what had to be reported and when. The setting provided additional information regarding how learning from quality improvement activity was shared, within the annual return required under Regulation 19(2).

We were told that some work had been undertaken, by the service, with officers in the police headquarters in recognition of harm reduction due to legalising cannabis usage amongst many individuals who previously used cannabis illegally.

### **Information management and communications technology**

The service conducted remote consultations only. There were robust processes in place to ensure that the patient was not being coerced in any way. Video consultations were the primary source, with telephone consultations being arranged at the discretion of the clinician. There were stringent checks on the patient to ensure patients were legitimate, not being coerced, supported by GP records and family history obtained during the consultation.

There was a comprehensive electronic system, a CRM, plus databases supporting the entire treatment journey and following stringent processes. Patient information was recorded and backed up accordingly. Feedback was obtained and acted upon, both from a patient and staff perspective. Significant incidents would be recorded with staff learning as a result. The electronic system in place was robust, fit for purpose and produced reports that could be used to form areas for improvement which were actioned accordingly.

### **Records management**

The review of patient care records showed consistent evidence of clear, accurate and legible documentation, supported using the complete, accurate, relevant, accessible, and timely (CARAT) approach and the service's updated system.

Records were generally well-organised, easy to follow and provided detailed information when required, including mental health assessments, explanations of

treatment options and patient information leaflets (PIL). Care and treatment options were recorded appropriately, including evidence of valid consent, assessments of need, relevant risk assessments, medication prescribed and information shared with patients. Entries also consistently showed that key details such as decisions, actions and clinicians involved were captured. There were no specific concerns or negative findings in patient records, the comments primarily affirmed the clarity, detail and contemporaneous completion of the records reviewed.

# Quality of Management and Leadership

## **Governance and accountability framework**

The service was led by an individual doctor who held the role of Responsible Individual (RI) and Registered Manager (RM), with accountability for all decisions clearly resting with them. Whilst working independently, there were peers available to sense-check treatment plans. Policies were routinely reviewed in June and July each year, with additional updates made as required. Any changes to policies or procedures were shared with staff either in person, remotely, or electronically. The HIW registration certificate was prominently displayed. Overall, the service was observed to be well managed, with effective processes in place, including strong record keeping and systems for recording significant events and concerns.

The service received updates to clinical guidelines through conferences and ongoing professional development, staff remained up to date with their CPD requirements. Clinical audits were seen, although this area could be strengthened with a structured audit schedule. Evidence indicated that people were provided with safe and effective care, supported by updated guidance, safety alerts and ongoing monitoring of practice.

## **Dealing with concerns and managing incidents**

The service had processes in place to make people aware of how to raise a concern. Information about the complaint's procedure was available on the service's website, within the Primary Care Pharmacy Association and in the patient guide, providing people with accessible routes to understand how to make a complaint.

The service described a structured procedure for responding to complaints and concerns. All complaints were logged within an online complaints log and a specific dashboard. Complaints were acknowledged immediately, with a formal acknowledgement provided within three days. Responses were said to be issued within 30 days, with complex complaints potentially requiring up to six weeks; people were kept updated when extended timeframes were necessary. Complaints were investigated by appropriate personnel and individuals offered support where relevant. Staff reported they felt supported throughout the complaints process. Learning from complaints was shared through discussion and the circulation of meeting minutes. The service reported one ongoing complaint where measures had been implemented to reduce the likelihood of recurrence of the incident.

An up-to-date complaints policy was in place. The policy included the required elements such as how to make a complaint, relevant contact points including HIW, and the stages of the complaints process. In addition, there were applicable timescales, what types of issues fell within scope and arrangements for people needing support or advocacy. It also included arrangements for concerns relating to medical practitioners with practising privileges.

Learning from complaints was said to be disseminated to staff through shared minutes documenting the discussions and outcomes.

In relation to notifiable incidents, the service stated that notifications to HIW were submitted using forms available on the HIW website.

### **Workforce recruitment and employment practices**

The service had a recruitment policy in place and all expected pre-employment processes were followed. These included proof of identity with a recent photograph and Disclosure and Barring Service (DBS) checks at the appropriate level. The provider checked healthcare professionals' registration status by reviewing GMC records online and ongoing suitability was being monitored through annual DBS checks, appraisals and regular supervision. Staff competence was supported through clear roles and responsibilities, job descriptions, terms of service agreements and checks of training and certification. A current recruitment policy was in place.

### **Workforce planning, training and organisational development**

CPD records reviewed confirmed that required professional development and revalidation are up to date, with the next revalidation due in 2029. Staff training was also reviewed showing that all employed staff members were fully trained in their appropriate areas of need. All training was in date and compliance was 100%.

Where staff expressed a desire to further their development, this was assessed, considered and supported by management.

## 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 immediate concerns were identified on this inspection			

# Appendix B - Immediate improvement plan

**Service:** Cannabis Clinic Cardiff

**Date of inspection:** 5 February 2026

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. No immediate non-compliance issues were identified on this inspection					
2.					
3.					

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):**

**Job role:**

**Date:**

# Appendix C - Improvement plan

**Service:** Cannabis Clinic Cardiff

**Date of inspection:** 5 February 2026

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.	There were limited health promotion materials available.	The registered manager must increase health promotion materials for lifestyle choices, cancers, and other relevant health issues or behaviours.	Health Promotion	To include information on Website and in downloadable format relating to smoking cessation and ongoing advice on health improvement	Dr David Howells (Registered Manager)	By the Next Clinical Governance meeting in May 2026

2.	There was evidence of some audit activity, from which, areas for improvement were identified.	The Registered Manager should enhance the current audit programme by increasing audit activity and strengthening existing processes to support continuous quality improvement.	Managing risk and health and safety  Medicines management  Governance and accountability	To identify key metrics to audit ongoing high quality care and regulatory adherence. Responsibility for audit to be nominated at next Clinical Governance meeting as a going concern.	Dr David Howells (Registered Manager)	By the Next Clinical Governance meeting in May 2026
				1. H&S Risk: Audit of documents and key information, including GP/Emergency Contact details and medical information and documents.		
				2. Meds Mx: Ongoing audit of patient compliance with monthly agreed limits of CBMPs and explanations for any variance. Maintaining awareness and responsiveness to drug alerts, expert opinion and best practice guidance.		

			3. Gov. & Accountability: Audit of staff pre-employment checks and references, as well as mandatory and role-specific training. Annual appraisal to identify professional development planning. Governance processes to acknowledge complaints, concerns and compliments to address shortcomings and highlight good practice for dissemination.		
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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): Dr David Howells**

**Job role: Registered Manager**

**Date: 07/04/26**