



Independent Healthcare Inspection (Announced)

Welsh Institute of Chiropractic

Inspection date: 29 October 2019

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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 Welsh Institute of Chiropractic on the 29 October 2019.

Our team, for the inspection comprised of two HIW inspectors and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

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

Overall, we found evidence that the service provided safe and effective care in a clean and welcoming environment.

Patient records were comprehensive.

We found staff were friendly and professional; ensuring patients' privacy and dignity was not compromised.

We have made some recommendations regarding the need for further training and ensuring all staff have received the relevant Disclosure Barring Service (DBS)¹ checks.

This is what we found the service did well:

- Patient feedback was positive
- The clinic service met the needs of the patients in a safe and professional manner
- Systems to capture patient feedback were available
- There were robust safety arrangements
- Patients received care and treatment in a safe and effective way
- The clinic was clean and well maintained
- The patient records we reviewed were comprehensive
- All records were securely stored and password protected
- Staff were committed to providing patient care to high standards

¹ <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

- Staff felt supported by senior management
- Staff were able to describe the process for reporting incidents and/or concerns.

This is what we recommend the service could improve:

- All patients to be offered a chaperone
- A wider programme of documented audit activity.

We identified some minor regulatory breaches during this inspection regarding staff training and DBS record checks. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

The Welsh Institute of Chiropractic (WIOC) is registered to provide an independent service at Doctor William Price Business Park, Treforest, Pontypridd, CF37 1DL.

The service is an outpatient clinic within the University of South Wales, and offers a range of private diagnostic, assessment and treatment services. The clinic was purpose built in 2000 for the final year Master of Chiropractic (MChiro) students to undertake their clinical training. The WIOC has developed additional diagnostic and therapeutic services which operate from the outpatient clinic.

The WIOC is a teaching clinic and therefore the clinicians are all training, and are referred to as Student Clinicians. They will have successfully completed three years of study and training before they begin their final year clinical training in the outpatient clinic. They work under the supervision of qualified Chiropractors who are all registered with the General Chiropractic Council.

The service was first registered on 22 August 2017.

The service employs a staff team which includes 6 members of administration staff including the clinic manager and 5 clinical staff including a Medical Doctor and a Diagnostic Clinical Ultrasound practitioner. Additionally there are a number of chiropractors and student chiropractors that practice at the clinic.

A range of services are provided which include:

- Musculoskeletal (MSK) Ultrasound²
- Shockwave Therapy³

² Ultrasound images of the musculoskeletal system provide pictures of muscles, tendons, ligaments, joints, nerves and soft tissues throughout the body.

- Ultrasound-guided Injections⁴
- Ultrasound-guided Body Fat Estimation⁵
- Chiropractic⁶ Treatments (not registered).

³ Shockwave therapy is a multidisciplinary device used in orthopaedics, physiotherapy, sports medicine, urology and veterinary medicine. Its main assets are fast pain relief and mobility restoration.

⁴ Ultrasound-guided injections allow the practitioner to visualise the needle in real time as it enters the body and traverses to the desired location. This assures that the medication is accurately injected at the intended site.

⁵ The ultrasonic technique can be used to measure the thickness of fat between the skin and the muscle. A transducer probe emits, through the skin, an ultrasonic wave, part of which is reflected in the fat-muscle interface.

⁶ Chiropractic is a discipline that is concerned with the diagnosis and treatment of mechanical disorders of the musculoskeletal system, especially the spine.

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.

Overall, we were satisfied that the clinic offered a service which met the needs of the patients in a safe and professional manner.

Systems to capture patient feedback were available and patients told us they had received enough information about their treatment.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. 12 questionnaires were completed. The completed questionnaires were from patients who had been a patient at the practice between less than 6 months to 5 years.

Overall, patient feedback was positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments included the following:

- *Excellent service, really good and helpful*
- *Excellent thank you.*

Health promotion, protection and improvement

There were various posters and leaflets displayed in the waiting area. The information was relevant to the services offered by the clinic. Specific information was provided to individual patients by staff regarding their condition and treatment and we saw examples of this in the patient files we reviewed.

There was also information on smoking cessation in the reception area.

Dignity and respect

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at the Welsh Institute of Chiropractic. All patients agreed that staff were always polite and listened to them. Patients also told us that staff were kind and sensitive when carrying out their care and treatment.

During our visit, we noted that patients were arriving and being seen quickly. We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. One of the ground floor rooms would be used in the event of patients wishing to speak with staff in private. We saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

Information was displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. However, chaperones are not offered automatically instead the the clinician will make a decision and offer if they feel it necessary. In order to protect both the healthcare professional and patient when the patient is examined by the healthcare professional, we recommended that chaperones should be offered at the outset of the treatment.

Improvement needed

The clinic is to ensure that chaperones are offered on every occasion, at the outset of each session where treatment is given, and that this is recorded on the medical records.

Patient information and consent

All of the patients who completed a questionnaire agreed that staff provided them with enough information about their treatment, including information about the different treatment options available and any associated risks, and information about the costs involved; patients provided the following comments in the questionnaires:

- *“It was my first treatment here. I found it very professional, considering that it's also a learning environment”*
- *“Everyone, both staff and students were kind, helpful and very polite. Excellent treatment received would definitely come back again and use this service if needed”*

There was a statement of purpose⁷ and separate patients' guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment.

The price list for treatment was clearly displayed in reception and also on the clinic website⁸.

Communicating effectively

Every patient who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the clinic.

Generally, information produced by the clinic was available bilingually in both Welsh and English. This included the complaints process and flowchart, patients' guide and fair processing notice.

There was a portable hearing loop available to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic. We saw pictorial signs were displayed to assist patients to find a suitable emergency escape route in the event of a fire.

Care planning and provision

The arrangements for providing care and treatment were set out within the statement of purpose and patients' guide. Staff we spoke with, stated that patients would be informed on arrival if there was a delay. When the patient arrives, reception phone the relevant clinician and a member of staff will collect the patient. During the inspection, patients in reception were seen promptly without having a wait.

Equality, diversity and human rights

The clinic had been open since 2000 and was a modern two storey building. There was parking outside the building including a designated disabled parking

⁷ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

⁸ <https://www.southwales.ac.uk/welsh-institute-chiropractic/>

bay and level access to the building. The ground floor entrance had a wide door with an accessibility button to enable the door to be opened automatically from both the inside and the outside. Access to the first floor was by means of a stairway and/or a lift.

There were treatment rooms on both the ground and first floors. The main imaging equipment was also on the ground floor. The statement of purpose, patients' guide and information posted on the clinic's website, clearly sets out that services were provided having due regard to patients' rights. Additionally, there was an up to date Privacy and Dignity Policy.

Citizen engagement and feedback

Patients had opportunities to comment on their experiences of visiting the clinic through a variety of methods. These included a suggestion pad and suggestion box in the reception area; speaking to a member of staff, contacting staff directly by email or telephone as highlighted on the clinic website.

The clinic also had a Patient Engagement Group⁹ that meets three times a year, where items such as changes to the clinical building, parking and staffing of the reception area are discussed. A sample of the minutes were reviewed and included action points and these were emailed to all that attended and needed to be aware of the contents.

The clinic also undertakes an annual patient satisfaction survey of 100 patients. The sample for 2019 included 20% who completed the section on imaging. The survey comments were mainly positive and the clinic is investigating one of the suggestions relating to baby changing facilities.

⁹ Normally a group of volunteers from the clinic meeting together with the practice manager and one or more of the clinicians. Their particular interest is the services the clinic offers and how they could be improved and made more accessible and to make sure the patient experience is as good as it can be.

Delivery of safe and effective care

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

Overall, there were arrangements in place to ensure that patients received care and treatment in a safe and effective way.

The clinic was clean and well maintained.

The patient records we reviewed were comprehensive and patients were provided with specific information regarding their condition/treatment. All records were securely stored and password protected.

We recommended that a wider programme of audit was introduced to continuously review and improve services.

Managing risk and health and safety

We were able to confirm that there were robust safety arrangements in place which included:

- The control of substances hazardous to health (otherwise known as COSHH) assessments
- Staff display screen equipment assessments
- General health and safety and awareness
- Building and equipment maintenance
- Fire safety.

The clinic had a business continuity plan in place which outlined arrangements to respond promptly to emergencies such as loss of power, fire and/or disruption to computer systems. The business continuity plan also took account of the need for senior managers to secure additional staff at times of unforeseen sickness and annual leave.

We noted that there were risk assessments in place to cover the health and safety risks assessed. There was also a recently completed external fire risk assessment for the clinic.

Infection prevention and control (IPC) and decontamination

There were no major concerns given by patients over the cleanliness of the clinic; every patient who completed a questionnaire agreed, in their opinion, the environment was both clean and tidy.

Clinical areas were cleaned daily and a deep clean was performed monthly; relevant cleaning records and schedules were provided to evidence these arrangements. All staff had received up to date training on this subject. We saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available; effective hand washing is important to promote infection prevention and control. Written policies and procedures were available to help guide staff on infection prevention and control.

However, we were informed that hand washing was not monitored and hand washing audits had not been completed. The purpose of this observational audit is to support settings in assessing the quality of hand hygiene technique performed by staff and in working with staff to improve their hand hygiene technique. We recommended that regular hand washing audits were completed.

The ultrasound equipment was cleaned using special wipes for ultrasound in-between patients. The filters are checked weekly in accordance with the manufacturer's instructions. The equipment used for ultrasound guided injections was decontaminated, using aseptic technique¹⁰ wipes. This comprised three wipes, which in sequence perform the steps of the decontamination procedure. This meant that devices were effectively decontaminated and so promoted effective infection prevention and control. The cleaning records were viewed during the inspection and were in order.

¹⁰ Aseptic technique (AT) - is defined as a means of preventing or minimising the risk of introducing harmful micro-organisms onto key parts or key sites of the body when undertaking clinical procedures.

We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helped reduce the risk of injury (to staff and patients) and cross infection from used sharps. Clinical waste, including medical sharps, were placed in colour coded bags/containers and stored safely prior to being collected by the waste contractor for safe disposal.

Improvement needed

The clinic is to ensure that hand washing audits are carried out on a regular basis and staff informed of the results of these audits.

Medicines management

Medicines were securely stored in a closed room in a locked box with a combination lock. The number was only known to the two members of staff who required access to this medication. There was a medicines management policy at the clinic that covered all aspects of medicines management. We found that there were appropriate arrangements in place for checking emergency equipment and drugs. There were no controlled drugs kept at the clinic.

Any medicines management significant events would be discussed at the regular management meetings. Adverse reactions to drugs would be reported via the Yellow Card¹¹ system. Records were maintained of medicines administered to patients in the medical records including batch numbers. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed/administered as part of their care and treatment.

Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. Clinical staff working at the clinic had completed safeguarding training to a level appropriate to their roles. Staff were clear of their responsibilities in relation to reporting safeguarding issues.

¹¹ <http://www.wales.nhs.uk/ourservices/directory/NationalProgrammesandServices/372>

Medical devices, equipment and diagnostic systems

We viewed the service contracts for the relevant equipment used, such as the ultrasound scanners and x-ray equipment at the clinic. The documentation showed that the devices had been serviced by the manufacturer and safety checked to the manufacturers' guidelines. This helped to ensure that the scanners provided the user with accurate readings.

Equipment and drugs for use in the event of a patient emergency were available and checked on a regular basis. Furthermore, staff had received updated resuscitation training.

Safe and clinically effective care

Whilst patients can self-refer for chiropractic care, they must be referred by a suitably qualified healthcare provider for any diagnostic imaging, guided injection or shockwave therapy. Once an appropriately completed referral form has been received by the administrative team, for any diagnostic imaging, guided injection or shockwave therapy, an appointment is scheduled. Patients are normally booked for 30 minute time slots allowing sufficient time to provide the treatment and care to the patients. Should there be a student allocated to be present during that treatment an hour is allotted. Staff stated that they have time to discuss the issues with the patients.

Staff were aware of the clinical guidelines associated with their area of practice to ensure that safe and clinically effective care given.

Participating in quality improvement activities

The clinic is a chiropractic training facility within the University of South Wales. Chiropractic care is offered to patients by final year student clinicians under the supervision of qualified chiropractors, registered with the General Chiropractic Council. This includes supervised exercise programmes in the rehabilitation gym.

Additionally, the patients' guide informs patients that, with their consent, the radiographer is accompanied by final year chiropractic students who may assist in the process, as part of their training. Additionally for the registered services, the clinician may be accompanied by a postgraduate student, as the clinic also provided training for suitably qualified healthcare professionals.

Information management and communications technology

Records are archived once the patient has completed their treatment and stored confidentially for a minimum of eight years from the date of the last visit.

Both active and archived patient records are stored securely and can only be accessed by authorised personnel maintaining patient confidentiality.

Images taken at the clinic remain part of the patient records. For externally referred patients, the images would remain part of the patient record held with the referrer.

Records management

Good records are important to make sure patients receive the right care. We found the sample of records checked to be comprehensive. Records showed clearly how decisions were made and all records were up to date, accurately completed and contemporaneous. The notes were clear, precise and easy to follow.

Reports were mainly electronic, any paper notes used before being typed were kept in a locked cabinet. Storage rooms were secure and locked when not in use and computers and reports were password protected. The records viewed showed that valid consent was obtained.

At the end of each clinic the clinical professional for ultrasound guided injections and MSK ultrasound would dictate the results to be transcribed. Once verified by the reporting sonographer these will be passed to the patient's referrer to provide the results to the patient and provide care as appropriate. For ultrasound body fat estimation, the sonographer would discuss the results with the patients and provide a copy for the patient to take away.

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.

Staff were committed to providing patient care to high standards and said they felt supported by senior management.

The staff we spoke to were able to describe the process for reporting incidents and/or concerns.

We have recommended that systems are put in place to ensure additional staff training and ensuring that Disclosure and Barring Service (DBS) checks are completed for non-clinical staff.

Governance and accountability framework

There were clear lines of responsibility both within the clinic and to the wider university faculty. A number of the Human Resources (HR) functions, such as personnel and training records were kept in the main campus, which was within 500 metres of the clinic and they were available at short notice to the clinic.

As noted above, there was an up to date statement of purpose that included the requirements of Schedule 1 of The Independent Health Care (Wales) Regulations 2011¹². The patients' guide had also been completed in accordance with the above regulations and included a summary of the statement of purpose, the terms and conditions in respect of services to be provided for patients and the complaints procedure.

¹² <http://www.legislation.gov.uk/wsi/2011/734/made>

Staff we spoke with said that there were good informal, day to day staff supervision and support processes in place. They confirmed that they felt supported in their work by their manager and colleagues. The registered manager, who was also the responsible individual, was based at the clinic and was on hand to support staff and to monitor the quality of the services provided. Additionally, the registered manager reported to the deputy head of school at the university and sat on the School Executive Committee. There were regular meetings held, the clinical services meetings were minuted but the administration team meetings were less formal and were not recorded.

Dealing with concerns and managing incidents

Details of how patients could make a complaint were included within the statement of purpose, on the website and in leaflet form. A written complaints procedure was also available. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations; the contact details of HIW were also included. The complaints policy was clearly displayed in the clinic, to ensure that all patients were aware of the policy. Whilst there were no complaints to view relating to the registered services, as described above, the policy was sufficient to ensure that should any occur they would be handled appropriately.

There had not been any significant incidents at the clinic, staff we spoke to were aware of reporting requirements and how to deal with incidents. There was an Incident Reporting Policy, including templates, Emergency Procedures (including Incident Reporting) and a Needlestick Injury Policy.

Workforce planning, training and organisational development

Staff we spoke with were able to describe their roles and how they contributed to the overall operation of the clinic. Suitable checks had been undertaken in relation to their registration with respective professional bodies of all staff.

The clinic was able to arrange its staffing and rota in advance of requirements as they were aware of the treatments and consultations. Sufficient staff were seen on duty during the day of our inspection.

As previously stated, staff records were kept centrally at the main campus and the clinic were able to obtain information as required on personnel issues. This was noted during the inspection when samples of records were requested.

The clinic manager maintains records of when any training, appraisals or DBS checks are required for members of staff. We viewed the training matrix and noted that non-clinical staff were not required to complete training relating to

safeguarding, infection control and manual handling. Additionally only nominated fire wardens had completed fire training. In order to ensure that all staff have received relevant training we recommend that the clinic put in place a training programme for non-clinical staff in these key areas.

Improvement needed

The clinic is required to introduce a training programme for all staff working within the clinic that includes safeguarding, infection control, manual handling and fire training.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with the requirements of the University of South Wales that included the requirements of regulations and standards, with the exception of DBS checks for all staff. The relevant University policy states that only staff whose work qualifies as regulated activity under the meaning of the Safeguarding Vulnerable Groups Act 2006¹³ will be subject to a relevant DBS check to assess their suitability to undertake that work. As a result non-clinical staff have not had a DBS check. The clinic were informed that the Independent Health Care (Wales) Regulations 2011, requires that all staff working at at registered service require at least a standard DBS check.

Apart from the DBS checks, staff records we reviewed showed that the University had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post. There were relevant DBS checks on file for clinical staff. The clinic agreed to ensure the relevant checks were completed.

Improvement needed

The clinic is to ensure that relevant DBS checks are carried out for all staff working at the clinic.

¹³ <https://www.legislation.gov.uk/ukpga/2006/47/contents>

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 |
|---|---|-------------------------------|------------------------------|
| No Immediate concerns were identified on this inspection. | | | |

Appendix B – Improvement plan

Service: Welsh Institute of Chiropractic

Date of inspection: 29 October 2019

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 clinic is to ensure that chaperones are offered on every occasion, for all registered services, at the outset of each session where treatment is given, and that this is recorded on the medical records. | 10. Dignity and respect | All staff working in the registered services have been instructed to ask each patient attending for a service whether they would like a chaperone at the beginning of the appointment and they have been instructed to record this in the patient medical records that it was completed. | Professor David Byfield | Implemented 4 November 2019 |
| Delivery of safe and effective care | | | | |
| The clinic is to ensure that hand washing audits are carried out on a regular basis and staff informed of the results of these | 13. Infection prevention and control | The WIOC are currently sourcing hand washing training and audit | Professor David Byfield | January – February 2020 for the training and audits will be periodic following the |

| Improvement needed | Regulation / Standard | Service action | Responsible officer | Timescale |
|--|---|---|-------------------------|---|
| audits. | (IPC) and decontamination | materials for this purpose. | | training on a quarterly basis commencing April 2020 |
| Quality of management and leadership | | | | |
| The clinic is required to introduce a training programme for all staff working within the clinic that includes safeguarding, infection control, manual handling and fire training. | 25. Workforce planning, training and organisational development | The WIOC has contacted the University of South Wales Health and Safety Officer regarding manual handling and fire training and the Director of Student Services about safeguarding training. Infection control training will be included in the hand washing training materials or provided by our School of Care Sciences who train nurses for hospital employment and hygiene issues. | Professor David Byfield | The manual handling and fire safety training will be online and completed in January 2020 for all required staff. The infection control training will commence January / February depending upon purchase and availability of suitable materials that we are able to source. Currently the University of South Wales is sourcing an external safeguarding provider and we understand this will be in place early in 2020. We will notify HIW when this comes online and staff have completed. |

| Improvement needed | Regulation / Standard | Service action | Responsible officer | Timescale |
|---|--|--|-------------------------|----------------|
| The clinic is to ensure that relevant DBS checks are carried out for all staff working at the clinic. | 24. Workforce recruitment and employment practices | One member of administration staff had completed a DBS prior to employment and is due to complete a renewal in January 2020. All other admin staff including the Clinic Manager have completed their standard DBS checks. Most certificates have been returned are registered clear. We are waiting the DBS result for the Clinic Manager and this is due to timescale as she was off sick until recently. | Professor David Byfield | 1 January 2020 |

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): Professor David Byfield

Job role: Head of Clinical Services, University of South Wales

Date: 10 December 2019