

# Independent Healthcare Inspection Report (Announced)

Welsh Institute of Chiropractic  
Clinic, Pontypridd

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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:

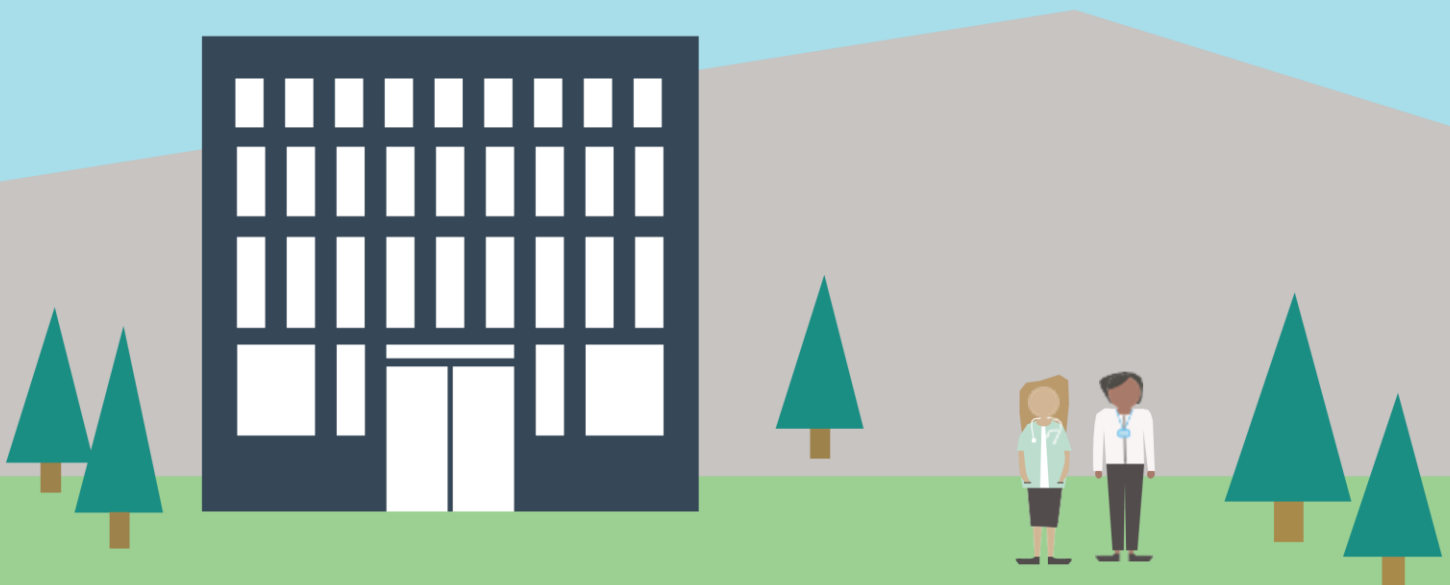
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Welsh Institute of Chiropractic Clinic, Pontypridd on 13 April 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a clinical peer reviewer.

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

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found staff at the Welsh Institute of Chiropractic Clinic to be committed to providing high quality care to patients, whilst maintaining their privacy and dignity. The environment was suitable for the services provided and offered full accessibility throughout the clinic.

Staff at the clinic were committed to gaining feedback from patients. Patient surveys could be obtained from the reception desk and there was also a suggestion box in the waiting area.

This is what the service did well:

- Feedback within patient questionnaires was positive, with patients rating the environment and care received as ‘very good’
- A good range of patient information was clearly displayed in the waiting area of the clinic
- Documents including the patient guide and complaints procedure were available bilingually.

### Delivery of Safe and Effective Care

Overall summary:

A range of policies and procedures was available, which promoted the delivery of safe and effective care to patients. All policies were detailed, up to date, and contained regular dates for review.

It was evident that the clinic was in a good state of repair, both internally and externally and was fit for purpose for all aspects of the treatments being provided.

We saw that patient records were clear, legible and up to date.

This is what the service did well:

- The environment was suitable for the services provided and we witnessed no environmental hazards which would pose a risk to staff or patients visiting the clinic
- All patient records were clear, accurate and legible
- All staff were fully compliant with Safeguarding training.

## Quality of Management and Leadership

Overall summary:

We saw evidence of clear lines of accountability and management structures in place at the clinic. Staffing levels were adequate for the services provided and we confirmed there was an appropriate skill mix for the treatment offered.

All staff were up to date with mandatory training, and we saw evidence of a comprehensive training matrix in place to keep track of this.

This is what we recommend the service can improve:

- We require staff to ensure minutes are recorded for all staff meetings.

This is what the service did well:

- The statement of purpose and patient's guide was up to date and contained all relevant information in accordance with the Independent Health Care (Wales) Regulations 2011
- There was evidence of good compliance with staff mandatory training.

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 clinic to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received 21 completed questionnaires.

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

*“It was excellent.”*

*“Very thorough and good information provided.”*

#### Health protection and improvement

We saw evidence of health promotion information being displayed in the waiting area. Infectious disease information was displayed bilingually as was a comprehensive chaperone policy for the setting.

Hand sanitiser was available in communal areas for both staff and patients. Patients and staff were no longer required to wear face masks; however, we saw gloves available outside each treatment room and within the ultrasound room.

#### Dignity and respect

It was clear the clinic worked hard to maintain patients’ privacy and dignity. There was a comprehensive privacy and dignity policy in place and the environment at the clinic promoted the privacy and dignity of patients. We observed all treatment room doors being kept closed during appointments and the spacious waiting area allowed for confidential conversations with staff.

Of the patients who completed a HIW questionnaire, respondents who answered questions on this topic felt they were treated with dignity and respect.

#### Communicating effectively

Patients were able to make appointments via the telephone, in person at the clinic or by requesting a call back via the clinic website.

When asked about their preferred language, 18 of the 21 people who completed questionnaires told us this was English. One person told us their preferred language was Welsh and two people skipped this section. The patient who preferred to



speak Welsh also confirmed that they were actively offered the opportunity to speak Welsh during their appointment and felt confident using Welsh language whilst in the setting.

### **Patient information and consent**

The clinic had a consent policy in place, and we saw evidence of this being kept up to date and reviewed annually. We were also provided with consent forms, which were available to patients in both English and Welsh. Staff informed us that they actively seek to obtain written consent from patients during every appointment.

Of the 21 questionnaire respondents, five agreed that they were given enough information to understand which treatment options were available. Six patients also told us that they felt they were given enough information to understand the risks and benefits of the treatment options available. On both questions, the remaining respondents did not answer.

### **Care planning and provision**

From conversations with staff, it was clear that patient care and safety was the clinic's top priority. Staff informed us that delays in patients being seen on the day of their appointment at the clinic were rare. If there was an unavoidable delay, senior staff confirmed patients would be informed.

All patients who answered the questionnaire said they waited less than 15 minutes for their appointment and all patients said they were informed how long they would likely have to wait.

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

From discussions with staff, it was clear that they worked to provide care in a way that promoted and protected people's rights.

It was clear that the clinic was fully accessible to patients. The reception and waiting area were spacious and there were multiple downstairs treatment rooms and a disabled toilet. We were also provided with a comprehensive Equality, Diversity and Inclusion policy for the clinic and saw evidence that this was reviewed regularly.

Patient questionnaire respondents told us they felt they could access the right healthcare at the right time. Those who answered also confirmed that they had not faced discrimination when accessing or using the clinic's services.

**Citizen engagement and feedback**

We saw evidence of the clinic actively seeking patient feedback. Patient feedback surveys and a suggestion box were available at reception, and this was advertised clearly in the patient waiting area.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

The clinic operated mainly as a chiropractic clinic, with the majority of their patients seeking this service. However, the clinic also provided musculoskeletal (MSK) ultrasound and shockwave therapy. All patients treated at the practice were aged 18 and over.

It was evident that the clinic premises was in a good state of repair, both internally and externally and was fit for purpose in all aspects of the treatments being provided.

We saw evidence of comprehensive fire policies and a risk assessment in place as well as clear fire exit plans displayed in the clinic waiting area.

Patients who completed a HIW questionnaire told us they felt the clinic was clean and COVID-19 compliant procedures were evident.

## **Infection prevention and control (IPC) and decontamination**

Staff provided us with an up-to-date copy of infection prevention and control policy for the setting. We saw evidence of detailed cleaning schedules in place, which were signed daily to indicate task completion.

All the areas we inspected were visibly clean and tidy. We saw the environment was well maintained and furnished to promote effective cleaning.

It was evident that staff could easily access personal protective equipment (PPE). We witnessed gloves in various sizes available outside all treatment rooms and aprons available inside ultrasound rooms.

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

The clinic had an up-to-date safeguarding policy in place. As the clinic was part of the university, the safeguarding policy applied for the whole campus. The university also had a dedicated safeguarding lead in place whom staff at the clinic could contact if needed.

A review of staff files confirmed full compliance with safeguarding training. From conversations with staff, it was evident they were aware of the process to follow in the event of a safeguarding concern.

### **Medical devices, equipment and diagnostic systems**

It was evident that the clinic had the right equipment and medical devices to meet the needs of patients. The ultrasound, DEXA and shockwave equipment were well maintained, and staff provided us with the service contracts in place for these. We also saw evidence of the equipment having been recently serviced and calibrated in accordance with manufacturer's guidelines.

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

We saw staff had access to a range of relevant clinical policies and procedures to support their practice.

Staff also provided details of the audit schedule for the setting, which included a record keeping audit and hand hygiene audit.

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

In addition to seeking patient views through feedback surveys, staff informed us that all completed surveys are reviewed, and results published quarterly. We were provided with the most recent publication and saw it contained a detailed analysis of the patient feedback received in the last three months. We recommended that the clinic consider publishing these quarterly results in their website for patients.

### **Records management**

We reviewed a sample of five patient records, all of which were clear, accurate and legible. All records were up to date, and we saw evidence of consent being obtained and recorded.

# Quality of Management and Leadership

## **Governance and accountability framework**

We found there to be a clear management structure in place at the Welsh Institute of Chiropractic Clinic and clear lines of accountability were demonstrated. The day-to-day running of the clinic was carried out by the clinical manager and the head of clinical services.

The clinic's statement of purpose and patient guide was clearly displayed in the waiting area. Both were up to date and contained all relevant information, in accordance with the Independent Health Care (Wales) Regulations 2011.

HIW certificates of registration were clearly displayed in the clinic as required by the Care Standards Act 2000.

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

There was an up-to-date written complaints procedure in place at the setting, which was clearly displayed in the waiting area. This included HIW contact information, in addition to the timescales for responding to complaints and the individual in charge of dealing with complaints made.

Any complaints received would be referred to the clinic manager, and then escalated to the head of clinical services if required. We were informed that complaints would be stored in patient files as well as in the complaints log for the setting.

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

It was clear from our findings there was an appropriate number of staff employed at the clinic and the skill mix of staff was appropriate to meet patients' needs.

Staff informed us, although the MSK and shockwave therapy staff had meetings, minutes were not recorded for these meetings. We recommend minutes to be recorded for all staff meetings, which can be provided to any staff who did not attend.

## **Workforce recruitment and employment practices**

We reviewed staff files and training records. All were fully compliant with mandatory training. All staff also had an up-to-date Disclosure and Barring Service (DBS) certificate in place. These were stored centrally by the university's human resources department.

We saw evidence of annual appraisals being conducted and, from conversations with staff, it was clear that they felt comfortable to raise any issues or queries with colleagues and managers.

## 4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

# Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No concerns identified.			



## Appendix B - Immediate improvement plan

**Service:** Welsh Institute of Chiropractic Clinic

**Date of inspection:** 13/05/2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan required.				

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:** Welsh Institute of Chiropractic Clinic

**Date of inspection:** 13/05/2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Staff must ensure that minutes are taken at all meetings going forward	Standard 25 - Workforce Planning, Training and Organisational Development	The WIOC Clinic Secretary will be assigned to minute and distribute all future staff meetings for administration staff, clinical services staff and chiropractic clinical supervisors' meetings and subsequently distribute following validation.	Professor David Byfield	This action will be introduced with immediate effect for any meetings scheduled from June 2023 onwards

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:**