

# Independent Healthcare Inspection Report (Announced)

Pro Sports Medicine, Cardiff

Inspection date: 18 April 2023

Publication date: 19 July 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-83504-411-7

© Crown copyright 2023

# 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.



# Contents

1. What we did .....	5
2. Summary of inspection .....	6
3. What we found .....	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership .....	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection .....	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan .....	30

# 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 Pro Sports Medicine on 18 April 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and one 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 clinic worked to provide sports therapy treatments to patients in an environment that promoted a quality service. Treatment rooms were clean and tidy and we witnessed staff addressing patients in a friendly and professional manner.

Patients were provided with a range of information both pre and post treatment to enable them to make an informed decision.

The clinic ensured easy access to patients with mobility issues which included bathroom facilities suitable for patients with mobility access requirements.

Staff at the clinic had not undertaken any formal training in Equality and Diversity. Furthermore, the clinic did not have facilities for patients with hearing impairments.

This is what we recommend the service can improve:

- Offer a chaperone service to patients
- Provide privacy screens in the treatment rooms
- Promote the 'Active Offer' for those patients who would prefer to communicate through the medium of Welsh.

This is what the service did well:

- Treating patients with dignity and respect, maintaining confidentiality at all times
- Making ample information available for patients regarding treatments provided at the clinic including pre- and post-treatment care instructions.

### Delivery of Safe and Effective Care

Overall summary:

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the service was not fully compliant with all standards and regulations in all areas.

The environment was clean, tidy and free from hazards. However, the floor in the ground floor kitchen was torn which create a tripping hazard. This was dealt with

under our non-compliance process. The registered manager repaired this on the day of our visit.

Medical records were well written and included all the information required.

Immediate assurances:

- Medical records for the Orthopaedic Surgeon were not available at the time of the inspection
- All staff required DBS checks to be undertaken
- Clinical staff had not had immunisation status checks
- The clinic required a trained first aider to be available on site.

This is what we recommend the service can improve

- Medicines Management policy requires a date and staff to sign to show they have read and understood it
- Emergency equipment needs to be checked regularly and documented
- Review the clinics policy folder to ensure all policies including the medicines management policy are up-to-date, relevant, signed by all staff, dated, and contain a date for review.

This is what the service did well:

- Records were well kept and contained information that is expected
- Patients were seen promptly with no waiting list
- The clinic offered several limited therapies to a high standard following NICE guidelines.

## **Quality of Management and Leadership**

Overall summary:

Overall, we found that the clinic's governance and leadership lacked a robust structure. Although enthusiastic and knowledgeable about their work and towards clients, the registered manager did not have a good understanding of the regulations and requirements necessary for the day-to-day running of the clinic.

Recruitment processes and pre-employment checks were not documented and did not appear robust.

The registered manager appeared keen to promote communication within the team to ensure productive working relationships.

Immediate assurances:

- Mandatory training was required for all staff.

This is what we recommend the service can improve:

- Pre employment checks need to be formalised and documentation stored
- Introducing a formalised appraisal process for all staff.

This is what the service did well:

- The skill mix of staff at the clinic was suitable for the number of patients and services offered
- Information for staff was disseminated via a WhatsApp group where staff can stay in touch.

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 22 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than one year.

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

*“I received first class treatment.”*

*“A great setting, professional, excellent cleanliness, polite, welcoming and supportive. My treatment was effective and the team helped me diagnose and get back to my sport from a long term injury I had sustained.”*

*“Highly recommended the service & treatment I received at this clinic.”*

#### Health protection and improvement

There was a lack of health promotion information at the clinic. However, there is a website which details the services available including benefits of each treatment.

#### Dignity and respect

We saw that Pro Sports Medicine had three treatment rooms situated on the ground floor. All rooms had lockable doors. We found the rooms to be clean, tidy and uncluttered. Windows had blinds in order that rooms cannot be viewed from outside the clinic. However, there were no screens or curtains in the rooms to provide privacy for patients to change.

**We recommended installing privacy screens to protect patient’s privacy while changing.**

Chaperones were not currently offered by the service, however, reception staff told us that they would be able to act as chaperone if requested.

We saw that patients were treated with dignity and respect. Staff were very professional and welcoming. We saw that patients were provided with information about the care and treatment provided, including aftercare.

All nine respondents who answered the patient questionnaire felt they were treated with dignity and respect and said they were given adequate aftercare instructions.

### **Communicating effectively**

The registered manager provided us with copies of the clinic statement of purpose and patient guide. The statement of purpose required review as it referred to 'Health Inspectorate Wales' rather than 'Healthcare Inspectorate Wales'. The patient guide also required review as it did not contain all treatments available. These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

We were told by the registered manager that any patient queries could be dealt with in person, via email or telephone.

The registered manager was Welsh speaking and we were told that there was one other staff member who also spoke Welsh and therefore the service provided an 'Active Offer'. There was no written information in Welsh throughout the clinic.

### **Patient information and consent**

The registered manager and consultants ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment. We were told that patients were provided with a variety of detailed verbal and written information both pre and post treatment to ensure they could make an informed decision about their treatment. The clinic used paper medical records which included comprehensive and detailed information around patient consent.

The clinic also had an informative website that listed treatments available and what they entailed. The registered manager stated that patients unable to access this information digitally would be provided with hard copy information.

### **Care planning and provision**

Staff described that written and verbal information about care and treatment was provided to patients as part of the care planning process. Staff confirmed that delays in patients being seen on the day of their appointment at the clinic were rare. If there was an unavoidable delay, staff confirmed patients would be informed.

The registered person described suitable arrangements for assessing patients prior to performing procedures, for performing the procedures and for discharging

patients following their procedures. The sample of patient records we examined showed evidence of these arrangements.

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

We saw that the clinic was an inclusive environment irrespective of any protected characteristic. We were assured that the human rights of transgender patients would be actively upheld, and preferred pronouns would always be used.

The clinic benefitted from level access with wheelchair accessible doorways. Treatment rooms were large and situated on the ground floor with wide doorways. The clinic had an accessible toilet situated on the ground floor near to the entrance.

The clinic did not have a hearing loop for patients with hearing difficulties. To ensure that patients individual needs are met.

**We would recommend that the clinic considers how best to meet the individual needs of any patient with hearing difficulties.**

The registered manager was asked if staff in the clinic had undergone Equality and Diversity training. We were told that no formal training had been completed within the clinic, however, staff with registration requirements had completed training externally.

**We recommend that the registered manager provide training in Equality and Diversity as part of mandatory training.**

### **Citizen engagement and feedback**

To monitor the service provided, we were told by the registered manager that patients are given the opportunity to provide feedback following their treatment to ensure they were satisfied with the results.

We were told that the main source of feedback was in person. Patients were also able to leave feedback via email or via online reviews and through their social media pages.

The registered manager confirmed that they respond to all feedback especially when negative feedback was provided. They stated that they welcomed suggestions to improve their service whenever possible. We were told that reviews made are largely positive and this was reflected in the patient survey completed on behalf of HIW. Feedback from patients who completed a HIW questionnaire showed they were very satisfied with the service they had received at the clinic. We were told that patients were able to make anonymous feedback if they wish.

# Delivery of Safe and Effective Care

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

We saw the clinic environment was well maintained and mostly free from obvious hazards. We did identify a tear in the flooring in the ground floor kitchen area which was fixed and made safe at the time of our visit. All other areas were in good state of repair.

The clinic had a number of policies and procedures in place. The registered manager informed us that policies had been updated in October 2022 when registration with HIW was completed. However, we noticed that there were no review dates shown on policies and no name of the person who created them.

**We recommended that the registered manager add the review date to each policy and the name of the person who created it.**

We also noted that there was no process in place to evidence that staff had read and understood each policy.

**We recommended adding a process by where each staff member signs when the policy has been read in order that the registered manager can show who has read and understood each policy.**

The clinic environment 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. Consulting rooms were large, clean and well equipped for their purpose.

There was no evidence to show that a risk assessment had been conducted to identify actual or potential hazards associated with the operation of the clinic and the action taken to reduce any risk identified.

We saw that fire extinguishers present in the building had been serviced within the last 12 months. The registered manager told us that the fire safety provider performed an environmental fire risk assessment. The provider stated that they have not developed their own risk assessment.

**The registered manager must ensure an environmental risk assessment is completed including mitigations for any risks identified.**

We reviewed the arrangements for dealing with a medical emergency including resuscitation in line with Resuscitation Council guidelines and found these to be insufficient. There was a defibrillator on site, however, we did not find evidence

that this was regularly checked to ensure it was working in the event of an emergency. These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

When assessing the building and environment of the clinic, we found evidence of Portable Appliance Testing (PAT) of electrical equipment. However, this required updating as it expired in February 2022.

We were told that the registered managers and one reception staff were the designated first aiders. However, our review of training records indicated that all designated first aiders did not have up to date first aid at work training. These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

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

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

These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

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

Observations of the clinic found the environment to be visibly clean and tidy. We saw that IPC arrangements were in place. Personal protective equipment was readily available for staff to use. Suitable handwashing and drying facilities were available for staff and patients to use. Hand sanitiser was also available. We found suitable arrangements were in place to dispose of used medical sharps and waste.

We saw an up-to-date written IPC policy was in place at the clinic. However, this did not have a review date. We also confirmed there were procedures for cleaning and decontaminating the environment and equipment used. The environment was furnished to allow effective cleaning of clinical areas.

We saw that treatment beds had disposable paper coverings and were told that they were cleaned in between each patient.

A suitable waste disposal contract was in place for removal of clinical and sharps waste.

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

There was no safeguarding policy or procedures at the clinic. Administrative staff had not received training in safeguarding procedures and did not know how they would identify or report a safeguarding issue.

The registered manager told us that the doctor would act as the safeguarding lead for the practice. This registered person was the designated safeguarding lead and had completed training at an appropriate level.

We found that safeguarding training had not been arranged for administrative staff at the clinic. Staff who required training to be completed to maintain registration had completed safeguarding training. This was dealt with under our non-compliance process.

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

We saw that ultrasound scanning equipment used at the clinic was visibly clean and in good condition. Senior staff confirmed that the equipment was subject to an annual service, and this had been completed within the last year. Senior staff described suitable arrangements for reporting equipment faults and for repairs.

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**

The service was seen to offer several limited therapies to a high standard. Patients were able to get an appointment for consultation quickly.

The service offered a novel treatment for arthritic knee which follows the National Institute for Clinical Excellence (NICE) guidelines.

From speaking to staff at the setting, including senior staff, we were told that very few patients attending their clinic had additional needs. The clinic did not have access to a translation line but we were told that patients would be encouraged to bring an interpreter with them if required. The staff we spoke with were both happy working at the clinic and they believed that the care given was timely and

that care to patients was provided in a safe environment with access to clinical policies and procedures.

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

We were told that the service does not participate in any quality improvement activities. The registered manager stated that there is no formal process to capture client feedback. Feedback is mainly gained from Google reviews and these were monitored weekly.

### **Records management**

The service kept paper records. We found the management of medical records to be of a good standard. Records we reviewed were well kept and contained all relevant information we would expect to see. One entry was found to be illegible, however, the registered manager was able to determine what had been recorded.

We found medical records were not being stored in a locked cabinet meaning they were accessible to visitors and staff. This was dealt with under our non-compliance process. This was dealt with under our non-compliance process. The registered manager ensured records were moved to a secure locked cabinet at the time of our visit.

# Quality of Management and Leadership

## **Governance and accountability framework**

Pro Sports Medicine is owned by the registered managers who are also a General Practitioner and Physiotherapist. Day-to-day management of the clinic was delegated to the reception staff.

In addition to the registered managers, the clinic employed a total of six members of staff.

HIW certificates of registration were not displayed. We told the person in charge that these are required to be displayed in a prominent place at the clinic as required by the Care Standards Act 2000.

**We require the clinic to display HIW Certificates of Registration within the clinic.**

The clinic had an administrative staff member who was responsible for the day-to-day management of clinic. The registered manager told us that there is no formal position of practice manager, however, one member of staff performs duties similar to that of a practice manager. This role should be formalised and reflected in a job description and training provided as required to fulfill such duties.

The registered person was responsible for drafting and reviewing the clinic's written policies and procedures to support the effective operation of the clinic. We saw no evidence that these had been reviewed within the last year. We saw that policies had been developed for a number of processes. None of these policies included review dates or staff member they were created by. We recommended that a review date is added to each policy.

The responsible individual, who was responsible for overseeing the management of clinic had also been nominated by the registered provider as required by the regulations.

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

The clinic had a written complaints policy. This was available within the statement of purpose. To assist patients in making a complaint once they had left the clinic should they wish.

**We recommend adding the complaints procedure and statement of purpose to the clinic website.**



We were told that any complaints would be dealt with promptly by the registered manager. The registered manager described the process in which complaints and incidents are managed. The registered manager keeps a record of complaints in a computer file and are dealt with following their complaints procedure.

The patient guide incorrectly referred to 'Health Inspectorate Wales' rather than 'Healthcare Inspectorate Wales' and did not include sufficient details of the complaints procedure. The patient guide also did not include the terms and conditions in respect of the services to be provided together with the amount and method of payment for treatment.

The registered manager told us that a record of complaints made is kept on file and any themes and trends are identified and acted upon.

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

The clinic had one Doctor who performed injectable services. There were seven physiotherapists and a sports masseuse.

We were told there was no formal appraisal process in place. The registered manager stated they operated a less formal approach and encouraged staff to inform them of any work related issues or training requirements. These discussions were not documented or recorded. Staff we spoke to stated they had not received a formal appraisal since being employed at the clinic.

### **The registered manager must ensure that staff are provided with formal written appraisals.**

The registered person confirmed the number and skill mix of the staff team were suitable to provide the services offered at the clinic. Staff we spoke with confirmed the number and skill mix of staff working at the clinic was sufficient to deliver the services provided at the clinic. We were told that patients were only booked in for appointments when there were sufficient qualified staff working at the clinic. Whilst patients were normally booked in for 30-minute time slots, the clinical staff were passionate about the care provided and would spend as much time as patients needed for the consultation.

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

There was no recruitment policy or induction program at the service. We were told that staff have employment checks prior to employment, however, we did not find evidence of these. We were unable to determine the immunisation status for staff working at the clinic.

**The registered manager must ensure they have in place a robust recruitment procedure that includes full pre-employment checks and documentation.**

We were told the service did not have a linked occupation therapy department to refer staff to or for support with immunisation or injury. There was no up-to-date recruitment policy in place. The registered manager needs to ensure one is created which makes reference to the specific documentation and information, required by the regulations, that needs to be available in respect of staff before allowing them to work at the clinic.

We examined a specific sample of recruitment files for staff. We were not able to see that checks had been made, such as confirming the individuals' identity, requesting written references. We saw that Disclosure and Barring Service (DBS) checks had been received for the majority of staff to establish the individuals' suitability to work at the clinic. However, administrative staff had not had DBS checks. We were not assured that all the documentation and information required by the regulations was available for all the staff. These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

There was no written induction process at the service. Staff checks were undertaken by the practice manager. The staff file was unorganised and contained information on staff who had left the practice.

**The registered manager must ensure that staff personal folders contain the necessary, up to date information as required by the regulations.**

## 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
Expired medications in ground floor cupboards	Risk of administering expired medication to patients	Discussed with Registered Manager	Expired medications were removed from the clinic
COSHH Equipment left in ground floor toilet	Risk of harmful substance spilling and contacting skin	Discussed with Registered Manager	COSHH equipment was removed from toilet and locked in store cupboard.
Flooring to the ground floor kitchen torn	Potential for tripping hazard	Discussed with Registered Manager	The flooring was repaired with a temporary fixture awaiting more long-term resolution.

## Appendix B - Immediate improvement plan

**Service:** Pro Sports Medicine

**Date of inspection:** 18 April 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
<p>The registered person must ensure that:</p> <ul style="list-style-type: none"> <li>Medical records are available for inspection for all services provided at the clinic</li> <li>Review to the statement of purpose to include these additional services</li> </ul>	<p>Regulation 23(3)(b) of the Independent Healthcare Regulations Wales</p> <p>Schedule 1 (7) of the Independent Healthcare Regulations Wales 2011</p>	<p>Medical records are available for all services</p> <p>Statement of purpose reviewed for all services</p>	<p>Daniel Jones</p>	<p>24/04/2023</p>

<ul style="list-style-type: none"> <li>Consulting room service is required to cease with immediate effect</li> </ul>		<p>Consulting room services/clinicians now directed to have medical records on site at PSM - email action 26/04/2023</p>		
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>Expired equipment and drugs from the clinic</li> <li>A process is developed to checked expired items are removed from clinical areas to mitigate the risk of these being used for patients</li> <li>The defibrillator is checked regularly to ensure it is in working order.</li> </ul>	<p>Regulation 15 (2) of The Independent Healthcare Regulations 2011</p>	<p>24/04/2023 all expired drugs and equipment removed</p> <p>Drugs checklist and medical items checklist (shockwave machine / US machine / disposables) created to be performed monthly by Practice Manager</p> <p>Defib checklist created by Daniel Jones and to be performed monthly by Practice Manager</p>	<p>Lynne Ursell (Practice Manager)</p> <p>Dr Daniel Vaughan &amp; Practice Manager</p> <p>Daniel Jones / Practice Manager</p>	<p>24/04/2023</p> <p>26/04/2023</p> <p>26/04/2023</p>
<p>The registered manager must ensure that:</p>	<p>Regulation 16(1)(a) and Regulation 21(2)(d) of</p>			

<ul style="list-style-type: none"> <li>All persons working for the purposes of the independent healthcare setting have undertaken up to date training in the safeguarding of children and vulnerable adults to level 2</li> </ul>	<p>The Independent Healthcare Regulations 2011</p>	<p>Online training link shared with all staff 26.04.2023 by Daniel Jones for safeguarding of children and vulnerable adults to level 2</p> <p>Practice Manger Lynne Ursell to follow up on compliance and collation of certificates of completion Mandatory Training (clinical staff only)  - <a href="https://www.reed.co.uk/courses/mandatory-health-care-training-24-cqc-aligned-cpd-certified-e-learning-courses/226042#/courses/?keywords=Mandatory%20training">https://www.reed.co.uk/courses/mandatory-health-care-training-24-cqc-aligned-cpd-certified-e-learning-courses/226042#/courses/?keywords=Mandatory%20training</a>. Mandatory Training (Non-clinical staff)  - <a href="https://www.reed.co.uk/courses/non-clinical-mandatory-training-cstf-aligned-online-cpd-accredited-courses/192998#/courses/?keywords=mandatory%20training%20for%20office%20staff">https://www.reed.co.uk/courses/non-clinical-mandatory-training-cstf-aligned-online-cpd-accredited-courses/192998#/courses/?keywords=mandatory%20training%20for%20office%20staff</a>.</p>	<p>Daniel Jones</p>	<p>26/04/2023</p>
<ul style="list-style-type: none"> <li>All staff undertake a Disclosure and Barring check (enhanced for child and adult workforce) that was applied for by, or on behalf of, the registered person</li> <li>Have in place arrangements to ensure that staff working for or on</li> </ul>		<p>Daniel Jones eMailed all staff to initiate new Disclosure and Barring checks on 26/04/2023</p> <p>Practice Manger Lynne Ursell to follow up on compliance and collation of certificates of completion</p> <p><a href="https://www.gov.uk/request-copy-criminal-record">https://www.gov.uk/request-copy-criminal-record</a></p> <p>We have this in place simply through a phone call to Head Office or an eMail to Head Office.</p>	<p>Daniel Jones</p>	<p>26/04/2023</p>

<p>behalf of the clinic can notify the registered person of a change of circumstance. These arrangements should also allow for regular fitness to work checks to be conducted by the registered person</p> <ul style="list-style-type: none"> <li>All clinical staff show evidence of hepatitis B immunisations.</li> </ul>				
<p>The registered manager must ensure that the clinic has in place an appropriately trained first aider and evidence of this is provided to HIW</p>	<p>Regulation 26(2)(a) of The Independent Healthcare Regulations 2011</p>	<p>First aid training at work sourced with Pro Active First Aid for Employed staff - training dates ASAP TBC</p>	<p>Daniel Jones</p>	
<p>The registered manager must ensure that policies are developed and applied to all procedures that are undertaken at the setting</p>	<p>Regulation 9 (1) (a-p) of The Independent Healthcare Regulations 2011</p>	<p>Infection Prevention and Control Policy, Medicines Management Policy and Record Keeping Policy uploaded</p> <p>All other policies reviewed and updated 10/05/2023</p>	<p>Daniel Jones &amp; Dr Daniel Vaughan</p>	<p>10/05/2023</p>



and provide evidence of this to HIW.				
<p>The registered manager must immediately arrange for:</p> <ul style="list-style-type: none"> <li>• Risk assessments be completed for the premises in relation to environment including actions to mitigate risk</li> <li>• An up-to-date fire risk assessment. Actions identified for improvement must be acted upon in a prompt and timely manner</li> <li>• Staff to undertake fire safety training</li> <li>• Fire safety arrangements to be put in place.</li> </ul>	<p>Regulation 26(2)(a) and 26(4)(e) of The Independent Healthcare Regulations 2011</p>	<p>Health &amp; Safety / Environmental Risk Assessment organised via Corgenic on 26.04.2023 urgent date TBC</p> <p>Fire-risk assessment organised via Corgenic on 26.04.2023 urgent date TBC</p> <p>Online training link shared with all staff 26.04.2023 for Fire safety training to be undertaken by all staff -</p> <p>Mandatory Training (clinical staff only) - <a href="https://www.reed.co.uk/courses/mandatory-health-care-training-24-cqc-aligned-cpd-certified-e-learning-">https://www.reed.co.uk/courses/mandatory-health-care-training-24-cqc-aligned-cpd-certified-e-learning-</a></p>	<p>Daniel Jones</p>	<p>26/04/2023</p>

		<p><a href="https://www.reed.co.uk/courses/226042#/courses/?keywords=Mandatory%20training">courses/226042#/courses/?keywords=Mandatory%20training</a>.</p> <p>Mandatory Training (Non-clinical staff)  - <a href="https://www.reed.co.uk/courses/non-clinical-mandatory-training-cstf-aligned-online-cpd-accredited-courses/192998#/courses/?keywords=mandatory%20training%20for%20office%20staff">https://www.reed.co.uk/courses/non-clinical-mandatory-training-cstf-aligned-online-cpd-accredited-courses/192998#/courses/?keywords=mandatory%20training%20for%20office%20staff</a></p> <p>Fire safety arrangements and Evacuation plan etc to be completed by; Urgent date TBC</p>		
<p>The registered manager must ensure:</p> <p>Mandatory training is provided to all staff and provide evidence of this to HIW.</p>	<p>Regulation 20(2) (a) of The Independent Healthcare Regulations 2011</p>	<p>Online Mandatory training link shared with all staff 26.04.2023 to be undertaken by all staff</p> <p>Mandatory Training (clinical staff only)  - <a href="https://www.reed.co.uk/courses/mandatory-health-care-training-24-cqc-aligned-cpd-certified-e-learning-courses/226042#/courses/?keywords=Mandatory%20training">https://www.reed.co.uk/courses/mandatory-health-care-training-24-cqc-aligned-cpd-certified-e-learning-courses/226042#/courses/?keywords=Mandatory%20training</a></p> <p>Mandatory Training (Non-clinical staff)  - <a href="https://www.reed.co.uk/courses/non-clinical-mandatory-training-cstf-aligned-online-cpd-accredited-courses/192998#/courses/?keywords=mandatory%20training%20for%20office%20staff">https://www.reed.co.uk/courses/non-clinical-mandatory-training-cstf-aligned-online-cpd-accredited-courses/192998#/courses/?keywords=mandatory%20training%20for%20office%20staff</a></p>	<p>Daniel Jones</p>	<p>11/05/2023</p>

---

<p>24 e-learning mandatory training courses provides essential training that is relevant in most healthcare and social care settings as follows:</p>
--

<p>Control of Substances Hazardous to Health (COSHH)</p>
--

<p>Food Hygiene/Food Safety Awareness</p>
---

<p>Basic Life Support (Cardiopulmonary Resuscitation)</p>
---

<p>Equality, Diversity and Human Rights</p>
---

<p>Safeguarding Children</p>
------------------------------

<p>Conflict Resolution</p>
----------------------------

<p>Handling Violence &amp; Aggression</p>
---

<p>Complaints Handling</p>
----------------------------

<p>Lone Working Awareness</p>
-------------------------------

<p>Consent</p>
----------------

<p>Information Governance</p>
-------------------------------

---

		<p>Record Keeping</p>		
--	--	-----------------------	--	--

Mental Capacity & DoLs Course

Person-Centred Care Course

Safe Handling of Medicines Course

Mental Health Act Course

This package also includes the following online courses;

Safeguarding adults online course

Health and safety online course

Fire safety online course

Infection prevention and control online course

Manual handling online course

Moving and handling online course.

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:** Pro Sports Medicine

**Date of inspection:** 18 April 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
The registered manager must supply privacy screens the treatment rooms to allow patients privacy whilst removing clothing.	Regulation 18 The Independent Health Care (Wales) Regulations 2011	Screens ordered for use in x3 treatment rooms	Daniel Jones	03/07/2023
The registered manager must ensure an environmental risk assessment is completed including mitigations for any risks identified.	Regulation 26 (2) (a) of The Independent Health Care (Wales)	Environmental risk assessment completed 19 <sup>th</sup> May 2023  Identified risks are being addressed	Daniel Jones	03.07.2023

	Regulations 2011			
The registered manager must ensure that patients individual needs (including language preferences) and accessibility requirements are considered and, wherever possible, reasonable adjustments are put in place. This should include a hearing loop for patients with hearing difficulties.	Regulation 15(1a) The Independent Health Care (Wales) Regulations 2011	Language preference is offered and adjustments will be made to accommodate  PSM will look to install a hearing loop system for the main reception	Daniel Jones	03.07.2023
The registered manager must ensure that all staff undertake training in Equality and Diversity.	Regulation 18 The Independent Health Care (Wales) Regulations 2011	Online training organised for all clinical and admin staff including <b>Equality and Diversity</b>	Daniel Jones	03.07.2023
The registered manager must ensure that the clinic has in place a full set of policies and procedures as set out in the regulations. These must be signed by all staff, dated, version	Regulation 9 The Independent Health Care (Wales)	All policies reviewed / dated and review date set and full set of policies organised and filed on site.	Daniel Jones	03.07.2023

controlled and contain a date for review.	Regulations 2011	All staff members will read & sign		
The registered manager must ensure that staff personal folders contain the necessary, up to date information as required by the regulations.	Regulation 20 and Regulation 21 The Independent Health Care (Wales) Regulations 2011	All staff folders <b>updated to contain the necessary, up to date information as required by the regulations.</b>  <b>DBS security checks process ongoing</b>	Daniel Jones	03.07.2023
The registered manager must ensure they have in place a robust recruitment procedure that includes full pre-employment checks and documentation.	Regulation 21 The Independent Health Care (Wales) Regulations 2011	Employment HR company engaged to support recruitment processes and procedures  Pre-employment checks and documentation checks in place	Daniel Jones	03/07/2023
The registered manager must ensure that staff are provided with formal written appraisals.	Regulation 20(2a) The Independent Health Care (Wales)	Written formal appraisals now planned for all clinical and administration staff	Daniel Jones	03/07/2023



	Regulations 2011			
The registered manager must ensure that their HIW certificate of registration along with any supporting schedules are displayed in a public area of the clinic.	Regulation 11 The Independent Health Care (Wales) Regulations 2011	Framed copies of the certificates are now on display in our main waiting area	Daniel Jones	03/07/2023

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):** Daniel Jones  
**Job role:** Managing Director  
**Date:** 03/07/2023