

Independent Healthcare Inspection Report (Announced)

The Weight Loss Doctor, Swansea

Inspection date: 20 July 2023

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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
Website: www.hiw.org.uk

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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:

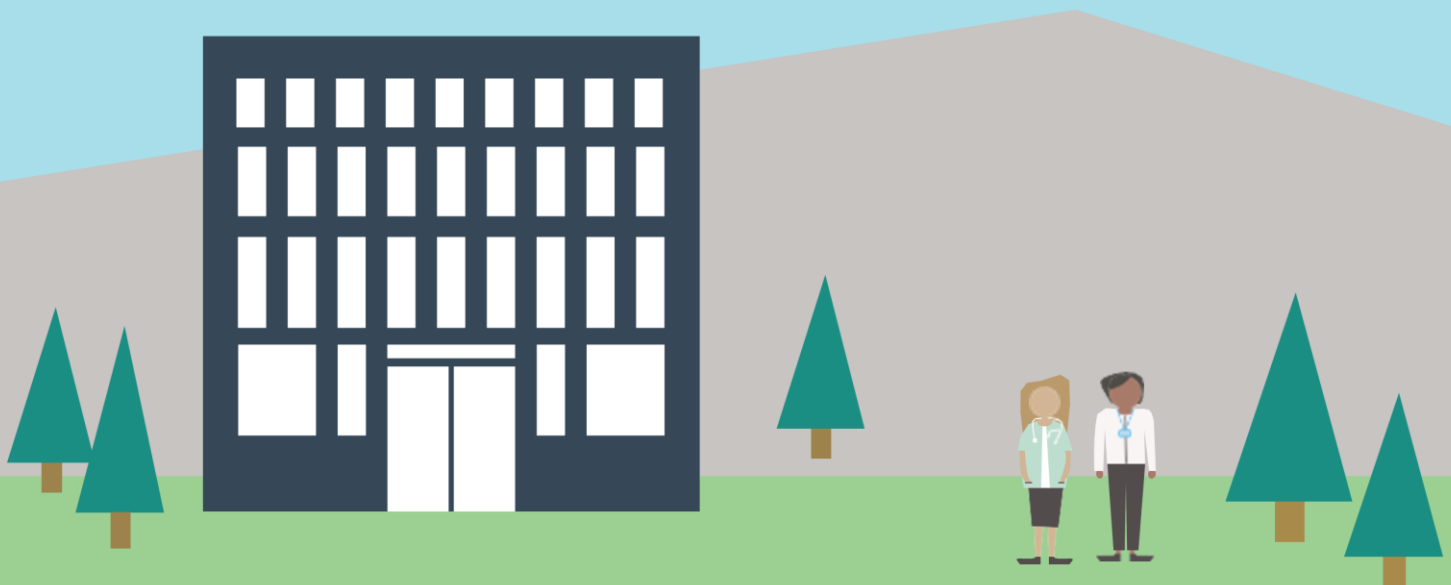
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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.



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.....	13
• Quality of Management and Leadership	18
4. Next steps.....	20
Appendix A - Summary of concerns resolved during the inspection	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	23

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 Weight Loss Doctor, Swansea on 20 July 2023.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector and a Clinical Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 10 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

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:

Staff at the clinic were clearly passionate in their desire to provide a weight loss service to their patients in an environment that promoted a quality service. Treatment rooms were clean and tidy.

Patients provided positive feedback about their experiences of using services provided at the clinic.

The clinic ensured easy access to patients with mobility issues, although the bathroom facilities were not suitable for patients with mobility access requirements.

Staff at the clinic were committed to gaining feedback from patients. Whilst the feedback was analysed the results of the feedback were not publicised to the patients at the clinic.

This is what we recommend the service can improve

- Provide information on health promotion
- Inform patients about the lack of access to disabled toilets
- Inform patients of the results of feedback.

This is what the service did well:

- Provided a service where the patient feedback was positive
- Ensured patient care was the clinics top priority
- Treatment rooms were clean and tidy.

Delivery of Safe and Effective Care

Overall summary:

There were appropriate arrangements in place for emergency care with easy access to a fully stocked resuscitation equipment, which had been checked on a weekly basis.

There were good medication management processes in place and effective processes for checking the medication.

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 but the setting needed a height measuring device and the scales had not been calibrated.

This is what we recommend the service can improve

- Providing the correct equipment to ensure accurate measurements could be taken
- Collect qualitative information on weight loss.

This is what the service did well:

- Appropriate arrangements for emergency care
- Good medication management processes
- Ensured the clinic was in a good state of repair.

Quality of Management and Leadership

Overall summary:

There was clear, good management and leadership at the clinic with staff commenting positively on the support that they received from the registered manager. We were told that there was an open and supportive culture at the clinic with a clear management structure within the organisation.

The clinic had a number of policies and procedure in place that were all in date. However, the procedures required a date due review and who was responsible for reviewing the policies and procedures.

We were told that any complaints would be dealt with promptly by the registered manager. There had not been any complaints at the clinic. Staff we spoke with were aware of the process to follow.

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.

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

This is what we recommend the service can improve

- Review and update the statement of purpose and patient guide
- Ensure all policies and procedures have a date due review and person responsible.

This is what the service did well:

- Clear management structure

- Staffing the clinic appropriately
- Following good recruitment practices.

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 10 completed questionnaires. Overall, the respondents' comments were positive with all patients rating the service as 'very good'.

The comments provided by patients on the questionnaires were:

“Very helpful staff, doctor explained treatment well, very nice and feel at ease coming to this clinic.”

“Excellent service, staff and care. Very helpful and informative doctor who is always available if needed. Would recommend.”

Health protection and improvement

There was a lack of health promotion information at the clinic. We were told that information was provided by the registered manager about diet, healthy eating, nutrition, movement and exercise and lifestyle medicine.(supplements and herbal).

The registered manager needs to provide information within the clinic reception area on healthy lifestyle, smoking cessation, exercise and other health promotion information.

Dignity and respect

There was one treatment room situated on the ground floor. We were told that the door was closed when a consultation was taking place. The room was clean and tidy with frosted windows so that the rooms could not be viewed from outside the clinic. The consultation would not require the patient to undress or change clothes and would mainly involve blood pressure, height and weight checks.

Privacy and dignity was also part of the statement of purpose, which referred to being fair, open and honest.

There were no patients at the clinic during our visit. All ten patients who completed the questionnaire felt they were treated with dignity and respect and that measures were taken to protect their privacy.

Communicating effectively

Patients were able to make appointments via the telephone, in person at the clinic, or through the clinic website.

There was not a hearing loop at the clinic and we were told that patients with a hearing difficulty would bring in their own British Sign Language interpreter. We were also told that information could be provided to blind patients on request, there were not any patients with visual difficulties currently.

Most of the information available at the clinic and on the website, was provided in English only. Given that the clinic operates in Wales, further efforts should be made to routinely provide information in both Welsh and English.

Regarding the Welsh Language, only one of the ten patients said that Welsh was their preferred language, but they said that they were not actively offered the opportunity to speak Welsh and that healthcare information was not available to them in Welsh.

The registered manager should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.

Patient information and consent

There was a statement of purpose and patients' guide as required by the regulations available in the reception area. 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. Examination of a sample of five patient notes confirmed that clinicians were recording in medical notes when patients gave verbal consent to examination or treatment

Out of the ten responses received from patients, six said they underwent a procedure or treatment and none of those stayed overnight as an inpatient. They all said that they received enough information to understand the treatment options and the risks and benefits and that they were given adequate aftercare instructions.

Care planning and provision

During conversations with staff, it was clear that patient care 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.

Staff we spoke with were able to describe suitable arrangements for assessing patients prior to treatment and for the continuing care whilst being treated at the clinic. The sample of patient records examined showed evidence of these arrangements.

The costs of the treatment plan were displayed on the clinic website and also available at reception. All patients strongly agreed that the cost was made clear to them before they received treatment and that they were given clear guidance on what to do and who to contact in the event of an emergency.

Equality, diversity and human rights

There was good, level access to the main entrance. All facilities, including the reception desk, waiting room, patients' toilet and consulting rooms were located on the ground floor. However, the patients' toilet was not a disabled toilet and the clinic should ensure that the website, statement of purpose and patient guide includes reference to this.

The registered manager needs to ensure that the website, statement of purpose and patient guide are updated to reflect the lack of a disabled toilet at the setting.

Staff we spoke with said that everybody would be treated with respect, regardless of any protected characteristic. We were told that one of the directors of the company was a bar graduate with a background in equalities. They had also given legal advice to a number of third sector organisations on characteristics and specialised in the lesbian, gay, bisexual and transgender community to do with issues of sexual orientation and gender identity discrimination. There was an in date equality and diversity policy available

All bar one respondent said that the building was accessible, that is wheelchair friendly, with facilities for visually or listening impairments.

All patients said they felt they could access the right healthcare at the right time. None of the patients who answered the questionnaire said that they faced discrimination when accessing or using the clinic.

Citizen engagement and feedback

Evidence was seen of how the views of service users were sought and actively used to inform service improvement and development. Patient feedback was requested on a monthly basis from a sample of patients and then this was collated every six

months. The latest feedback covered the six months February to July 2023, which was positive. However, there was no system in place to inform patients of the outcome of the feedback.

The registered manager must ensure that patients are informed of the outcome of the feedback on a 'you said, we did' type board and through the website.

Patients were encouraged to leave feedback on the clinic's social media page and through an online reviews' website.

All patients said that staff explained what they were doing throughout and that they were involved as much as they wanted to be in making decisions about their healthcare. All patients said that their questions were answered and they felt listened to.

Delivery of Safe and Effective Care

Managing risk and health and safety

All areas of the clinic appeared clean and tidy and free from hazards. The clinic environment was well maintained and in a good state of repair.

Whilst fire exits and escape routes were clearly identified and kept clear of any clutter, when we checked the rear fire exit we noted there was some rubbish outside the fire exit that partially restricted the opening of the exit door. This was due to rubbish from other units that has been left outside the fire door.

The clinic needs to ensure that a sign is placed on the outside of the rear fire exit door indicating this is a fire door and not to obstruct. In addition, outside the fire door must be checked every day before opening the clinic.

There were appropriate arrangements in place for emergency care with easy access to a fully stocked resuscitation equipment, which had been checked on a weekly basis.

We also saw evidence that fire risk assessments and health and safety risk assessments were monitored annually. Fire exits and escape routes were clearly identified. We saw records to show that fire safety equipment and portable electrical appliances had been checked to make sure they were working and safe to use.

Infection prevention and control (IPC) and decontamination

Policies and procedures were available to help guide staff on IPC and staff had received up to date training on this subject. Staff had access to personal protective equipment (PPE) to help prevent cross infection and hand washing facilities were available.

A sharps bin was available to ensure that medical sharps could be placed in an appropriate container for safe disposal. This was securely situated within the treatment room.

The systems used to identify and monitor the risks of infection were described. This included the weekly infection control sheet that covered the cleaning of the premises, personal protective equipment and clinical waste bins. There were daily sheets to ensure the area had been cleaned. These were viewed for the last three months.

Whilst there was an infection control policy, we were told that there was not a policy on water management.

The registered manager needs to ensure that a policy on water management is written, introduced and made known to staff.

Staff we spoke with understood their role in ensuring infection control and had access to the relevant infection control policy. Reception staff cleaned the service at the beginning and the end of the day. Staff were aware of what to do following a needle stick injury.

All respondents felt the setting was either 'very clean' (9/10) or 'clean' (1/10) and that infection and prevention control measures were being followed.

Safeguarding children and safeguarding vulnerable adults

The arrangements in place to ensure safeguarding policies and procedures were in line with national policy and legislation and local area procedures were noted. 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. These included contact details for the local authority safeguarding teams. The clinic was kept up to date with changes in safeguarding through an online employment law, human resources and health and safety provider.

Staff working at the clinic had completed safeguarding training to a level appropriate to their roles. The registered manager was the safeguarding lead and would oversee the management of any referrals.

Nutrition

Food and drink was not routinely provided, other than water or a hot drink being offered to the patient.

The registered manager in addition to being a medical professional had also other qualifications that included obesity management. The registered manager had also worked for the national slimming and aesthetic clinic prior to setting up this clinic, where the training was undertaken on site with experienced long standing doctors. Ongoing training and learning was done through an online training academy.

Medical devices, equipment and diagnostic systems

There was not a requirement for a great deal of equipment or medical devices at the clinic. The main equipment required were scales, blood pressure monitoring equipment and a height measuring device. This was to measure the correct weight of the patient, to check their BMI through their height and weight and to check

their blood pressure was within acceptable limits. However, there was not a height measuring device and the scales had not been calibrated.

The registered manager needs to ensure that the blood pressure monitor, the height measure and the scales are of medical grade, regularly checked to ensure that the relevant information is accurate and measurable.

There was not a medical equipment policy in place to ensure that the maintenance contract was checked on a regular basis and that responsibilities for managing this equipment was documented.

The registered manager is to ensure that there is a medical equipment policy, with the relevant information including setting out the maintenance contract required.

Safe and clinically effective care

We were told that patients with cognitive issues, would not be treated as the mental capacity of the patient could not be ensured.

The clinic was able to provide timely care for patients, as there was no waiting list currently. Staff we spoke to believed that they had enough time to provide care safely to patients. There were sufficient staff to meet the needs of the patients.

All the procedures were available in a folder located in the clinic at the reception desk. There was a range of written policies and procedures available to support the operation of the clinic. These were being reviewed and updated on a regular basis.

We noted that some audits had been completed on patient prescription cards, but the clinic would benefit from an audit of the blood pressure checks and identity checks, as well as a medication control audit and dispensing sheet audit.

The registered manager needs to ensure that a more robust system of audit is completed such as blood pressure, identity, medication control and dispensing sheet audits.

The clinic should also introduce a system to record and maintain evidence of weight loss on a spreadsheet in imperial pounds or kilogrammes and as a percentage. This would enable the clinic to evidence the success or otherwise of the treatment provided.

Medicines Management

There were appropriate arrangements in place to order, obtain, store, control, supply, prescribe, administer and dispose of medicines, which were controlled drugs (CDs). There was a stock sheet in place and the controlled drugs were managed using the appropriate documentation.

The medicines records were clear and included all the relevant information. The system used to ensure accurate records of the medicines administered to patients were maintained, including information about allergies or sensitivities, was a mixture of clinical records and controlled drug records.

There was an effective medicines management policy and supporting procedures that covered all aspects of medicines management in the organisation.

There were appropriate storage arrangements for medicines used at the service, which, we were told, had been previously checked by the Home Office. We viewed the CD cabinet where all CDs were stored, this was a secure wall mounted box. Whilst there was a medical fridge available, this was not used as the drugs that needed to be temperature controlled were delivered directly to patients.

Participating in quality improvement activities

We were told that the clinic had recently introduced supplements for patients not eligible for medications. The clinic had also produced a business plan looking at a process of content creation and identifying a resource for diet, nutrition, movement, exercise and mindset planning.

Records management

A sample of five patient records were checked which were generally of a good quality in terms of accuracy, being up to date, complete, understandable and contemporaneous. However, some boxes, on the format used, had not been completed on what may have been considered as non-significant questions. These boxes need to be completed in full and would benefit from being a topic for an audit and the standard would be for them to be completed.

There was one specific instance where the blood pressure was not recorded on the clinical record.

The relevant information needs to be recorded on the medical records, including the recording of the patients' blood pressure on each visit or renewal of medication.

The information technology system used was effective and was general data protection regulation compliant. All data was stored online and no clinical data was held on the devices on site.

All patients strongly agreed that their medical history was checked before undertaking treatment and that they signed a consent form before receiving new treatment.

Quality of Management and Leadership

Governance and accountability framework

There was a clear management structure in place at the clinic and clear lines of accountability were demonstrated.

There was a statement of purpose that included the relevant sections required by the Independent Health Care Regulations (Wales) 2011. However, the statement of purpose had not been reviewed annually. In addition, the statement of purpose was not up to date with information about the changes at the clinic. Further, the patients guide did not include a summary of the statement of purpose and the contract with patients, as required.

The clinic had a number of policies and procedure in place that were all in date. However, the procedures required a date due review and who was responsible for reviewing the policies and procedures.

The statement of purposes must be reviewed annually and updated to reflect the changes to the content of the statement of purpose.

The patients guide needs to be updated to include the relevant sections required.

The policies and procedures need to include the dates due review and the persons responsible for the review.

Dealing with concerns and managing incidents

There was a 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. However, the content of the procedure needed to be updated to include information about who else to contact for assistance with the complaint such as the Citizens Advice Bureau. In addition, the procedure needs to reflect the information in the statement of purpose.

We were told that any complaints would be dealt with promptly by the registered manager. However, there had not been any complaints at the clinic. Staff we spoke with were aware of the process to follow.

The registered manager needs to ensure that the complaints procedure contains the relevant information.

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.

We reviewed the training records and noted that they were all fully compliant with mandatory training and other training relevant to their roles

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the clinic had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post. All staff also had an up-to-date disclosure and barring service certificates in place.

There was evidence that a system of annual appraisals was in place and up to date. 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 immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: The Weight Loss Doctor, Swansea

Date of inspection: 20 July 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
There were no immediate assurance issues.				

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: The Weight Loss Doctor, Swansea

Date of inspection: 20 July 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 needs to provide information within the clinic reception area on healthy lifestyle, smoking cessation, exercise and other health promotion information.	Standard 3 Health Promotion, Protection and Improvement	We have begun working on targeting three key areas of health and well being we feel our patients will benefit having extra advice and information from. Exercising, stress management and understanding local services available. Our plan is to ensure we have posters/displays and reading material promoting the above. As well as a community board in which we will invite local allied services to display.	The boards will be created by Darcey scott- receptionist. The posters and display information will be sourced and put on display by Ariba Khan-manager.	To be completed by 29 th October 2023.

<p>The registered manager should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.</p>	<p>Regulation 18 (1) (b) Standard 18 Communicating Effectively</p>	<p>We have begun the process of updating our website to include a news/communication/article section. This will allow us to upload in both Welsh and English information relating to lifestyle and wellbeing.</p> <p>With respects to medication information, we have integrated electronic leaflets into our clinical system allowing us to send out medication information to our patients via email, this process will be automated and so all patients will receive the relevant information leaflets automatically post appointment.</p>	<p>Ariba Khan- manager Jabur Khan- clerical assistance</p>	<p>The website news section has already been created.</p> <p>Articles and automation of patient information leaflets will be in place by 29th November 2023.</p>
<p>The registered manager needs to ensure that the website, statement of purpose and patient guide are updated to reflect the lack of a disabled toilet at the setting.</p>	<p>Regulation 6 and 7</p>	<p>We will ensure this request in completed. We have contacted our website management company to request this change and have added to our patient information guide.</p>	<p>Ariba Khan- manager</p>	<p>29th October 2023 deadline.</p>

<p>The registered manager must ensure that patients are informed of the outcome of the feedback on a ‘you said, we did’ board and through the website.</p>	<p>Regulation 19 (a) Standard 5 Citizen Engagement and Feedback</p>	<p>We have asked our website developers to integrate a new page into the website for this purpose and will add this section to the proposed community board. a</p>	<p>Ariba khan- manager</p>	<p>29th October 2023 deadline.</p>
<p>The clinic needs to ensure that a sign is placed on the outside of the rear fire exit door indicating this is a fire door and not to obstruct. In addition, the fire door must be checked every day before opening the clinic.</p>	<p>Regulation 26 (4) (b) Standard 3 Health Promotion, Protection and Improvement</p>	<p>We have begun altering our fire safety policy to reflect this request. We are currently in the process of ordering for the sign as requested.</p>	<p>Ariba Khan - manager</p>	<p>29th November 2023.</p>
<p>The registered manager needs to ensure that a policy on water management is written, introduced and made known to staff.</p>	<p>Regulation 9 (k) Standard 13 Infection Prevention and Control (IPC) and Decontamination</p>	<p>We have begun researching and writing an appropriate policy suitable for the building type and water risk/legionella risk. Once completed we will share with all staff.</p>	<p>Darcy Scott- compliance officer</p>	<p>29th November 2023.</p>
<p>The registered manager needs to ensure that the blood pressure monitor, the height measure and</p>	<p>Regulation 9 (1) (d)</p>	<p>We have made available SECA medical scales in the clinic. We have begun the process of</p>	<p>Ariba Khan- manager</p>	<p>29th November.</p>

the scales are of medical grade, regularly check to ensure that the relevant information is accurate and measurable.	Standard 16 Medical Devices, Equipment and Diagnostic System	contracting out the task of calibration and adjusting the medical equipment policy to ensure this check is carried out annually.		
The registered manager is to ensure that there is a medical equipment policy, with the relevant information including setting out the maintenance contract required.	Regulation 9 (1) (d) a Standard 16 Medical Devices, Equipment and Diagnostic Systems	We have begun writing a medical equipment policy to include the above.	Ariba Khan- manager	29 th November
The registered manager needs to ensure that a more robust system of audit is completed such as blood pressure, identity, medication control and dispensing sheet audits.	Regulation 19 (2) (c) (ii) Standard 6 Participating in Quality Improvement Activities	We have taken this feedback on board and for the next audit cycle will ensure that we have available these audits.	Ariba Khan- manager	31 st January 2024.
The relevant information needs to be recorded on the medical records, including the recording of the patients' blood pressure	Regulation 23 Standard 20 Records Management	We have taken this feedback and circulated to the prescribing doctors. We will begin monitoring compliance and ensure this advice is repeated	Ariba Khan- manager	On-going

on each visit or renewal of medication.		and audited to ensure compliance		
The registered manager is to ensure that the statement of purposes is reviewed annually and updated to reflect the changes to the content of the statement of purpose.	Regulation 6	We have taken this feedback on board and have added a annual review date onto the back of the statement of purpose.	Darcy Scott-compliance officer	On-going annually.
The registered manager is to ensure that the patients guide is updated to include the relevant sections required.	Regulation 7	We have begun the process of writing the changes as requested and aim to update this as a paper copy and on our website, in the new proposed News section.	Ariba Khan- manager	29 th November 2023.
The registered manager is to ensure that the policies and procedures include the dates due review and the persons responsible for the review.	Regulation 9 (5) Standard 1 Governance and accountability framework	We have begun to action this on all our policies.	Darcy Scott-compliance officer	29 th November 2023
The registered manager needs to ensure that the complaints	Regulation 24	We have begun the process of altering the complaints	Darcy Scott-compliance officer	29 th November 2023

procedure contains the relevant information.	Standard 23 Dealing with Concerns and Managing Incidents	procedure as per the inspection report recommendations.		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Ariba Khan
Job role: Registered Manager
Date: 25 September 2023