

Independent Healthcare Inspection Report (Announced)

Anja Gosha, Cardiff

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

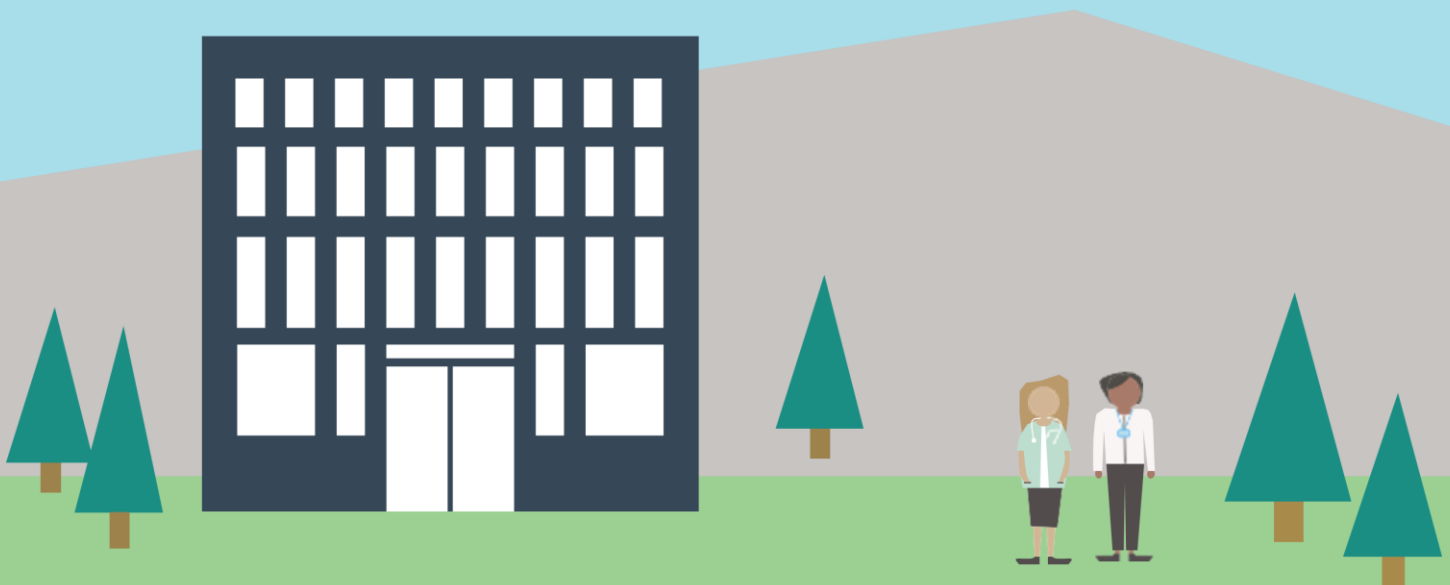
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Anja Gosha, 54a Bute Street, Cardiff, CF10 5AF on 16 July 2024.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

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 five were completed. 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Anja Gosha was committed to providing a positive experience for patients in a pleasant environment. The treatment room was tidy and ensured that the privacy and dignity of patients was always maintained.

Patients had a full consultation and were provided with adequate information both pre and post treatment to enable them to make an informed decision. However, we found there was no provision in place should patients request treatment through the medium of Welsh.

Patient feedback was obtained via online questionnaires and from online and social media reviews. However, there were no arrangements in place to capture verbal feedback, or to inform patients of actions taken as a result of feedback.

Facilities were not easily accessible to patients with mobility access requirements although the registered manager would provide assistance whenever possible.

Immediate assurances:

- Comprehensive health care records to be maintained in relation to each patient
- Assurance was required that the clinic will not provide further laser treatment to patients under the age of 18.

This is what we recommend the service can improve:

- Review and update the patients' guide to ensure compliance with the regulations and make this readily available to patients
- Implement a treatment register specific to the laser machine.

This is what the service did well:

- Treating patients with dignity and respect
- We were assured that the setting was an inclusive environment
- Patient questionnaire sent digitally after each treatment.

Delivery of Safe and Effective Care

Overall summary:

The clinic appeared well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were clean and an appropriate contract was in place for the removal of clinical waste.

The fire extinguishers had been serviced within the last year and fire safety systems were checked and logged regularly. Fire exits were obstacle free and clearly signposted.

The laser machine had been recently serviced and suitable eye protection was available which were in good condition. The clinic had up-to-date Local Rules and there was a current Laser Protection Advisor (LPA) contract in place.

Immediate assurances:

- Prepare and implement health and safety policy in accordance with the regulations
- Refresher training was required in fire safety awareness and first aid.

This is what we recommend the service can improve:

- Daily laser machine checks to be recorded
- Safeguarding refresher training to be completed
- Put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

This is what the service did well:

- Premises appeared well maintained with fire risk assessment in place, five yearly electrical wire testing and Portable Appliance Testing (PAT) recently conducted and valid
- Treatment room and reception area appeared clean and tidy.

Quality of Management and Leadership

Overall summary:

Anja Gosha is owned by the registered manager who is also the authorised laser operator. There are no other persons employed by the clinic.

Although enthusiastic and experienced about the work, and engaging and friendly towards clients, we were not fully assured that the registered manager understood the importance of effective governance. In particular, key policies were missing or lacked important guidance, and we identified that the clinic had breached their conditions of registration. However, we found the registered manager was very

receptive to feedback and took immediate positive action to issues raised during the inspection.

There was a complaints procedure within the statement of purpose and the patients' guide. However, we were told there had been no complaints received to date.

This is what the service did well:

- Enthusiastic, friendly and experienced operator
- Positive reaction to feedback and suggestions made during inspection

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 five completed questionnaires. All patients who completed the questionnaire rated the service received as very good.

Dignity and respect

The clinic had one treatment room situated on the ground floor. There were several steps into the building from the street which posed an obstacle to patients with impaired mobility, although we were told assistance was provided where possible to help enable access. We found the room had opaque film covering the windows and a lockable door where patients could change in privacy. Disposable paper underwear was provided for patients to use throughout treatments to protect their dignity.

Patients were required to provide their own chaperones. Chaperones were allowed to attend the consultation but not permitted into the treatment room during treatment.

All respondents who answered the HIW questionnaire said they were treated with dignity and respect and felt staff listened to them and answered their questions.

Communicating effectively

The registered manager provided digital copies of the clinic statement of purpose and patients' guide. The statement of purpose was compliant with the regulations. However, the patients' guide did not contain all the necessary information as required by the regulations. Notably, the patients' guide contained a summary of how complaints would be handled but did not explain how patients could contact the clinic to raise a complaint. Clear guidelines of the cost of all aspects of treatments, a summary of patient feedback and details of how to obtain the latest HIW report were also missing. We also noted that there were no paper copies of the patient's guide available in the clinic should one be requested by a patient.

The registered manager must review and update the patients' guide to ensure compliance with the regulations and make this readily available to patients within the clinic.

The clinic did not have any Welsh speaking staff and had no provision for translation services if requested. However, they did state that, to date, they had not been asked for services in the medium of Welsh by any patient. We were told that patients requiring treatment in other languages would need to bring their own chaperone to provide translation. We discussed how this could leave the clinic vulnerable due to any misinterpretation provided by an unqualified translator.

We recommend that the service considers how it would best meet the individual needs of patients who may wish to communicate through the medium of Welsh and other languages.

Appointments for consultations and treatment could only be arranged online via the clinic website. We were told that the clinic did not accept telephone bookings.

Patient information and consent

We asked to see the laser treatment register as required by the regulations. The registered manager informed us that they did not have one as the information was contained within the individual patient records.

We recommend that the registered manager maintains a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.

During the inspection we reviewed a sample of five patient records. There were individual patient notes available which recorded patient medical history, test patch agreement and treatment details. However, there were no entries made recording the shot counts administered during each treatment with the laser machine.

We saw that an initial consultation form had been completed and signed consent obtained from each patient. However, for each subsequent appointment, there was no indication that changes in medical history were checked or that ongoing consent had been given. We considered the detail in the patient records to be insufficient and required improvement.

We also found that laser treatment had been provided to a patient under the age of 18, which was a breach of the Conditions of Registration with HIW. This patient's records were held on an alternative system as the clinic's main records system would not accept entries for patients under 18 years of age.

Our concerns regarding these issues were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information

on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Care planning and provision

We saw evidence that patients were given a full consultation prior to agreeing to any treatments. This included the risks, benefits, frequency and anticipated number of sessions as well as the expected results. We were told aftercare guidance was provided to all patients. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

The records indicated all patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions. Images were taken at the beginning of a course of treatment so the operator and patients were able to check how results were progressing.

All respondents who answered the HIW questionnaire said they had received enough information to understand the treatment options and the risks and benefits. All respondents said they were given adequate aftercare instructions and were given clear guidance on what to do and who to contact in the event of an infection/emergency. All respondents also said that their medical history was checked before undertaking treatment and all but one confirmed that they were given a patch test before receiving new treatment.

Equality, diversity and human rights

We were told that the clinic was an inclusive environment irrespective of any protected characteristic. We were assured this was the case based on the records we reviewed. We were told that the human rights of transgender patients were always upheld with preferred pronouns used and names changed as requested.

Citizen engagement and feedback

After each visit patients are sent a digital questionnaire which is recorded on the clinic information technology (IT) system. Patient feedback was also obtained via Google reviews, and through social media. We were told that face-to-face verbal feedback would be dealt with straight away, however, this was not recorded. We found feedback was not analysed and there were no systems in place to advise patients of the results of feedback, such as a 'you said, we did' display.

We recommend that the registered manager:

- **implements a system to record verbal feedback**
- **analyses the results of patient feedback to help assess the quality of service**
- **puts in place a method for informing patients of the results of feedback.**

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building to be visibly well maintained both internally and externally. The clinic consisted of a reception and waiting room along with a separate treatment room. The treatment room was clean and comfortable and appeared well equipped.

We found that the electrical wiring in the premises had been inspected within the last five years and Portable Appliance Testing (PAT) had been completed recently with stickers visible on relevant appliances. We were informed that there was no gas supply into the clinic.

We found that a comprehensive risk assessment had been recently conducted by the Laser Protection Advisor. However, there was no Health and Safety policy in place for the clinic to ensure effective risk management and safety measures are implemented.

Our concerns regarding these were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We inspected the fire safety arrangements at the clinic. All fire exits were clear and signposted with emergency lighting installed. We saw that checks of the fire alarm system were recorded weekly and that fire drills were conducted regularly. We saw fire extinguishing equipment and annual maintenance had been serviced within the last 12 months. However, we found that fire safety awareness training had not been completed. We raised this issue immediately with the registered manager.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We saw that a first aid kit was available with all contents present and in date. The registered manager confirmed that up to date first aid training had not been completed. We raised this issue immediately with the registered manager.

Our concern regarding this was dealt with during the inspection. A copy of completed training certificate was provided shortly after the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly clean and tidy, with handwash and paper towels available for staff and patient use. The treatment couch was in good condition and surfaces in the treatment room were wipeable. The registered manager explained suitable clinical cleaning processes for herself, the equipment and treatment room. However, we were unable to locate the clinic IPC policy during the inspection. A copy was provided to HIW shortly after the inspection.

We found that a suitable contract was in place for the collection and disposal of clinical waste. Clinical waste was securely stored within the premises while awaiting collection.

All respondents to the HIW questionnaire felt that infection and prevention control measures were being followed and rated the setting as very clean.

Safeguarding children and safeguarding vulnerable adults

Children were not permitted within the clinic. We were told this was made clear to patients when appointments were booked.

An up-to-date adult safeguarding policy was in place, with clear procedures to follow in the event of any safeguarding concern. This included the contact details for the local safeguarding teams. However, we found limited information regarding assessing patient's capacity to consent. We discussed this with the registered manager. HIW were provided with evidence that this information was added into to the policy shortly following the inspection.

We were unable to locate evidence of completed safeguarding of vulnerable adults training during the inspection. A copy was subsequently produced following the inspection. However, this was found to have recently expired.

The registered manager must undertake up to date safeguarding training in relation to vulnerable adults and provide HIW with evidence this has been completed.

Medical devices, equipment and diagnostic systems

We saw that the laser machine was the same as registered with HIW and that the annual service and calibration checks were in date. We were told routine daily laser equipment and systems diagnostics checks were carried out. However, we saw no evidence that these were recorded.

The registered manager must ensure daily laser machine checks are conducted and recorded.

There was a current contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the laser machine had been reviewed within the last year. There were up to date treatment protocols in place for the safe use of the laser machine and these had been approved by an expert medical practitioner.

Safe and clinically effective care

Eye protection was available for patients and the laser operator. These were found to be in a good condition and consistent with the requirements specified in the local rules.

There were signs on the outside of the treatment room to indicate the presence of the laser machine and a lock to prevent unauthorised entry when the machine is in use. We found suitable arrangements to ensure the laser machine is secure when not in use.

We saw up-to-date core of knowledge training and found the registered manager had completed device specific training.

Participating in quality improvement activities

We found no documented systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must regularly seek the views of patients as a way of informing care, conduct audits of records to ensure consistency of information and assess risks in relation to health and safety.

We recommend the registered manager puts in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

Records management

We found the patient records were kept securely at the service. Digital records were saved on the clinic data system which was suitably password protected. We found the data retention periods and disposal arrangements to be appropriate, although the clinic has not been running long enough to enact these measures.

Quality of Management and Leadership

Governance and accountability framework

Anja Gosha is owned by the registered manager who is also the authorised laser operator. There are no other persons employed by the clinic.

Our observations of the clinic found that the current HIW registration certificate and associated schedule containing the conditions of registration were on display as required by the regulations. We found public liability insurance was in place.

We looked at a sample of policies and procedures. In general, we found them to be appropriate, with suitable version control and reviewed regularly to ensure they remain up to date. However, we were mindful that some key policies were missing or lacked important guidance, as described above. HIW will expect to see an improvement in governance and oversight during future inspections.

Dealing with concerns and managing incidents

The clinic had a written complaints procedure available which was summarised in the statement of purpose and patients' guide. This indicated that all complaints would be acknowledged and completed within specified time frames. All complaints were to be recorded in a complaint log however we saw there were none recorded. We were told that no complaints had been received to date.

Workforce recruitment and employment practices

We were provided with a current and clear Disclosure and Barring Service (DBS) certificate for the registered manager.

As the only person employed at the clinic is the registered manager there were no workforce recruitment or employment practices in relation to employees.

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
The registered manager had not completed fire safety awareness training.	Patients were potentially at risk acquire suitable fire prevention knowledge.	We requested that the registered manager complete fire safety awareness training.	Training completed on day of inspection.
The registered manager had not completed up to date first aid training.	Patients were potentially at risk in event of an emergency or collapse.	We requested that the registered manager complete first aid training.	Training booked and completed on day following inspection.

Appendix B - Immediate improvement plan

Service: Anja Gosha

Date of inspection: 16 July 2024

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
The registered manager must provide written assurance to HIW that the practice will not provide any further laser treatment to patients under the age of 18, without the required authorisation from HIW.	Section 24, Care Standards Act 2000	Anja Gosha hereby declares that it is our policy not to offer or perform any treatments, including but not limited to Lightsheer laser hair reduction treatments, on individuals who are under 18.	Anna Kowalczyk	Immediate
The registered manager must provide immediate assurance to HIW that: <ul style="list-style-type: none"> All required entries on patient records, including ongoing medical history checks and patient consent, 	The Independent Health Care (Wales) Regulations 2011 Regulation 23(1)(a)	Patient records will be maintained in accordance with the regulations. This includes detailed documentation of each treatment session. Ongoing consent for every new or follow-up treatment will be obtained, signed and dated by the client prior to the	Anna Kowalczyk	Immediate

<p>are completed fully and correctly, and are signed by the patient and laser operator as correct</p> <ul style="list-style-type: none"> • Full patient records are available at all times for inspection by any person authorised by the registration authority to inspect the establishment. 	Regulation 23(3)(b)	commencement of each session. These consent forms will be kept as part of the patient's medical records to ensure compliance and to document the patient's informed consent for each treatment.		
The registered manager must prepare and implement written policies and procedures in accordance with the regulations.	Regulation 9	An infection control policy has been completed and a copy sent to HIW. A health and safety risk assessment has been conducted from which an appropriate policy will be written and sent to HIW once completed.	Anna Kowalczyk	02 August 2024

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): Anna Kowalczyk

Job role: Registered manager & responsible person

Date: 18th July 2024

Appendix C - Improvement plan

Service: Anja Gosha

Date of inspection: 16 July 2024

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
We recommend that the registered manager review and update the patients' guide to ensure compliance with the regulations and make this readily available to patients within the clinic.	Regulation 7 of The Independent Health Care (Wales) Regulations 2011	<p>1. The Registered Manager will review the current Patients' Guide and update it to ensure compliance with regulatory requirements.</p> <p>2. Inclusion of Pricing Structure: A clear and comprehensive pricing structure will be added to the guide.</p> <p>3. Formats Available: The updated Patients' Guide will be produced in the following formats:</p>	The Registered Manager will be responsible for executing and overseeing these updates.	The review and updates to the Patients' Guide will be completed by 18th September

		<ul style="list-style-type: none"> • A printed booklet, available in the clinic. • A downloadable PDF version, accessible via the clinic's website. 		
We recommend that the registered manager considers how it would best meet the individual needs of patients who may wish to communicate through the medium of Welsh and other languages.	Regulation 9(1)(g)	<p>1. Utilization of Translation Services: The clinic will engage a professional translation office to provide translation and interpretation services as needed. This service will be available to patients who require communication in Welsh or any language other than English.</p> <p>2. Reference in Patients' Guide: The availability of translation services was previously mentioned in the Patients' Guide during the last update. This ensures that patients are informed of their right to request services in their preferred language.</p>	The Registered Manager will be responsible for coordinating with the translation office and ensuring that these services are available upon request.	This service will be available as required by any patient who needs to communicate in a language other than English. No specific completion date is necessary, as the service will be provided on an ongoing basis.

<p>We recommend that the registered manager maintains a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.</p>	<p>Regulation 45(2)</p>	<p>1. Utilization of Online Booking System: The existing customer directory in the clinic’s Online Booking system is capable of filtering all required data related to laser treatments by machine. This ensures that a centralised and machine-specific register is maintained.</p> <p>2. Automated Data Management: The system allows for automatic data retrieval and filtering based on preselected criteria, accessible only to authorised personnel, including the Registered Manager.</p>	<p>The Registered Manager will be responsible for overseeing the use of the Online Booking system to ensure compliance with this requirement.</p>	<p>No specific completion date is required, as the system is already operational and capable of fulfilling this recommendation.</p>
<p>We recommend that the registered manager:</p> <ul style="list-style-type: none"> implements a system to record verbal feedback analyses the results of patient feedback to help assess the quality of service 	<p>Regulation 24(5) Regulation 19(1)(a) & (2)(b)</p>	<p>1. Recording Verbal Feedback: All verbal feedback related to treatments and general clinic comments will be documented in the individual patient notes. This ensures that all feedback is captured accurately and</p>	<p>The Registered Manager will be responsible for implementing and overseeing this feedback system.</p>	<p>This system will be implemented starting from 19th August</p>

<ul style="list-style-type: none"> puts in place a method for informing patients of the results of feedback. 	<p>Regulation 19(2)(c)</p>	<p>associated with the relevant patient records.</p> <p>2. Analysis of Feedback: The clinic will regularly analyse the collected feedback to assess the quality of services provided and identify areas for improvement.</p> <p>3. Communication of Results: Patients will be informed of the outcomes and any actions taken based on their feedback. This will be done through social media posts and other appropriate communication channels.</p>		
<p>The registered manager must undertake up to date safeguarding training in relation to vulnerable adults and provide HIW with evidence this has been completed.</p>	<p>Regulation 20(2)(a)</p>	<p>1. Safeguarding Training: The Registered Manager will enrol in and complete a refresher course on safeguarding vulnerable adults. This training will ensure that the Registered Manager remains compliant with current safeguarding standards and practices.</p>	<p>The Registered Manager will be responsible for completing the training and submitting the required evidence.</p>	<p>The safeguarding refresher training will be completed by 18th September</p>

		2. Evidence Submission: Upon completion of the training, the Registered Manager will provide HIW with the necessary documentation as evidence of successful completion.		
The registered manager must ensure daily laser machine checks are conducted and recorded.	Regulation 15(2)	<p>1. Automated Machine Checks: The laser machines are equipped with automated self-check systems. These systems run checks on the days the clinic is open, which is not every day of the week. If a machine detects any issue, it will alert the operator and will not turn on, thereby preventing any treatments from being performed that day.</p> <p>2. Recording and Documentation: While the machines track their own operational status, all records of treatments performed, including the date and confirmation that the machine was functioning</p>	The Registered Manager will oversee the process, ensuring that any issues flagged by the machines are appropriately managed and that patient records are accurately maintained.	This procedure is ongoing and already in place, with checks conducted on each day the clinic is open.

		correctly, are documented in the respective patient files.		
We recommend the registered manager puts in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19	<p>1. Continuous Monitoring: As the sole provider of electrolysis treatment in Wales, and a member of the British Association, the quality of services is continuously monitored. The Registered Manager is required to complete yearly Continuing Professional Development (CPD) points, which apply to both electrolysis and laser treatments. This ongoing professional development ensures that service quality remains at the highest standard.</p> <p>2. Regulatory Compliance: The regular CPD requirements also serve as a system of quality control, ensuring that the Registered Manager stays current with industry standards and regulatory requirements.</p>	The Registered Manager is responsible for maintaining the quality of services through ongoing professional development and compliance with industry standards.	This process is already in place and is continuously maintained as part of the Registered Manager's professional obligations.

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): Anna Kowalczyk

Job role: Registered Manager

Date: 19 August 2024