Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Clinig Byw'n Iach, The Lifestyle Clinic

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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
Website: www.hiw.org.uk

Digital ISBN

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

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Vision

A future where healthcare in Wales is safe, effective and high-quality for everyone.

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 Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

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 Clinig Byw'n Iach / The Lifestyle Clinic (the clinic) on 21 April 2026.

Our team for the inspection comprised of a HIW 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 seven 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.

The inspection was completed using our methodology for a medical agency without premises. This involved the setting completing a self-assessment form and through speaking with the Registered Manager, who was also the Responsible Individual. In addition, we viewed hard copies of documentation used to support the services offered by the clinic.

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:

There were a number of areas of good practice relating to the quality of the patient experience at the clinic.

Patient feedback was consistently positive. All seven questionnaire responses rated the clinic as either ‘very good’ or ‘good’. Patients described consultations as unhurried, supportive and informative, with one noting they “immediately felt at ease” and were able to ask questions. Others highlighted the knowledge and kindness of the clinician and the benefits of one-to-one support.

The clinic demonstrated a strong focus on health promotion and education. Evidence reviewed confirmed that this was embedded within the service model. Patients were supported through a structured, fully remote programme combining medical oversight with lifestyle interventions. Patients reported that the information provided was clear, up to date and exceeded what they had received elsewhere, particularly in relation to managing type two diabetes.

Arrangements to maintain dignity and privacy were appropriate. Identity and location checks were undertaken and patients confirmed they were in a private setting. Sensitive information was discussed only in private consultations and records were securely maintained.

There were processes for obtaining informed consent. Patients received full information prior to enrolment and consent was recorded as an ongoing process within clinical records. Where patients were not suitable for the clinic, they were appropriately signposted.

Communication was effective and accessible. Information was available in a range of formats, with adaptations made in response to patient feedback, including website improvements for accessibility. Welsh language provision and interpretation services were available.

The clinic demonstrated effective use of patient feedback to improve services,

including changes to educational resources and accessibility.

This is what the service did well:

- Positive patient experience and person-centred consultations
- Strong focus on health promotion and patient education
- Effective communication and responsiveness to patient needs

Delivery of Safe and Effective Care

Overall summary:

The clinic delivered care entirely through a remote model. Therefore, no physical environmental or infection prevention and control concerns were applicable.

There were appropriate arrangements in place to manage risk and promote health and safety. A risk management policy was in place to identify, assess and mitigate risks, including processes for significant event analysis and escalation to HIW where required.

Nutritional care formed a central component of the service and was delivered by a suitably qualified clinician. Safeguards were in place to exclude patients where risks were identified, such as those with eating disorders. Monitoring arrangements included clinical indicators, supporting safe delivery of lifestyle interventions.

The clinic did not prescribe or administer medicines. However, structured advice was provided regarding medication safety with appropriate monitoring.

Safeguarding arrangements were appropriate and aligned with Wales Safeguarding Procedures. Policies defined roles and responsibilities and processes were in place to identify and respond to concerns arising during remote consultations. No safeguarding incidents were reported.

The systems supported safe and effective care. A clinical governance framework was in place, underpinned by ongoing professional development and use of current evidence. Information governance arrangements were strong, with secure, cloud-based record systems, role-based access controls and data encryption. Records reviewed were clear, accurate, contemporaneous and well organised.

Quality improvement was embedded within the service. Audits and patient feedback informed changes, such as improving communication following risks identified with self-adjustment of medication and enhancing accessibility through captioned educational materials.

This is what the service did well:

- Positive risk management arrangements
- Safe, evidence-based clinical care and monitoring
- Strong information governance and quality record keeping.

Quality of Management and Leadership

Overall summary:

The clinic demonstrated clear governance and accountability arrangements. The registered manager held overall responsibility for clinical governance, regulatory compliance, patient safety and quality improvement. Registration with HIW was current, with certificates displayed on the website and conditions of registration met. The required documentation for inspection was submitted in a timely and comprehensive manner, reflecting effective leadership and organisation.

Governance arrangements were evident through quarterly meetings, where audits, incidents, patient feedback and action plans were reviewed. Policies and procedures were subject to ongoing review and updated in response to learning.

There were appropriate processes for managing concerns and incidents. A complaints policy outlined a two-stage process, including access to independent review. Although no complaints had been recorded, the clinic promoted a transparent, ‘no blame’ culture focused on timely resolution and learning. The registered manager was aware of reporting requirements to HIW.

Workforce arrangements were appropriate for the current service model. Relevant policies were in place to support future recruitment and staff management. Mandatory training and professional validation requirements were up to date and a whistleblowing policy was in place to support raising concerns.

This is what the service did well:

- Clear governance and strong leadership arrangements
- Transparent complaints and incident processes
- Appropriate workforce governance and preparedness for development.

3. What we found

Quality of Patient Experience

Patient feedback

We received questionnaire feedback from seven patients. Responses were all positive with all but one patient rating the clinic as 'very good', the other responded with 'good'. Patient comments included:

> *"I had a video consultation with Dr. She was on time for the consultation and I immediately felt at ease talking to her. The consultation was not rushed and I was able to ask all of my questions. Overall it was a very pleasant experience.*
>
> *Dr is a very supportive, knowledgeable and kind practitioner. I am learning a great deal and benefitting from the 1:1 support."*

Health promotion, protection and improvement

The clinic aimed to provide a lifestyle programme aimed at weight loss, diabetes prevention and type two diabetes remission and to educate on the impact of lifestyle medicine. In addition, they aimed to develop strategies to aid and maintain weight loss in the long-term. Evidence reviewed confirmed that health promotion was embedded as a core function of the clinic.

The clinic offered a fully remote programme that combined educational content with medical oversight. Patients engaged with lifestyle interventions that included nutritional education, therapeutic carbohydrate restriction, physical activity guidance, sleep optimisation, stress management, habit formation and smoking cessation where relevant.

Documentation reviewed during the inspection demonstrated that health promotion information was delivered through:

- Online educational modules
- Live online educational sessions
- One-to-one medical consultations
- Written and downloadable resources accessed via the clinic platform.

Patients had access to introductory health promotion content via the clinic website prior to enrolment. This included free resources designed to support informed decision-making and early engagement with healthier lifestyle behaviours.

Patient feedback in the questionnaire supported the clinic's health promotion approach. Several patients highlighted that the clinic provided information and reassurance beyond what they had received through other healthcare routes, particularly in relation to understanding diabetes management and lifestyle change. Patients commented:

> *"Dr provides a very high standard of up to date information about health and nutrition around diabetes...."*

> *"In a world of constant chatter about what to eat, when to eat, how to eat, etc when tackling both diabetes and general good health, the Lifestyle Clinic has been a calm in the storm, a peaceful river, a place to relax. Advice has always been on point and followed up. A real breath of fresh air."*

> *"Valuable advice in dealing with type two diabetes."*

Dignity and respect

The clinic had arrangements in place to respect and promote patient dignity and privacy within a fully remote clinic model. All medical consultations offered by the clinic were conducted on a one-to-one basis. This approach had been adopted to reduce the risk of inadvertent disclosure of sensitive clinical information and to support open, individualised discussion of health concerns.

The clinic operated under a Virtual Consultation Policy which outlined expectations for maintaining dignity and privacy during remote interactions. Evidence reviewed confirmed that the registered manager would verify the patient's identity, confirm their current location and explicitly ask them to ensure they were in a private space where the consultation could not be overheard.

Patients were also informed that consultations would not be digitally recorded without explicit consent. Instead, contemporaneous written notes were made and securely stored within the clinical record system.

The decision to move away from virtual group medical consultations for clinical discussions was documented as part of the clinic development. Sensitive topics, including diagnoses, medication adjustments and blood test results, were discussed exclusively in private consultations.

Patient information and consent

There were arrangements for patient information provision and informed consent. There were several policies in place including a Consent to Treatment Policy, supported by a Mental Capacity Policy and a Learning Disability Awareness Policy. These documents aligned with the requirements of the Mental Capacity Act 2005. The Consent to Treatment Policy aimed to ensure that all patients at the clinic were involved in decisions about their care and that the rights of the clinic were protected. Therefore, no treatment would be carried out without the patient's valid consent.

Evidence reviewed confirmed that consent was a continuing process. Patients received comprehensive information about the clinic, including risks, benefits, expectations and costs, prior to enrolment. Patients were encouraged to ask questions and were given time to make informed choices. Consent and capacity considerations were documented within patient records.

Where a patient was assessed as lacking capacity to participate safely in the clinic model, treatment would be declined and the patient would be signposted back to their GP or other appropriate clinics.

Consent for sharing information with other healthcare providers was obtained where referrals were required. Referral processes were documented within patient notes.

Communicating effectively

The clinic demonstrated effective communication with patients in several ways. There was an up-to-date statement of purpose and patient guide which were made available electronically to patients. These documents included information as required by the Independent Health Care (Wales) Regulations 2011.

Written information was supported by verbal explanations during consultations, allowing patients to clarify understanding and ask questions. Communication methods would be adapted to meet different needs. Documentation reviewed confirmed that the clinic provided information in various formats, including written text, video content with captions, audio resources and transcripts.

The clinic made relevant changes, as a result of recent patient feedback, to the website structure to reduce complexity for neurodivergent users.

The clinic had a Welsh Language Policy in place. The Registered Manager was fluent in Welsh and able to conduct full consultations in Welsh, if required. Where patients required alternative language support, including British Sign Language, professional interpretation clinics were arranged. The clinic avoided reliance on family members or friends to provide interpretation.

All patients who responded to the questionnaire were positive about the communication and language when dealing with the clinic. They agreed that their communication needs were met effectively and that video consultations were convenient. Additionally, all patients stated that the clinic took into consideration their accessibility and communication needs.

Care planning and provision

Evidence reviewed demonstrated that the clinic had formal systems for assessing patient needs, developing individualised care plans and reviewing progress throughout the course of care. The clinic operated a clearly defined patient pathway which outlined how individuals joined, were assessed for, and progressed through, a structured health programme.

Patients completed a medical intake questionnaire. This questionnaire captured information relating to past medical history, current conditions, medications, allergies and relevant lifestyle factors. The completed questionnaire was reviewed alongside an extended initial consultation, allowing the clinician to explore patient concerns, expectations and health goals. This consultation allowed adequate time to understand the patient's health background and identify potential clinical risks. This supported informed care planning and suitability for the programme.

Individualised care plans developed focused on lifestyle-based interventions tailored to the patient's health status, clinical risk and capacity to engage with the programme.

Exclusion criteria were applied as part of the suitability assessment. For example, patients with type one diabetes or known eating disorders were excluded from the programme and signposted to alternative care. Where patients were found unsuitable, the clinic informed them promptly and refunded fees in line with stated terms and conditions.

Follow-up arrangements were based on individual clinical risk. Whilst the clinic did not prescribe drugs, patients at higher risk, such as those using insulin or SGLT2 inhibitors, a type of medication needed by patients with type two diabetes, received more intensive monitoring. This included closer clinical review for hypoglycaemia, low blood sugar, or ketoacidosis, a severe lack of insulin, risk. Patients were provided with leaflets and information related to this risk.

Patients could book individual consultations for medication and results review. The frequency and duration of follow-up were adjusted according to need, preference and clinical judgement. Abnormal results were discussed by the clinician directly with the patient during one-to-one consultations. The clinic did not rely on issuing results and directing patients to seek advice elsewhere.

Where referral to another healthcare provider was required, the clinic followed an established referral policy. Referrals were most commonly made to patients' general practitioners (GP). The content of referrals would routinely include relevant medical history, current concerns and context for the referral. Copies of referral correspondence were retained within the patient record to ensure continuity and accountability.

Equality, diversity and human rights

The clinic had an Equality, Diversity and Inclusion (EDI) Policy in place which set out expectations for inclusive practice and the promotion of human rights. Evidence reviewed indicated that equality considerations were integrated into clinic delivery rather than treated as a standalone requirement.

The clinic actively promoted respect for diversity through policies, staff awareness and patient engagement. The EDI policy confirmed that the clinic did not tolerate

discrimination, harassment or victimisation related to any protected characteristic. Patients were invited to discuss any reasonable adjustments required prior to commencing care. Examples of adjustments offered included, extended appointment times, adapted communication styles, simplified explanations and alternative formats for information.

Citizen engagement and feedback

The clinic had systems in place to actively seek, review and respond to patient feedback. Feedback was obtained through multiple routes, including automated patient surveys and end of programme questionnaires as well as informal ongoing communication. Documentation provided stated that this approach allowed the clinic to capture both quantitative data and qualitative feedback throughout the patient journey.

Evidence reviewed demonstrated that patient feedback was considered during governance meetings and used to inform clinic improvement. Examples of changes made in response to feedback included adjustments to educational content, creation of additional dietary resources, website redesign to improve accessibility and navigation and the introduction of captions on educational videos.

All applicable patients responded that they were satisfied with the operating times of the clinic and that they were able to access the clinic in a way that was convenient to them. Further patient comments were:

> *"I found this service after being diagnosed with type two diabetes (I live in England) . I was looking around for support to learn about and manage the condition over and above what is routinely offered by the NHS. This service appealed to me because of the access to a medical professional, the evidenced based nature of the programme and the expertise of the programme leader."*

> *"Excellent service. Personalised and relevant for me."*

> *"Dr provides a very high standard of up-to-date information about health and nutrition around diabetes. She tracks my progress and adapt the information to suit changes that need to happen. She's also non-judgemental in her approach, this is really motivational."*

Delivery of Safe and Effective Care

Environment

The clinic delivered care entirely remotely and did not operate any physical clinical premises that required comments on the environment.

Managing risk and health and safety

The clinic had a risk management policy to identify, assess and mitigate potential hazards before they impacted patient care. This included the need for significant event analysis if required and informing HIW within an appropriate timeframe of any notifiable events.

Despite being the only employee, the registered manager held quarterly governance meetings. All audits, incidents, patient feedback and resulting action plans would be formally considered during these meetings.

As part of the continued learning, written policies and procedures were continually reviewed and updated from any learning from audits or incidents, ensuring standards remained current and effective.

Infection prevention and control (IPC) and decontamination

The clinic delivered care entirely remotely and did not operate any physical clinical premises.

Nutrition

Nutritional care was a central part of the clinic model. Evidence reviewed confirmed that the clinician involved in delivering nutritional advice had the relevant qualifications and professional memberships.

Safeguards were in place to ensure that patients with eating disorders were excluded and that nutritional advice was evidence-based. Monitoring used appropriate measures such as weight, body mass indices (BMI) and waist circumference, as well as blood pressure. Going forward the clinician will consider capturing information such as that on a Patient Health Questionnaire and General Anxiety Disorder (PHQ 9 and GAD 7) but appreciated that this could be time consuming. Patients were supported to make dietary changes safely, with clinical oversight where required.

Medicines management

The clinic did not supply, prescribe, store or administer medicines.

Safeguarding children and safeguarding vulnerable adults

Safeguarding arrangements were found to be appropriate and proportionate. Policies reviewed aligned with Wales Safeguarding Procedures. A named safeguarding lead was identified in the policy as well as roles and responsibilities being clearly defined.

Procedures existed for identifying, reporting and managing safeguarding concerns that may occur during remote consultations. Safeguarding training requirements were specified.

No safeguarding incidents were reported during the inspection period.

Medical devices, equipment and diagnostic systems

The primary equipment used was information technology hardware for remote consultations and record-keeping. This equipment was subject to an equipment policy, which aimed to ensure the equipment was fit for purpose, safe and regularly updated.

All computers were protected by strict password controls and received the most recent software updates to ensure safe and efficient operation. The policy prohibited using the clinic computers for purposes unrelated to the business to prevent security compromises.

Safe and clinically effective care

The clinic had a documented clinical governance framework designed to ensure safe, effective and evidence-based care. Evidence reviewed indicated that ongoing professional development was undertaken to maintain clinical competence. This included attendance at conferences, engagement with professional bodies and adherence to professional regulatory requirements. The registered manager was also a member of Diabetes UK.

Policies were subject to version control and regular review. Evidence confirmed that most policies were reviewed at least every three years or sooner where required.

Clinical programmes delivered were informed by current peer-reviewed evidence. Where practice deviated from national guidance, a specific policy outlined the justification, governance oversight and risk mitigation measures.

Whilst the clinic did not prescribe medication they provided structured advice relating to deprescribing and safety monitoring within lifestyle interventions.

Participating in quality improvement activities

Quality improvement was noted within the governance processes. The clinic undertook regular clinical audits, reviews of patient feedback, incident analysis and policy updates. Learning from audits and feedback was documented and informed clinic development.

Annual returns to HIW were completed as required.

An example where audits directly affected safe care was a recent review which identified concerns that some patients were independently decreasing medication doses without consulting the clinician. In response, an action plan was implemented to trial emailing patient note summaries directly to the patient after sessions to ensure clear communication and robust medical supervision.

Following a clinical audit regarding accessibility for those with hearing difficulties, an action plan was implemented to add written captions to all educational 'Hub' videos. This was in addition to information being supplied using a variety of media formats, including video, audio recordings and written transcripts to ensure patients could choose the format they found most accessible.

Information management and communications technology

There were positive arrangements for information management and record-keeping. Patient records were maintained on a secure cloud-based clinical system. Evidence reviewed confirmed role-based access controls, a strong password requirement with two-factor authentication and encryption of data at rest and in transit.

Retention and disposal arrangements aligned with regulatory requirements and data protection legislation. There was information on the clinic's website about the privacy

policy which stated that the privacy notice provided patients with details of how information, including personal information, was collected and processed.

Records management

A check of five patient records showed that:

- Records were clear, accurate and contemporaneous
- Consent and capacity considerations were documented
- The records were well organised and easy to follow
- Risks and follow-up actions were recorded
- Clinical decisions were appropriately attributed.

The records were complete, accurate, relevant, accessible and timely (CARAT). They were very well written with clear management plans and follow up. To further ensure the security of patient records the registered manager agreed to consider forwarding securely the content of each individual patient consultation to the patient for their own records and this also would solve the issue of any software losses in-between quarterly back-ups of the records.

Quality of Management and Leadership

Governance and accountability framework

The clinic had clear governance and accountability structures. The registered manager was responsible for all aspects of the clinic's operation. This included clinical governance, regulatory compliance, patient safety and quality improvement

HIW registration documentation was reviewed and found to be current. The registration certificates were displayed on the clinic website and we confirmed that the conditions of registration were complied with. There was evidence of appropriate insurance cover provided.

There was evidence that the clinic was well led with clear lines of reporting and a clear and robust framework for decision making. Prior to the inspection we required the clinic to complete a self-assessment and document request form along with copies of the policies and documents relating to the clinic. This was to assess the operation and quality of service provision in advance of the inspection. The document was completed comprehensively and in a timely manner.

Dealing with concerns and managing incidents

The clinic had a complaints handling policy which outlined the two-stage process for managing complaints. Information on how to raise concerns was also included in the patient guide provided to patients at enrolment as well as on the clinic's website. No complaints relating to one-to-one medical care were recorded, since the clinic's registration.

The policy was clear that putting things right quickly was important to ensure patient safety, service quality and maintaining trust and was a priority for the clinic. The clinic had a transparent 'no blame' culture that focused on rapid resolution, thorough investigation and systemic learning.

Also identified in the policy as part of the second stage of the process was the opportunity for an independent review, if the complainant was dissatisfied.

The registered manager was aware of the process for notifying HIW of certain events. There had not been any reportable events that needed to be reported to HIW.

Not all patients in the questionnaire said they knew how to complain about poor service. Whilst complaints information was included in the patient guide and the website, this highlighted the importance of continued reinforcement during patient engagement.

Workforce recruitment and employment practices

At the time of inspection, the clinic was delivered by the registered manager. However, policies were in place to govern recruitment, induction, appraisal and training should additional staff be engaged.

Evidence reviewed confirmed adherence to professional validation and appraisal requirements. The registered manager said that they were fully prepared to manage staff performance and welfare through the appraisal procedure, which mandated annual performance reviews and personal development plans. Furthermore, the Bullying and Harassment Policy and Stress at Work Policy guaranteed that the clinic remained a supportive, safe and transparent environment for any future employees.

Workforce planning, training and organisational development

The registered manager had annual appraisals as part of their NHS role, they were also up to date with their own validation as a doctor. The registered manager should also consider having an appraisal of their work in The Lifestyle Clinic by a doctor working in the lifestyle field.

As the registered manager was the only employee in the clinic, the time allocated for appointments was based on their availability, if they were not available then there were no clinics held.

The mandatory training requirement records checked were up to date.

The clinic had an up-to-date whistleblowing policy, which provided guidance of how to raise a whistleblowing concern.

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 summarises 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: **Clinig Byw'n Iach / The Lifestyle Clinic**

Date of inspection: **21 April 2026**

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
1.	There were no immediate non-compliance issues identified during this inspection.				

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: Clinig Byw'n Iach / The Lifestyle Clinic

Date of inspection: 21 April 2026

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.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	There were no areas for improvement identified during this inspection. The clinic is not required to complete an improvement plan.					

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:**