



---

**Elements Medical Ltd**

**Mock Inspection –  
Report and  
Improvement Plan**

11/12/24

## Scope

Delphi Care Solutions were commissioned by the registered provider to complete an independent, evidence-based mock inspection of Elements Medical Ltd.

Delphi completed the mock inspection on 11/12/2024. During the mock inspection we identified areas of improvement. Throughout the day, areas of improvements were shared with the registered manager.

This report provides further comprehensive, details of our findings and includes our recommendations. If the suggested actions are completed prior to inspection; it is our opinion, if the Care Quality Commission were to inspect today, the rating for Elements Medical Ltd would be as follows: Good

CQC KEY LINES OF ENQUIRY					
Safe 23/32 = 72%	Effective 16/24 = 67%	Caring 15/20 = 75%	Responsive 18/24= 75%	Well-Led 18/28 = 64%	Overall Rating
Score: Good ●	Score: Good ●	Score: Good ●	Score: Good ●	Score: Good ●	Score: Good ●

## Rating

CQC Quality Statements scoring system.

4 = Evidence shows an exceptional standard

3 = Evidence shows a good standard

2 = Evidence shows some shortfalls

1 = Evidence shows significant shortfalls

We use these thresholds to convert percentages to scores:

- 25 to 38% = 1
- 39 to 62% = 2
- 63 to 87% = 3
- over 87% = 4

## R/A/G Rating

The red / amber / green (RAG) rating below provides a visual of the key areas to be focused on within the improvement plan. The following report details the mock inspection, utilising the Single Assessment Framework and Quality Statements, as used by the Care Quality Commission.

<b>Complaints</b>	<b>Accidents Incidents</b>	<b>Fire Safety</b>	<b>Safeguarding</b>	<b>Supervision</b>
●	●	●	●	●
<b>Training</b>	<b>Staff Files</b>	<b>Staff Rotas</b>	<b>Medication</b>	<b>Audits and Governance</b>
●	●	●	●	●
<b>H&amp;S Audits</b>	<b>Medication Audits</b>	<b>Infection Control</b>	<b>Environment</b>	<b>Care Planning</b>
●	●	●	●	●
<b>Specific Assessments</b>	<b>General Risk Assessment</b>	<b>Daily Notes</b>	<b>Quality Monitoring</b>	<b>MCA</b>
●	●	●	●	●
<b>Activities</b>	<b>Policy and Procedures</b>	<b>Whistleblowing</b>	<b>Culture</b>	<b>Person Centred Care</b>
●	●	●	●	●

Safe: Score Range 1 – 4. Maximum Score 32								Total score
Learning Culture	Safe Systems, Pathways and Transitions	Safeguarding	Involving People to Manage Risks	Safe Environments	Safe and Effective Staffing	Infection Prevention and Control	Medicines Optimisation	23/32 72%
3	3	3	3	2	3	3	3	
Effective: Score Range 1 – 4. Maximum Score 24								
Assessing Need	Delivering Evidence Based Care and Treatment	How Staff Teams and Services Work Together	Supporting People to Live Healthier Lives	Monitoring and Improving Outcomes	Consent to Care and Treatment			16/24 67%
3	2	3	3	2	3			
Caring: Score Range 1 – 4. Maximum Score 20								
Kindness Compassion and Dignity	Treating People as Individuals	Independence Choice and Control	Responding to Peoples Immediate Needs	Workforce Wellbeing and Enablement				15/20 75%
3	3	3	3	3				
Responsive: Score Range 1 – 4. Maximum Score 24								
Person Centred Care	Care Provision Integration and Continuity	Providing Information	Listening to and Involving People	Equity in Access	Equity in Experience and Outcomes	Planning for the future		18/24 75%
3	3	3	3	3	3	NA		
Well Led: Score Range 1 – 4. Maximum Score 28								
Shared Direction and Culture	Capable Compassionate and Inclusive Leaders	Freedom to Speak Up	Workforce Equality Diversity and Inclusion	Governance Management and Sustainability	Partnership and Communities	Learning Improvement and Innovation	Environmental Sustainability/ Sustainable Development	18/28 64%
3	3	3	3	1	3	2	NA	

## Overview

Elements Medical Ltd is housed in a detached Georgian property in the centre of Doncaster. is an independent clinic located in Doncaster, South Yorkshire. The service offers CQC regulated medical services. Other procedures offered by the service that are CQC regulated include treatments for skin conditions including acne, treatments for excessive sweating and headaches and vitamin Injections.

**At the time of our visit, we were informed that the CQC had issued a NOD (Notice of Decision) and as from the 10/10/2024 they were instructed to suspend all regulated services until 9/4/25. On appeal the CQC altered the suspension date and brought it forward to 9/1/2025.**

## Safe

### **Learning Culture: Score 3**

As part of our inspection, we spoke to the Interim manager, staff and people who had used the service. The provider has recently purchased a robust package of risk assessments for the service that cover areas such as waste management, COSHH, Infection Prevention Control, Fire Safety and many more. The risk assessments were currently being undertaken by members of the staff team and these roles were allocated evenly throughout.

The service has undergone recent reviews from the local Fire Authority and the Medicines and Healthcare products Regulatory Agency (MHRA) following a recent Care Quality Commission Inspection. Both the MHRA and the local fire safety officer completed a review of the service in relation to fire and medicines and paid particular attention to the areas highlighted in the report that raised concerns. Both agencies were satisfied that the service had addressed the issues and informed the manager that their investigations were complete, and they were satisfied with the outcomes with no further action being taken.

We also reviewed the areas of non-compliance within the report and found good evidence the service was compliant. The organisation found this a positive learning experience and the actions they are currently implementing will assist with identifying future risks and implementing appropriate action to prevent this from reoccurring.

We were only able to speak with one person who had previously used the service of the organisation. They spoke highly about the staff team during their visits. They said they always felt safe during treatment and that they were made relaxed by the staff team. One said, "I always ask for the same person to provide my treatment. I need to lie down as I cannot sit for the procedure. I am always very well supported, and I always feel safe."

The service has a complaints policy and procedure which is displayed at the entrance and available on the website. The service has nominated a lead person to manage any complaints received at the first stage. Guidance is also provided to advise a complainant who may not be satisfied by the initial investigation. People spoken to told us that they knew what action they should take if they needed to raise a complaint. We spoke with staff who told us they were aware of the policy and procedure and were assured that senior management would appropriately deal with any concerns they raised.

The service has recently instigated a new programme of meetings. We saw that two had recently taken place and that these will now be held bimonthly. The manager told us that these meetings would have an agenda and records would be available to provide evidence of what would be discussed.

### **Safe systems, pathways and transitions: Score 3**

The manager told us that the safety of the people who use their service is paramount. We viewed the Health and Safety policy and procedure that are in place. These were accessible by all members of staff, and this was confirmed following conversations with members of the team. We saw evidence that an imminent Health and Safety risk assessment of all areas of the environment was to be completed by an outside agency. We found evidence that showed the manager had developed a new general maintenance file containing certification of fire assessments, COSHH (Control of Substances Hazardous to health, electrical safety and insurance certification). A front sheet in the file clearly identified when these were due for review. All staff were required to sign in and out of the service for fire purposes. We found evidence that this was not always signed.

We were provided with evidence to show people's safety was considered before and after procedures took place. We reviewed the assessment process people went through to ensure they were safe to undergo treatment. Each client had to complete a full assessment of their health prior to undergoing their procedure. We saw evidence that consent was obtained and that they were informed of any risks. One service user said, "I was very comfortable with my assessment prior to having my procedure. You could do it online or complete it in the waiting room when you arrived. I received information about the procedure as well."

The service has an Incident reporting Policy and an incident reporting form. Conversations with staff provided assurances that they knew 'what' 'who' and 'how' they were to report if an incident occurred. The people who used the service were asked to complete a satisfaction survey following their procedure and asked if they could recommend any improvements the service could make. The manager was reviewing this data and said the summary would be made available in due course.

Consent was obtained from service users as to whether they would be happy to have their information shared with their GP as well as the service obtaining information.

We saw the service had Health and Safety policies and procedures that were specific to their needs.

### **Safeguarding: Score 3**

We saw evidence that all staff had recently undergone a full training programme that covered mandatory areas. This was face to face delivery and covered a full day. Safeguarding training was included during the training day. We saw Safeguarding posters displayed in the service containing the relevant contact details of what individuals should be contacted if the need arose. All staff have also completed online safeguarding training provided by an outside agency. We were able to view these records and confirmed this was completed by the whole team. A robust Safeguarding policy and procedure was in place.

We spoke with two members of staff about safeguarding and their roles and responsibilities within it. They were able to provide us with assurance that they fully understood their role.

### **Involving people to manage risks: Score 3**

During the recent Care Quality Commission (CQC) inspection valid concerns were raised regarding issues relating to fire safety and risks to people's privacy due to the use of CCTV throughout the service. We reviewed all concerns raised in this report and found evidence that the service had complied with them. We found evidence that showed medical oxygen sign posting has now been put in place, face to face fire training had been delivered, and regular drills took place and were recorded. Staff spoken with informed us of the fire procedure if a fire alarm took place. We were informed on arrival that there would not be a fire drill during our visit. An evacuation chair had been purchased and stored in a room that was accessible if needed. We saw the fire evacuation plan that has been developed and displayed. Emergency equipment such as fire extinguishers were in place with date stickers informing us when they had been inspected.

The CCTV has been altered so that people are only recorded in public and staff areas.

A policy was in place relating to the safe handling and disposing of sharps and bins. We visited every room and found that no sharps bins were overloaded. It would be useful if health and safety information was made available on the website as this was one of the main forms of communication used to inform existing and potential clients about the service.

### **Safe Environments: Score 2**

We found that the service had recently undergone a full refurbishment throughout the whole building. This was completed to a very high standard and was recognised by staff and a service user that was spoken to. We inspected each treatment room and reviewed the equipment that was used to provide the treatment. We found evidence that all equipment was tested by the supplier and in date. Records were found that contained the certificates for this testing and when date was recorded when the tests were to be next carried out.

Risk assessments for all areas of the service were identified but had not yet been fully completed. Lone working in treatment rooms had taken place before the CQC suspension. It was not identified that a risk assessment of this process was in place before service was commenced. All electrical equipment in treatment rooms had been PAT (Portable Appliance Testing)

### **Safe and effective staffing: Score 3**

No regulated treatments were currently being delivered at the service. However, three members of the staff team involved with delivering these services continue to work there. We reviewed two staff files and found that there were improvements that required attention as not all the necessary information had been obtained. The manager and the deputy are currently reviewing all staff files to ensure they are complete in line with statutory requirements.

A person who had received previous treatment told us, "In my opinion the staff are well trained. They always inform me of the procedure they are to provide." We found good evidence that showed staff receive training from professionals such as doctors and surgeons that visit the service. Staff confirmed this during our conversations. We found good evidence that showed all staff had been provided with

mandatory training as well as an extra thirty-six elements that they had to complete. A new training matrix online provided us with evidence that all staff had completed this,

Not all supervisions are formerly planned and recorded to show evidence that staff are regularly supported to perform their roles as expected. We found appraisals are ongoing as well as staff meetings. The implementation of a matrix that highlighted when staff received this and when it was planned over a year period would be beneficial. We found robust Recruitment and Disciplinary policies were in place.

### **Infection prevention and control: Score 3**

We found evidence that all staff had received mandatory training covering the topic of IPC (Infection Prevention Control). Personal Protective Equipment (PPE) equipment was readily available and appropriately controlled. An outside cleaning agency is employed by the service to ensure cleanliness is maintained throughout. We found the storage room was unlocked and there were liquid materials accessible to anyone that entered. This was a COSHH (Control of Substances Hazardous to Health) concern that was raised with the manager. The manager put in place an action that would ensure this door was closed using a suitable lock. We found the cleaning room in the basement did not have a lock on the door. The manager had already ordered this.

We found evidence that the manager had introduced a new system to support staff with cleaning all treatment rooms following the provision of any treatment that was delivered. Documentation was found that provided evidence that this took place.

We found a new IPC audit and risk assessment has now been set up and we were informed this would be completed by the end of the week. Information was found in each treatment room providing people with information regarding how to effectively wash their hands.

### **Medicines Optimisation: Score 3**

Following the recent CQC inspection several serious and valid concerns were raised. We spent time going through all elements of the concerns that were raised and found good evidence that the manager had addressed and rectified all that were highlighted. Following the CQC visit the MHRA (Medical Healthcare Products Regulatory Agency) reviewed the service the following day. They assessed the areas raised by the CQC and were satisfied that the manager had addressed the issues and would not be carrying out any further visits.

We found evidence that staff received training for all the medications administered when providing regulated training. Certificates of training was found in staff files.

We found evidence that stock checks were carried out for medicines stored in the service. Records showed fridge temperature checks were carried out daily. Mini fridges were also kept in a cupboard of each treatment room and temperature checks were also recorded. We recommended that the temperature ranges were highlighted on these checks and advice provided to staff on what action to take if they identified an abnormal reading. This was completed by the manager during our visit.

Oxygen and emergency drugs are kept in a locked cupboard in the staff room. We found evidence that these are checked daily, and records were available.



A new medication audit was being implemented during the week of our visit.

## **Effective**

### **Assessing need: Score 3**

We reviewed the assessment process that the service uses when a person receives regulated procedures. The assessment document includes information about each person's personal details, past medical history as well as their mental health. People can complete their assessment online or when they arrive for treatment. This is then reviewed by the member of staff performing the procedure. This was confirmed when we spoke to a person that had received treatment. They said, "I'm not very computer literate so I am assessed when I arrive. I always complete a document that asks about my medical history. I sign the document to consent, and the staff review it." The assessment document contains a section relating to their treatment plan. Each staff member signs to agree that the plan of treatment was discussed with the service user; what the purpose of the treatment was; they accept their duty of care as set out in good Medical Practice Guidelines and that the health and well being of the service user was their first concern.

### **Delivering evidence-based care and treatment: Score 2**

We were unable to clearly define that staff delivered evidence-based care and treatment. This is an area the provider must review and implement. Staff attend National conferences and receive training from professionals to support them in their roles.

During our conversations with staff they told us that the training programme they received had significantly improved. They told us the manager supported and encouraged them to attend any training they identified would assist them in their professional development. However, we found the evidence was not clearly available to support this.

### **How staff teams and services work together: Score 3**

The service is primarily supported by the interim registered manager who is a qualified Registered Nurse of many years. The staff providing regulated services were a mixture of qualified nurses and trained clinicians.

During our visit we observed staff working professionally and calmly. The staff spoken to told us they meet informally to discuss clinical matters regularly. We did not find evidence at our visit that these are recorded. The manager told us that this would be addressed.

Both members of the staff team spoken with have worked at the service for many years and spoke highly of the manager and the support she provided.

**Supporting people to live healthier lives: Score 3**

The service provides treatment to people that helps them live healthier lives both physically and mentally. Many of the service users return regularly for the same treatment and others that are available. One person told us, “I have been coming here for a long time and I have always been very satisfied with the treatment I have received.”

**Monitoring and improving outcomes: Score 2**

We did not find evidence that the service effectively monitored or measured outcomes for people that used the service. This meant it was challenging to identify areas for improvement or assess the effectiveness of interventions as performance had not been assessed against established benchmarks. The development and introduction of a monitoring system would provide evidence that continuous improvements can be made to peoples care and treatment. A new audit system has been purchased by the provider and this was in the process of being implemented.

**Consent to care and treatment: Score 3**

Informed consent was obtained in keeping with “Professional Standards for Cosmetic Surgery” April 2016 guidance and the British Medical Association’s Consent and refusal by adults with decision-making capacity (January 2024) The assessment document implemented ensures consent is obtained for all regulated services provided.

Although mental capacity assessments are not completed the assessment document does review the mental wellbeing of everyone. Staff members discuss a list of mental health conditions which assisted them with making professional judgements in this area.

Staff provided us with assurances that they fully understood the importance of informed consent, and this was a main part of their role during the assessment process.

**Caring**

At the time of our visit, we were informed that the CQC had issued a NOD (Notice of Decision) and as from the 10/10/2024 they were instructed to suspend all regulated services until 9/4/25. On appeal the CQC altered the suspension date and brought it forward to 9/1/2025.

The implication of this suspension has meant that a full inspection of this section relating to Caring could not be ascertained.

**Kindness, compassion, and dignity: Score 3**

As part of the inspection, we could only speak to one person that had used the service prior to the suspension being implemented. During this conversation we were told that the standard of service

they received was excellent. They told us that they felt all the way through their experience and treatment they felt their dignity and privacy was well respected. They said, “during all my visits for treatment the staff have always been kind and respectful. I received good aftercare and advice which I was very happy with. There is a nice calmness about the service. I would have no hesitation going back.”

CCTV was in operation only in public areas and staff rooms. Signage was displayed around the service that informed people this took place. The CCTV recording equipment was kept in a locked room. People are provided with safe and comfortable waiting rooms whilst they await their procedure.

### **Treating people as individuals: Score 3**

The manager told us personalised consultations took place to tailor consultations to each person’s differing needs and they understood their specific concerns, expectations, and medical history. The manager told us they actively listened to their preferences, fears, and desired outcomes, which demonstrates the service acknowledges people individuality and respects their autonomy.

### **Independence, choice and control: Score 3**

The service provided people with information about their treatments both pre and post procedure. This was evidenced by the manager during the inspection. By providing patients with clear information about the treatments and procedures available, the clinic empowered them to make informed choices. Patients could then consider the benefits, risks, and costs, considering their individual circumstances and preferences.

This approach ensured that patients had the freedom to choose based on their understanding and personal considerations whilst promoting a sense of control over their healthcare decisions.

### **Responding to people’s immediate needs: Score 3**

The manager and staff told us there was a high emphasis placed on patient safety and well-being during all regulated procedures they delivered.

We found evidence in staff training that all staff had received training in Basic Life Support (BLS) and Resuscitation Health and Safety.

The staff room had a storage cupboard that contained a fire marshal kit, an emergency kit; emergency equipment including oxygen and emergency drugs. We found all the above elements were checked daily.

This training was regularly updated to ensure the team is always ready to respond to a patient’s immediate needs, in line with the CQC’s quality statement.

**Workforce Wellbeing and enablement: Score 3**

Following conversations with staff and manager we found that they work within an environment that is supportive and caring. They are enabled to access both internal and external training programmes to support their personal professional development.

One staff member told us, “Many of us have worked here for many years and many of us have young families. We are always looking out for everyone’s wellbeing. If someone is struggling with any issue, there is always someone to support them.”

A new programme of staff meetings had been introduced by the manager. All staff were encouraged to attend the most recent one. This mainly focussed on the recent CQC inspection and the changes that were implemented as a result.

We were told the manager was very approachable and helpful when they needed to discuss any personal or clinical matters. One staff member said, “I have worked here on and off for sixteen years. I started when I was sixteen in admin and the manager has supported me fully in my successful qualification as a registered nurse”

At the time of our visit, we were informed that the CQC had issued a NOD (Notice of Decision) and as from the 10/10/2024 they were instructed to suspend all regulated services until 9/4/25. On appeal the CQC altered the suspension date and brought it forward to 9/1/2025.

The implication of this suspension has meant that a full inspection of this section relating to Responsive could not be fully ascertained.

**Responsive****Person centred care: Score 3**

The regulated service does not use personalised care plans but uses SOP’s (Standard Operating Procedures) to support the staff with providing the best possible care when receiving their treatment. One service user spoken to told us, “I felt my procedures were delivered very professionally and by a well-trained staff group.”

The environment of the service has recently undergone a full refurbishment and was completed to a very high standard. Both staff and service user spoken to spoke highly of the new environment.

**Care Provision, integration, and continuity: Score 3**

The manager informed us that they offer people flexible and joined up services. People are asked for consent to inform their GP of the regulated service they received. By sharing this information, the service helped support joined-up care and helped maintain their overall health and wellbeing. Staff spoken to told us that the consultation and assessment process carried out with each person supports them with ensuring the procedure they were providing was the right one for the individual.

Patients were provided with comprehensive pre- and post-operative advice documents, which were not only informative but also offer appropriate guidance tailored to their specific procedure.

**Providing Information: Score 3**

Service users were provided with pre and post operative advice documents which were informative and offered appropriate guidance. Information was also given at the consultation stages to ensure patients were 'informed'. A new electronic care system has been purchased and introduced by the organisation. All information is securely held in line with GDPR guidance.

**Listening to and Involving People: Score 3**

People were asked to complete a satisfaction survey following all treatment delivered by the service. The manager has currently twenty-seven survey forms that have been completed and was currently analysing the data.

There was a complaints policy in place as well as a poster identifying who to contact and how complaints are managed as well as a timescale for completing an investigation.

One service user told us, "I know exactly what to do if I had any sort of concern or complaint." The complaint procedure was not openly displayed for all to view when we visited. On the day of our visit, we reviewed the complaints file and found no complaints had been made by any service user that had received regulated treatment.

**Equity in Access: Score 3**

We were advised by the registered manager that no one would be excluded from the service except persons under the age of 18 years and those who lacked capacity to consent to treatment.

We found the service provided disabled access inside the doorway as there were steps up into the main reception area. The manager informed us that any person with a disability was provided their treatment in specified room for easy access. There was a step outside the entrance that would still provide a potential risk to a disabled person. The manager was looking into how this could be resolved.

**Equity in Experience and Outcomes: Score 3**

The manager told us they strive to ensure that every patient, regardless of their background or personal circumstances, receives care that is tailored to their unique needs and promotes equality.

The service removes barriers or delays and protects the rights of the patients. They ensured that patients feel empowered by the staff to give their views and understand their rights, including their rights to equality and their human rights.

The service was alert to discrimination and inequality that could disadvantage different groups of people using their services. The training matrix provided us with evidence that all staff had completed training in this area.

**Planning for the future; Score NA**

This element could not be assessed at this inspection.

**Well-led****Shared Direction and Culture: Score 3**

The provider has developed the services Vision, Mission and Values. These are openly displayed in the service and can be found on the service website for all to view. Staff have received training on equality and diversity and human rights. The manager has taken on board all the elements highlighted at their recent CQC inspection and has improved the service direction and culture as a result. This was discussed in staff meetings and other forums to assist the service with ensuring they provided quality care.

**Capable Compassionate and Inclusive Leaders: Score 3**

The company set up in 2003 by the owner who is also the current Interim Manager. They have worked hard to build a service that aspires to provide high quality care in their chosen field. The manager is a qualified nurse and nurse prescriber.

Many of the staff team have worked at the service for long periods of time. Staff spoken with told us that they thoroughly enjoyed working at the service and were happy with the leadership team and the way the service was managed. One staff member told us, “(Manager) is great! She is always very visible throughout the service, and we have no hesitation approaching her with any issues we might have.” The manager has purchased up to date electronic systems and equipment that supports and ensures they provide good quality of care. The service does not currently have a registered manager.

**Freedom to Speak Up: Score 3**

The service has a whistleblowing policy that is accessible to all staff and a whistleblowing poster was displayed in other parts of the service. Staff spoken to told us they would have no hesitation bring issues to the senior management team as they were confident that their concerns would be addressed. The manager was aware of the ‘Freedom to Speak Up’ and had approached them to look at the possibility of having a Guardian for the service. This was not successful, and the manager told us that they were looking at other alternative ways to enable the staff team to speak with someone confidentially if they needed to.

Staff told us that the regular meeting that are held were very open, and issues could be raised at these for discussion. Our overall feeling following our visit was the service was open and transparent.

**Workforce Equality Diversity and Inclusion: Score 3**

During our visit, the registered manager demonstrated a strong commitment to embracing Equality, Diversity, and Inclusiveness. The manager had purchased a new set of policies and procedures that include Equality and Diversity. Staff told us they had received training in this area and had open access to all policies and procedures.

**Governance Management and Sustainability: Score 1**

This was an area where the manager understood improvement was required. Governance is the structure to ensure activity is well managed. It involves a set of policies, principles, standards and practices that guide decision making.

We did not find evidence that a working governance programme was embedded into the service and this highlighted potential risks of all users of the service being placed at potential risk. We did not find evidence that Governance meetings were taking place at the service and no evidence of a regular audit programme had been completed.

The manager has now obtained an electronic set of audits for all areas of the service, and these are currently being completed by delegated members of the staff team.

**Partnership and Communities: Score 3**

This is a private service that advertises itself using various methods which are mainly adverts and the internet. The service does have links with local GPs and pharmacists in the community.

**Learning Improvement and Innovation: Score 2**

The service provides a wide-ranging number of aesthetic services of which around 10% are regulated. Unfortunately, due the lack of audits and feedback it is unable to identify learning improvement outcomes.

**Environmental Sustainability/ Sustainable Development: Score NA**

We do not inspect this quality statement.

## Improvement Plan

The following actions highlight the areas for improvement from the mock inspection conducted 11/12/2024. This can be used alongside the current action plan and service improvement plan.

### Table Key –

- **Improvement:** The task to be completed.
- **R1:** The staff member responsible for completing the task.
- **R2:** The staff member responsible for checking and ensuring the quality once the task is complete.
- **Target date:** The target date R1 is to follow to complete the task.
- **Date completed:** The actual date the task is completed.

## Safe

Improvement	R1	R2	Target date	Date completed
All members of staff working at the service should ensure they have signed the signing in book when they enter and leave the building. In the event of possible fire this will ensure				
All staff working within regulated services must have all the necessary pre-employment documentation required by the Health and Social Care Act 2014 in their staff files.				
The introduction of a supervision and appraisal matrix would support management with ensuring this important role is completed.				
The manager must ensure all areas of the service have been correctly risk assessed to ensure the health and Safety of all areas.				
When lone working takes place in closed treatment rooms it is recommended that an initial risk assessment is completed prior to the procedure taking place. This				



will assist with assuring safety of all involved.				
The service must ensure all COSHH materials are suitably stored in areas with appropriate locks to ensure people's health and safety.				
A medication audit must be completed and in place for monitoring and audit purposes.				

## Effective

Improvement	R1	R2	Target date	Date completed
We were unable to clearly define that staff delivered evidence-based care and treatment. This is an area the provider must review and implement.				
The management should implement a system that effectively monitors and measures outcomes for people who use the service.				
When staff teams meet informally to discuss clinical matters, the manager should actively record these as evidence of supervision and support.				

## Caring

Improvement	R1	R2	Target date	Date completed
The service should keep a record of all meetings held with the staff group to provide evidence that these take place				

**Responsive**

Improvement	R1	R2	Target date	Date completed
It is recommended that the complaints procedure is openly displayed at the entrance of the service.				
The entrance into the service should be reviewed to ensure it can provide suitable disabled access in line with legislation.				

**Well-led**

Improvement	R1	R2	Target date	Date completed
The development of a robust governance and audit programme will assist the service with ensuring the regulated services they provide				
It has been two years since the service has had a manager registered with the CQC. The service should look to identify a suitably qualified person to be registered.				

## **Sign Off**

The report and improvement plan has been written based on the research conducted prior to visiting the site and the findings during the mock inspection. Any failings, or improvements made at the service thereafter will not be included.

By signing off the report and improvement plan you are accepting the detail and content written within.

**Manager's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Delphi Executive – Client Lead: Sean Cassidy

Date: 19/12/24 \_\_\_\_\_