

Independent Healthcare Inspection Report (Announced)

The Cardiff Clinic, Cathedral
Road, Cardiff

Inspection date: 15 March 2023

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In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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 The Cardiff Clinic on 15 March 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector and a clinical peer reviewer. The team was led by a HIW Healthcare Inspector.

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The Cardiff Clinic was committed to providing care to patients in an environment that was conducive to providing a high quality service. Staff placed an emphasis on promoting the privacy and dignity of patients. The environment also promoted the patients' privacy and dignity.

Feedback from patients who completed a HIW questionnaire showed they were very satisfied with the service they had received at the clinic. The process to ensure that patients could provide feedback about their experiences at the clinic needs to be improved.

This is what we recommend the service can improve:

- Requesting feedback from patients on a regular basis.

This is what the service did well:

- Patients rated the service provided at the clinic as very good
- Having processes in place to treat patients with dignity and respect.

Delivery of Safe and Effective Care

Overall summary:

The clinic had suitable arrangements in place to provide safe and effective care to patients. This was supplemented by a range of up to date and relevant written policies and procedures.

The environment of the clinic was visibly clean, tidy and well maintained. All patients said that the clinic was clean. Suitable arrangements and process were in place for infection prevention control and decontamination of equipment used at the clinic. The clinic needs to ensure that cleaning at the clinic is appropriately recorded.

We saw that records maintained at the clinic were clear accurate and legible.

This is what we recommend the service can improve:

- Recording the offer of chaperones on patient records
- Ensure cleaning schedules are in place
- Implementing a programme of clinical and other relevant audits.

This is what the service did well:

- Providing a welcoming environment for patients
- Ensuring that records were clear accurate and legible
- Having a range of relevant up-to-date policies.

Quality of Management and Leadership

Overall summary:

Staff were clearly patient focused and had the appropriate skills to deliver safe care to patients.

A procedure for managing complaints was in place. This needs to be further supplemented by a complaints log to record the complaints in one place and establish any themes.

There were clear lines of reporting and accountability in place and governance arrangements described and demonstrated were effective.

Relevant information about the clinic and the services it provided was available in the statement of purpose and patient guide, which were clearly displayed at the clinic.

This is what we recommend the service can improve:

- Ensure that all staff are appropriately trained in all mandatory training
- Having arrangements in place for staff to report changes that would affect their disclosure and barring service status.

This is what the service did well:

- Clear lines of reporting and accountability
- Ensuring that the statement of purpose and patient guide were up to date
- Regularly reviewing policies and procedures to ensure they were in date.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 20 completed questionnaires. The responses and limited comments indicated an overwhelmingly positive patient experience for this setting across all areas. Most comments made were praising staff for their friendliness, kindness, compassion and professionalism. There were no service improvement suggestions made by any of the respondents. Patients were asked in the questionnaire to rate their overall experience of the service. All 20 patients rated the service as 'very good'. Patients told us:

"The service was first class from start to finish."

"Of a very high standard, great follow up care."

"All staff very welcoming, always a pleasure coming to the clinic."

Patients were asked in the questionnaires how the setting could improve the service it provides. No suggestions for improvement were made, some comments to support this were:

"No improvements needed."

"The service is already excellent."

Health protection and improvement

There was little health promotion material displayed within the clinic. We were told that this would be discussed during the consultation where the healthcare professional would discuss other options including losing weight as well as asking about smoking and smoking cessation. The website also includes detailed information about the procedures available and frequently asked questions about the procedures.

Hand sanitiser was offered to patients and visitors on entry to the clinic. Masks and a digital temperature machine were also available at the clinic.

Dignity and respect

There were no patients due at the clinic during the inspection. However, one prospective patient walked into the clinic for advice during the inspection and they were dealt with sensitively and with privacy.

The environment at the clinic promoted the privacy and dignity of patients. The consultation room had a door that could be secured and there were blinds to the windows, which were closed. There was also a screen in the consulting room to further protect the dignity of the patients and for patients to change behind if required. The reception area at the clinic was large and appointments were booked at 15-to-30-minute intervals which limited the number of patients in the clinic at any one time.

Staff we spoke with described suitable arrangements to maintain confidentiality when speaking to patients both in person and over the telephone.

All patients who answered the questionnaire thought there was adequate seating in the waiting area and that there were adequate toilet or washroom facilities within a reasonable distance of the waiting area. Further, all patients agreed staff treated them with dignity and respect, and measures were taken to protect their privacy during the appointment.

Communicating effectively

Patients were able to access appointments via the telephone, calling at the clinic or by making an enquiry through the clinic website.

Information leaflets were noted in the clinic relating to the treatments offered by the clinic. The majority of the information and signage at the clinic was in English.

Staff confirmed that they could access a translation service should this be required to communicate with patients whose first language was not English.

We were told that one member of staff was learning Welsh. The clinic would benefit from a sign in reception to say that patients who wished to speak to staff in Welsh should inform them and arrangements would be made to accommodate the request.

We recommend that arrangements are put in place to ensure patients are aware that they can receive a service in Welsh.

All patients who completed a HIW questionnaire told us their preferred language was English.

Patient information and consent

We were told that new patients to the clinic were given a leaflet called a patient information leaflet, during the consultation this would be discussed with the patient. After the consultation the patient would be sent correspondence, with the cost, treatment information and consent form. We noted an example in the safeguarding policy that referred to consent being required from the power of attorney for patients that lacked capacity for certain treatments.

All the patients who completed the questionnaire agreed they were provided with enough information to help them understand their healthcare. They also agreed that staff listened to them and answered their questions. Additionally, all patients felt involved as much as they wanted to be in decisions about their healthcare.

Staff, including the registered person, were able to describe suitable arrangements for obtaining valid patient consent.

Care planning and provision

From conversations with staff, it was clear that patient care and safety was the clinic's top priority. We were told that patients would be told about any waiting times and any reasons for delay in seeing the healthcare professional. Additionally, staff would call ahead to tell patients if there would be a delay to any later appointments.

All patients who answered the questionnaire said they waited less than 15 minutes for their appointment and all patients said they were informed how long they would likely have to wait.

Equality, diversity and human rights

From our discussions with staff, it was clear that services were provided at the clinic in a way that promoted and protected people's rights. We saw reasonable adjustments had been made to make the clinic accessible to patients with mobility difficulties.

The clinic also had an up-to-date equality and diversity policy in place. We were told that any transgender patients would be signposted to other qualified surgeons, specialising in this area.

All patients who responded to the questionnaire said they felt they could access the right healthcare at the right time. Patients told us that they had not faced discrimination when accessing or using the clinic's services.

Citizen engagement and feedback

We saw evidence that patients had provided reviews online on the treatment received. Examples of the feedback provided were on display in reception. The clinic did not actively request the views of service users to inform service improvements and development.

We recommend that the service actively seek feedback from patients and that the results of this feedback are displayed in the reception area and in the patient guide.

Evidence was noted that the healthcare professional, a plastic surgeon, was listed as one of the three best rated in the area. This was based on various matrices including customer reviews and ratings.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic provided clinical case consultations only, as part of their registered activities and as such is a very low risk for acute or emergency care. The clinic had a collapse policy in place and all staff were trained and up to date to provide basic life support. There were no controlled drugs on site apart from an EpiPen for possible anaphylaxis, due to reaction to injections given as part of non-registered activity.

We saw that the clinical environment was well maintained and free from obvious hazards. Furthermore, it was also warm and welcoming, with the general ambience in the reception room being of a high standard. The environment was safe and secure with security cameras at the front and the rear.

Infection prevention and control (IPC) and decontamination

There was an up-to-date IPC policy in place, as well as a policy on Control of Substances Hazardous to Health and the Handling and Disposal of Clinical Waste. All the areas we inspected were visibly clean and tidy. The environment was well maintained and furnished to promote effective cleaning. Whilst there were clearly processes in place for the cleaning and decontamination of the environment and equipment used, there were no cleaning schedules in place nor recorded.

We recommend that the service ensure that cleaning records are completed and kept on file for future reference.

We were told that personal protective equipment was used in accordance with government guidelines at the time. All staff we spoke with had a good understanding of infection control and PPE usage. There was also a good awareness and good practice in hand hygiene.

All equipment used at the premises was single use only.

The practice stated that there was not an ongoing audit programme for IPC compliance but would be prepared to start this process.

The clinic is to put in place an ongoing audit programme for clinical audits and IPC and ensure this is complied with.

Overall, there was good understanding and communication between team members, who were supportive of each other.

All patients who completed the questionnaire said the setting was very clean and, in their opinion, COVID-19 infection control measures were being followed where appropriate.

Safeguarding children and safeguarding vulnerable adults

There were arrangements in place noted to ensure safeguarding policies and procedures were in line with national policy and legislation. The clinical director was the safeguarding lead and had in date training to safeguarding of adults, level two. We were told that children were not allowed on the premises and that children were not treated by the clinic.

All staff had only been trained to level one.

We recommend that all staff are appropriately trained in mandatory training.

Medicines management

There were appropriate arrangements in place to order, obtain, store, control, supply, prescribe, administer and dispose of medicines. Medicine administration was being recorded consistently and labelled in patients notes and records. All medicines were kept in an appropriate location under lock and key.

There was a medicines management policy in place.

The clinic used an online system to store accurate records of all patient related notes. A nearby pharmacy was available to be used to provide advice on any medicines management relevant to the clinic

Medical devices, equipment and diagnostic systems

The clinic had the relevant equipment to meet the needs of the patients.

The limited equipment used was maintained by clinic staff as required.

The equipment we saw appeared visibly clean and in a good condition.

Safe and clinically effective care

We saw staff had access to a range of relevant clinical policies and procedures to support their practice. All staff we spoke with were aware of the policies and procedures in operation at the clinic.

Staff we spoke with were happy working at the clinic. Staff believed that the care given was timely and that care to patients was provided in a safe environment.

Records management

A random sample of five patient records was checked. The records checked were well organised and easy to understand, clear accurate and legible. The healthcare professional would hand write the consultations initially and then the notes would be transcribed into a digital system.

The records included any drugs prescribed or other investigation or treatment.

Evidence was noted identifying that chaperones were available and staff stated that this was encouraged. However, there was no written evidence on the patient records checked to show that chaperones had been formally offered.

The offer of chaperones is required to be recorded on patient records.

Quality of Management and Leadership

Governance and accountability framework

There was a clear management structure in place with lines of accountability and reporting demonstrated.

There was an up-to-date statement of purpose and patient guide for the clinic on display in the reception area of the clinic. These included the relevant information required by the regulations and were in date.

Policies and procedures in place were in date and included a review date to ensure they would be updated in a timely manner.

The records management system, including the information technology system was effective and there was secure storage of records that was in compliance with the General Data Protection Regulations (EU) 2016.

Dealing with concerns and managing incidents

There was an up-to-date written complaints procedure, which was on display at the clinic. This included information for patients on who to contact for advice, including HIW, in addition to the timescales for responding to complaints.

The process for receiving and reviewing complaints, including collating the relevant information relating to the complaint, was described. We were told that the complaints would be recorded and registered on the information management system used. Whilst there had not been many complaints made of the clinic, there was no log of these complaints kept, to ensure that a record was kept in one place and to identify any themes at a glance. We were told that any lessons learned from any complaints would be discussed with staff at the clinic.

We recommend that a complaints log is maintained.

Workforce planning, training and organisational development

The clinical director confirmed that the number and skill mix of the staff were suitable, with a requirement that two members of staff plus the healthcare professional are present at the clinic at any one time. New consultations were booked in for a 30 minute appointment and others for 15 minute appointments.

An examination of staff training records for the four staff at the clinic showed that two staff needed to complete the fire awareness training.

We recommend that all staff are appropriately trained in mandatory training

Whilst we were told that regular staff meetings had taken place these were not documented.

Staff meetings are required to be documented.

Workforce recruitment and employment practices

All staff had been employed at the clinic for several years.

Appraisal records for all staff were in date and had been completed annually.

Whilst DBS checks had been completed at the time of initial employment, there had not been any checks made on staff since. The clinic needs to assure themselves, at least annually, that staff had not had any changes to their circumstances that would affect their DBS status.

We recommend that arrangements are put in place to ensure that staff report all circumstances that would affect their DBS status.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: The Cardiff Clinic

Date of inspection: 15 March 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on 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: The Cardiff Clinic

Date of inspection: 15 March 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager is to ensure that arrangements are put in place to ensure patients are aware that they can receive a service in Welsh.	National Minimum Standards, Standard 5 Citizen Engagement and Feedback	Visible signage and message attached with written correspondence that this communication is available in Welsh if preferred.	Registered Manager	1 month
The registered manager is to ensure that the service actively seek feedback from patients and that the results of this feedback are displayed in the reception area and in the patient guide.	Standard 5 Citizen Engagement and Feedback Independent Health Care (Wales) Regulations 2011 (IHR) regulation 19	Creation of Paper feedback forms, and continued encouragement of feedback via online sources.	Registered Manager, and Clinic Staff.	1 month

<p>The registered manager is to provide HIW with the details of the action taken to demonstrate cleaning schedules are in place and that these are being used.</p>	<p>Standard 13 Infection Prevention and Control (IPC) and Decontamination IHR regulation 15 (3)</p>	<p>Creation of a Cleaning Schedule Area tick chart to formally document what is already being undertaken.</p>	<p>Registered Manager, and Clinic Staff.</p>	<p>1 month</p>
<p>The registered manager is to ensure that a range of clinical and IPC audits are carried out at the clinic as part of a clinical audit programme.</p>	<p>Standard 6 Participating in Quality Improvement Activities IHR regulation 9 (1) (o)</p>	<p>Ongoing, monitoring/audit of any adverse clinical events or potential infections requiring antibiotics.</p>	<p>Registered Manager</p>	<p>1 month</p>
<p>The registered manager is to ensure that all staff are appropriately trained in mandatory training at the clinic including safeguarding level two and fire awareness training.</p>	<p>Standard 25 Workforce Planning, Training and Organisational Development IHR regulation 20 (2) (a)</p>	<p>Continued training as already in place and safeguarding level two courses to be arranged.</p>	<p>Registered Manager, and Clinic Staff.</p>	<p>1 month</p>
<p>The registered manager is to ensure that the offer of chaperones is recorded on patient records.</p>	<p>Standard 20 Records Management IHR Schedule 3</p>	<p>Rubber stamp printing to be purchased to document the standard practice undertaken already.</p>	<p>Registered Manager</p>	<p>1 month</p>

The registered manager is to ensure that a complaints log is maintained listing the complaints received at the clinic both informal and formal.	Standard 6 Participating in Quality Improvement Activities IHR regulation 24	Creation of Logbook for any informal or formal complaints.	Registered Manager	1 month
The registered manager is to ensure that staff meetings are formally documented.	Standard 1 Governance and accountability framework	Logbook of meeting minutes to be created.	Registered Manager, and Clinic Staff.	1 month
The registered manager is to ensure that arrangements are put in place to ensure that staff report all circumstances that would affect their DBS status.	Standard 24 Workforce Recruitment and Employment Practices IHR Schedule 2	Expectations of Staff to report any adverse incidence and to undertake regular DBS checks as standard.	Registered Manager	1 month

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): Richard Karoo

Job role: Registered Manager

Date: 15th May 2023