

Independent Healthcare Inspection Report (Announced)

Signature Clinic, Cardiff

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

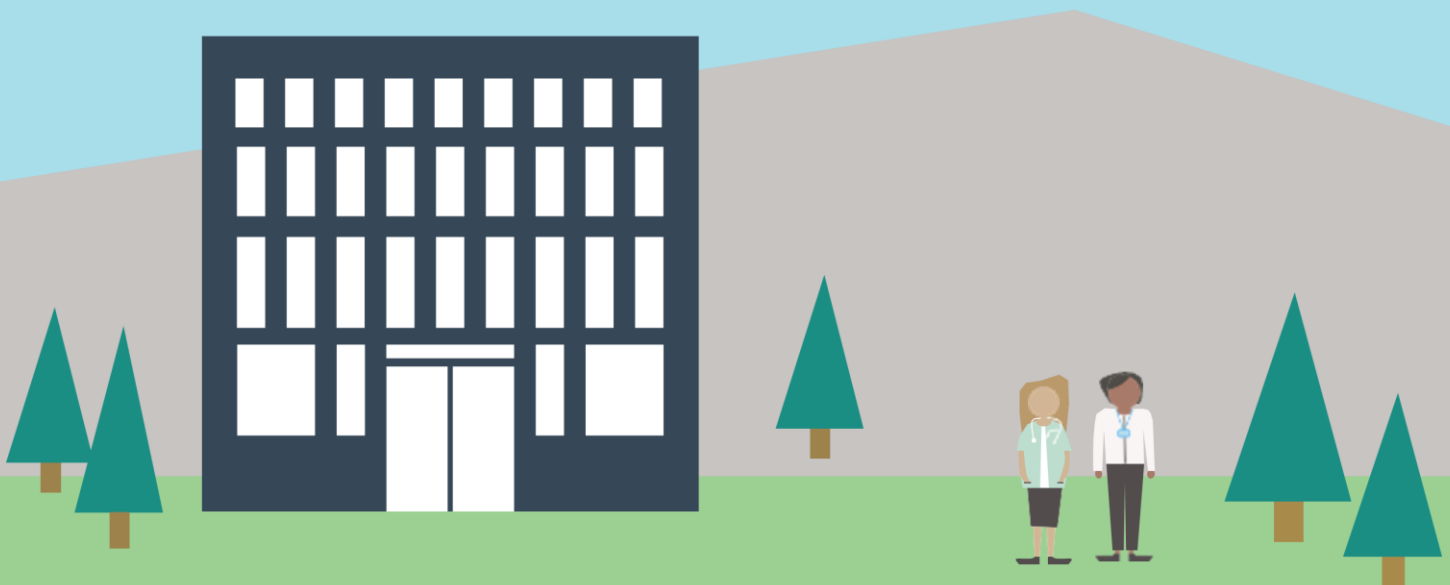
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Signature Clinic, Cardiff on 01 August 2024.

Our team for the inspection comprised of two HIW senior healthcare inspectors 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 8 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the registered manager and staff at the clinic worked to provide a positive experience for patients to receive cosmetic procedures.

Patients were provided with a range of information both pre and post treatment to enable them to make an informed decision.

There was a variety of health promotion information displayed within the reception area. Patients also received information regarding their procedures before it took place.

We were told that patients were contacted by the aftercare team after their procedure with the opportunity to give feedback on their experience. However, we did not see any patient feedback displayed within the clinic.

The clinic ensured easy access to patients with mobility issues which included bathroom facilities suitable for patients with mobility access requirements. In addition, staff at the clinic had undertaken training in equality and diversity.

This is what we recommend the service can improve:

- Display a sample of patient feedback such as a 'You said, we did' board.

This is what the service did well:

- There was a wide range of patient information available
- The environment was easily accessible to patients with mobility issues
- Patients were given the opportunity to feedback following their procedure.

Delivery of Safe and Effective Care

Overall summary:

We were assured that the processes at the clinic were safe and effective. We found that patients were appropriately monitored prior, during and post surgery.

We saw that infection prevention and control processes were appropriate for the setting. The registered manager described sufficient decontamination arrangements.

We found the resuscitation equipment to be suitable and staff had received appropriate training to deal with emergency situations.

Medication was seen to be stored correctly and stock was appropriate for the procedures undertaken by the service.

We saw that medical records were well maintained and were easy to navigate. However, we found that there was no cooling off period between the consultation and consent being gained.

This is what we recommend the service can improve:

- The registered manager must ensure that patients are offered a chaperone, and this is recorded in the notes
- There must be a period of 'cooling off' between the consultation and consent taking place.

This is what the service did well:

- Patients were monitored appropriately throughout their procedures
- Infection prevention processes were suitable and appropriate
- Emergency equipment was appropriate and staff were trained in its use.

Quality of Management and Leadership

Overall summary:

We found that the clinic's governance and leadership was clear and structured.

We saw that mandatory training had been completed by staff and the clinic kept track of training renewal dates with a purpose made database.

We saw good communication throughout the team and through the wider service. Governance meetings were shared throughout other sites of the service and their sister company.

We saw that staff had regular appraisals and were told that they could access further training and courses if requested.

This is what the service did well:

- Governance arrangements had improved from our last inspection and we saw a wide range of policies and procedures to underpin processes at the clinic.
- We saw training records that showed staff had received a variety of training

- There was good communication seen throughout the team and the wider service.

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

Prior to our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received eight completed questionnaires. The completed questionnaires were from patients who had been a patient at the clinic for up to one year.

Patient comments included:

"All staff were very friendly & everyone in the team were very professional & made sure I understood each part of the process & making sure I was comfortable"

"Meticulously clean, very professional environment from the reception and staff through to the surgeon and theatre staff. Was very impressed."

Health protection and improvement

We saw a variety of health promotion material available in the reception area which included smoking cessation, infection prevention and the importance of hydration.

Dignity and respect

We saw that Signature Clinic had two treatment rooms with only one in use for procedures. The other was used for medical aesthetic treatments. Each treatment room had an adjoining assessment room where patients could remove clothing and have their pre-operative pictures taken in private. All rooms had lockable doors. We found the rooms to be tidy and uncluttered.

The service did not see any patients on the day of our inspection; however, we were told that patients are greeted on arrival and informal introductions are made with staff.

Patient information and consent

The registered manager and consultants ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment.

We were told that patients were provided with a variety of detailed verbal and written information both pre and post treatment to ensure they could make an informed decision about their treatment. The clinic used digital medical records which included comprehensive and detailed information around patient consent.

The clinic had an informative website that listed treatments available and what they entailed. The registered manager stated that patients unable to access this information digitally would be provided with hard copy information.

Communicating effectively

The registered manager provided us with copies of the clinic statement of purpose and patient guide. We noted that the statement of purpose was not up to date with the accurate details of the registered manager and responsible individual. The statement of purpose provided has been updated following the inspection to allow for the incoming registered manager and responsible individuals details, these applications are in progress with the HIW registration team.

Care planning and provision

Staff described that written and verbal information about care and treatment was provided to patients as part of the care planning process. Staff confirmed that delays in patients being seen on the day of their appointment at the clinic were rare. If there was an unavoidable delay, staff confirmed patients would be informed.

We reviewed a sample of patient records that showed the process in which pre procedure assessments would take place.

Equality, diversity and human rights

We saw an Equality and Diversity Policy and were told all staff complete equality and diversity training. We were told that the clinic was an inclusive environment irrespective of any protected characteristic. We were assured that the rights of transgender patients would be actively upheld, and preferred pronouns would always be used.

The clinic benefitted from level access with wheelchair accessible doorways. Treatment rooms were large and situated on the ground floor with wide doorways. The clinic had an accessible toilet situated on the ground floor near to the entrance.

The clinic did not have a hearing loop for patients with hearing difficulties. To ensure that patients individual needs are met the patient can bring a chaperone to the clinic to assist with communication needs.

Citizen engagement and feedback

We were told that patients were contacted by the aftercare team after their procedure with the opportunity to give feedback on their experience. The registered manager showed us how a record of feedback is kept in a log along with an action plan where they have made changes as a result of feedback received.

We recommend that the service display a 'You said, we did' board in the reception area.

We did not see any evidence of feedback displayed in the clinic. We saw that information on how to provide feedback were detailed in the patient guide and statement of purpose, however this was not displayed in the clinic.

We were provided with a copy of the complaints policy which had been recently reviewed and contained details of HIW as required in the regulations.

Delivery of Safe and Effective Care

Environment

The clinic was situated in a business park with parking available. The clinic is on the ground floor and accessed through a secure intercom system on a shared front door. The clinic environment was warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout.

We found the reception area to be well maintained, light and spacious. There was plenty of seating and refreshments available for patients. Toilet facilities were situated near to the entrance and were suitable for patients with mobility issues. These were found to be clean and well maintained.

We saw the clinic environment was well maintained and surfaces allowed for adequate cleaning. Cleanliness within the clinical areas was found to be appropriate for surgical procedures to be carried out. We found the clinic to be free of any hazards or clutter.

Managing risk and health and safety

Signature clinic is a part time clinic opening seven days each month. We were instructed that there were no staff on site when the clinic was closed. Patients who require advice outside of these hours are instructed to contact a call centre where they can speak to a clinician.

The clinic had a number of policies and procedures in place. The clinic used a computer program, pCloud to store these along with medical records which could all be accessed by every Signature Clinic.

We were told environmental risk assessments were performed by an external company and were not available to be seen on the day of the inspection.

We saw staff training records that showed staff had received Basic Life Support training. Emergency equipment was seen in the procedure room.

Infection prevention and control (IPC) and decontamination

The clinic was visibly clean and well maintained. All clinical equipment within the procedure rooms were found to be clean and appeared new. The registered manager explained the process in which equipment is decontaminated. The clinic uses an off-site service for some of the equipment. We were told that disposable equipment is used in most cases. We spoke to the IPC lead for the organisation who was based off site but stated they regularly visited the clinic. They informed us that there had been no reported infections for the Cardiff clinic within the last

year. We were provided with copies of cleaning schedules for all areas of the clinic.

We saw clinical waste was being disposed of appropriately in locked yellow bins outside the clinic and waste contracts were in place.

Nutrition

The clinic did not provide meals for patients due to the short duration of their stay. We saw that hot and cold drinks were available in reception and small snacks can be provided if required.

Medicines management

Medicines were stored securely in a locked cabinet within the procedure room and keys were kept securely by a registered practitioner. During our records review we found medication to be prescribed by a medical practitioner and a record of this was maintained within the patient file. We saw that medication stock was regularly rotated to ensure expired medications were removed and disposed of. The service used an external pharmacy to order medicines.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years old. Our conversations with staff confirmed that this condition was complied with.

There was a safeguarding policy in place which was dated within the last year and included details of local safeguarding contact numbers and a safeguarding flowchart. The registered manager was the allocated safeguarding lead for the clinic. Staff were aware of the process to follow in the event of a safeguarding concern. We were given an example of when the safeguarding policy had been used and referrals to appropriate teams had been made.

During our review of training records we saw staff had completed training in adult and child safeguarding.

Medical devices, equipment and diagnostic systems

The service was registered to provide cosmetic surgery according to their statement of purpose. We found the medical devices used by the clinic to be adequate for the services it provided. We saw evidence that machines had been serviced and calibrated recently by the manufacturer.

The registered manager provided us with service records for the medical machines at the clinic were up to date and had been completed by the supplier. We were told that checks were performed on equipment prior to appointments.

Safe and clinically effective care

We reviewed the process by which patients were assessed before, during and after surgery. Patients received vital sign recordings every 15 minutes during their procedure and this was overseen by a qualified clinician. We found this process to be safe in that staff can determine if a patient becomes unwell and act promptly.

The registered manager explained the process in which patients can access assistance post operatively. We were assured that the updated process for accessing medical advice was safe and sufficient.

Records management

We reviewed a sample of patient records and found these to be concise and contained all the appropriate information we would expect. However, we did not find an offer of chaperone recorded in any of the records we reviewed. We also noted that consent was taken on the day of the surgery and therefore patients had no cooling off period.

The registered manager must ensure the offer of a chaperone is recorded in the notes. They must also ensure that patients are allowed a cooling off period between consultation and the procedure.

Records were held securely on a digital program and easy to navigate. Patient records were held and accessed via a secure online software which required a password to prevent unauthorised access. This was unique to each staff member. We were told that access to patient records were limited to clinical and managerial staff. This system was used by all branches of Signature Clinic and so patient records can be accessed remotely if needed.

Quality of Management and Leadership

Staff

HIW issued a questionnaire to obtain patient views on the care at Signature Clinic for the inspection in August 2024.

In total, we received 11 responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had 11 responses.

The response to the staff survey was positive. All 11 respondents agreed they were satisfied with the quality of care and support provided to patients (11/11).

Staff comments included:

“Everything that is set in place at the clinic works very well, for example anything from the cleaning schedule to the way confidentiality is dealt with. It is a very good place to work.”

Governance and accountability framework

Since the last inspection in September 2023, Signature Clinic has changed registered manager. At the time of this inspection, HIW were in the process of changing the details of registration.

We reviewed the Statement of Purpose and Patient Guide and found them to contain all the information required by the regulations. Paper copies were available in reception for patients to take. We were told that patients receive copies of these via email prior to their procedure.

Overall, we found the clinics governance and leadership to be well structured with a clear organisational structure that covered several clinics across the country. The registered manager oversees all governance processes and is assisted by the human resources (HR) manager. Our review of staff records showed the HR manager had a well organised system in place to monitor staff training, appraisals and employment checks.

The service kept a governance file containing all elements of governance including minutes of staff meetings. The service produces a bimonthly newsletter that is circulated throughout the service which contains details of incidents and lessons learnt. Staff meeting are held quarterly and all staff are invited to attend.

Dealing with concerns and managing incidents

We saw that concerns and incidents are logged using the Radar incident reporting system. A record is also kept on computer files and investigated by the registered manager and responsible individual. These are discussed at governance meetings and information disseminated throughout the service via governance newsletter.

The clinic had a written complaints policy. This was available within the statement of purpose. We were told that any complaints would be dealt with promptly by the registered manager in the first instance whenever possible. We saw that several complaints had been saved within a documentation folder at the clinic. We were told that complaints received were mainly related to patients dissatisfied with the results of their procedures.

The registered manager told us that informal complaints raised verbally to a member of staff would be requested to be made in writing to ensure an appropriate response.

Workforce recruitment and employment practices

We found that qualified staff are not employed by the service, these are regular agency staff who have undertaken induction with the service. However, following the inspection we were told that several full-time qualified staff have been recruited by the service.

Non-qualified staff were employed by the service and based at one of their other sites. These staff were based at their Birmingham clinic and travelled to Cardiff when demand required. The human resources manager showed us an online database of training records and employment checks for these staff members. This system included diary makers and alerts to notify when training was due to be renewed.

Workforce planning, training and organisational development

The registered manager explained that the clinic is staffed depending on the days of opening. They told us that there is always one qualified member of staff present during all procedures.

The registered manager is present when the clinic is open to provide senior oversight and the responsible individual visits every other month.

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: Signature Clinic, Cardiff

Date of inspection: 01 August 2024

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate improvements 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: Signature Clinic, Cardiff

Date of inspection: 01 August 2024

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. During our review of medical records we found that no offer of chaperone was recorded in the notes.	The registered manager must ensure the offer of a chaperone is recorded in the notes.		Challenged in the factual accuracy report. All patients within the clinic area are chaperoned throughout their visit, patients from collection, through pre-assessment and surgery are never alone. This is recorded within the patient notes.	John Fairhurst	Immediate

			Patients are chaperoned by staff members of the same sex throughout their clinical journey within signature and therefore it is not an 'additional' service that is offered as it is a standard that we work to.		
2.	During our review of medical records we found that patients did not have a cooling off period between consultation and procedure.	The registered manager must ensure that patients are given a cooling off period between consultation and consent to the procedure.	Challenged in the factual accuracy report Patients are reviewed by a consulting GMC registered doctor, who describes the risks and benefits of surgery with the patient, for the patient to attend a minimum of 14 days later to complete a physical consent with the onsite surgeon	John Fairhurst	Immediate

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: