

# Inspection Summary Report

Transcend Clinic / Circumcision Clinic, Cardiff

Inspection date: 05 October 2022

Publication date: 06 January 2023



This summary document provides an overview of the outcome of the inspection



Patients provided positive feedback about their experiences of attending the Transcend Clinic / Circumcision Clinic, Cardiff.

We found arrangements were in place to protect the privacy and dignity of patients while being seen at the clinic. Information was provided to patients and/or their carers in a variety of ways to help them understand the circumcision procedures performed at the clinic.

The clinic had suitable arrangements in place to provide safe and effective care to patients. However, we identified improvement was needed to show cleaning schedules were being followed and to record when medicines were received and disposed by the clinic.

Up to date written policies and procedures were in place to support the effective operation of the clinic. Checks had been made as part of the process of recruiting staff. However, not all the required documentation and information was available for inspection by HIW.

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



# 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 unannounced inspection of the Transcend Clinic / Circumcision Clinic, Cardiff on 05 October 2022.

Our team, for the inspection comprised of one HIW Senior Healthcare Inspector and one Clinical Peer Reviewer.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).



# Quality of Patient Experience



## Overall Summary

Feedback from patients who completed a HIW questionnaire showed they were very satisfied with the service they had received at the clinic.

We saw arrangements were in place to protect the privacy and dignity of patients when being seen at the clinic. Discussions with the registered person showed services were provided at the clinic in a way that promoted and protected people's rights.

Information was provided to patients and/or their carers in a variety of ways to help them understand the circumcision procedures performed at the clinic. Suitable arrangements were described and demonstrated for obtaining valid patient consent prior to patients having their procedure.

The clinic had a suitable process in place for patients or their carers to provide feedback about their experiences of using the service. A summary of the feedback was made available in the patient guide for people to see.

## What we found this service did well

- Patients rated the service provided at the clinic as 'very good'
- Information was provided to patients and/or their carers in a variety of ways to help them understand the circumcision procedures performed at the clinic
- Regular patient feedback was obtained and available for people to see.

## Where the service could improve

- The registered person for the clinic should consider ways to assist individuals who may have difficulties with communication.

# Delivery of Safe and Effective Care



## Overall Summary

We found the clinic had suitable arrangements in place to provide safe and effective care to patients. These were supported by a range of relevant up-to-date written policies and procedures.

The clinic environment was visibly clean, tidy, and well maintained. Overall, suitable arrangements and processes were in place for infection prevention and control and the decontamination of equipment used at the clinic. Arrangements had been put in place to minimise the risk of cross infection from equipment used to restrain young children (in the interests of safety) during their circumcision procedure. However, this equipment could not be easily cleaned and decontaminated between patients. In addition, documentation was not being completed to show when the patient treatment room was being cleaned.

Medicines used at the clinic were stored securely and in accordance with the manufacturer's instructions. However, records were not being maintained to demonstrate the quantity and type of medicines both received at and disposed by the clinic for audit.

Staff had attended adult safeguarding training within the last year at a level appropriate to their role.

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

## What we found this service did well

- The clinic environment was clean and well maintained
- The clinic had a range of relevant and up to date policies to support staff in their work
- Records were clear, accurate and legible.

## Where the service could improve

- The registered person should continue with efforts to minimise the risk of cross infection from equipment used to restrain children
- The registered person needs to take suitable action to show cleaning schedules are in place and being followed
- The registered person needs to take suitable action to show the quantity and type of medicines both received at and disposed by the clinic.



# Quality of Management and Leadership

## Overall Summary

The registered person was the provider and the manager of the clinic and so had responsibility for both the day-to-day management and overall operation of the clinic. We saw a range of written policies and procedures were in place to support the effective operation of the clinic. We also saw evidence these had been reviewed annually.

Relevant information about the clinic and the services it offered was available in a statement of purpose and patient guide. However, these required to be revised and updated to fully comply with the regulations.

A suitable procedure for acknowledging and managing complaints was in place. We saw good arrangements were in place to record and monitor incidents. Staff had access to a range of training on topics relevant to their roles within the clinic and had completed up to date training.

We saw checks had been made as part of the process of recruiting staff. However, not all documentation and information required by the regulations in relation to staff working at the clinic was available.

## What we found this service did well

- We saw evidence of written policies and procedures being reviewed annually
- Staff had access to, and had completed, up to date training on a range of topics relevant to their roles.

## Where the service could improve

- The registered person needs to revise the statement of purpose and patient guide so that they contain all the information required by the regulations.
- The registered person needs to make suitable arrangements to ensure documentation and information required by the regulations in relation to staff is available.

## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

