

# Independent Healthcare Inspection Report (Announced)

## Circumcision Centre Wales and Excel 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 Circumcision Centre Wales and Excel Clinic, Cardiff on 22 January 2025.

Our team for the inspection comprised of a HIW senior healthcare inspector and a clinical peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 12 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:

All patient response to the questionnaire rated the service as 'very good,' praising the helpful, professional and understanding staff.

The clinic displayed some health promotion information but needed more bilingual materials. Aftercare information was provided post-procedure. Staff were discreet, sensitive and ensured patient dignity, with lockable treatment rooms and chaperone policies in place.

Patients received clear, understandable information and consented to treatments. Feedback was collected online and follow-up calls ensured patient satisfaction. Costs were transparent and aftercare instructions were clear.

The clinic was accessible, with facilities for patients with additional needs. Treatments were scheduled to minimise distress and staff provided reassurance and clear explanations. Equality and diversity were upheld.

This is what we recommend the service can improve:

- Display more information on how patients can help their health and wellbeing
- Display more information in Welsh.

This is what the service did well:

- Staff were discreet, sensitive and ensured patient dignity
- Patients received clear, understandable information and consented to treatments
- The clinic was accessible, with facilities for patients with additional needs.

### Delivery of Safe and Effective Care

Overall summary:

The clinic premises were safe, clean and secure, with entry restricted to patients and their carers. Health and safety risks were well-managed, with up-to-date assessments and emergency response plans.

Infection control measures were effective, with hand hygiene facilities, personal protective equipment (PPE) and cleaning schedules in place. The clinic used an

autoclave and ultrasonic cleaner for equipment sterilisation. Medicines were securely stored and managed, with clear records and staff training.

Safeguarding resources and training were available and the clinic had appropriate medical devices and equipment. Quality improvement activities included audits and patient follow-ups. Information management was secure, with clear, accurate medical records. The clinic ensured patient consent and provided comprehensive information for informed decision-making.

This is what we recommend the service can improve:

- More information was needed in patient records the work already being done to explore medical history, consent, explanations and instructions given.

This is what the service did well:

- The clinic premises were safe, clean and secure
- Health and safety risks were well-managed
- Infection control measures were effective
- Medicines were securely stored and managed, with clear records.

## Quality of Management and Leadership

Overall summary:

The service was well-led with clear reporting lines and a robust decision-making framework. The registered manager reviewed all policies and procedures, ensuring they were up-to-date and accessible on the clinic's shared drive. HIW registration certificates were correctly displayed and the clinic had valid employer's and public liability insurance.

For managing concerns and complaints, processes were in place, documented in the statement of purpose and patients guide, though the complaints procedure needed better visibility and details on responsible personnel. Only one complaint was recorded in the past year, which was resolved satisfactorily. A complaints log was recommended for tracking and identifying themes.

The clinic had a safe recruitment process, including pre-employment checks and disclosure and barring service (DBS) certifications. A system was needed to ensure staff reported changes in their DBS status. Practising privileges were granted to other clinicians.

Staffing levels were adequate, with qualified and competent staff. Induction processes were in place and mandatory training records were up-to-date.

This is what we recommend the service can improve:

- The complaints process including information in the procedure and the complaints log.

This is what the service did well:

- Clear reporting lines and a robust decision-making framework
- The clinic had a safe recruitment process
- Staffing levels with qualified and competent staff.

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

HIW issued a questionnaire to obtain patient views on the care at the Circumcision Centre Wales and Excel Clinic for the inspection in January 2024. In total, 12 responses were received from patients at this setting.

Overall, the respondents' comments were positive, all patients rated the service as 'very good'. One comment received on the setting was as shown below:

*“[Doctor] and the staff were very helpful, professional and understanding. I felt very at ease throughout my visit. Everything was explained clearly. I would recommend CCW to anybody.”*

#### Health protection and improvement

There was some information displayed promoting healthy lifestyles to patients using the service. This included information from Cancer Research UK about spotting cancer early, you can be smoke free, stay safe in the sun and spotting cancer early saves lives (for men). Staff we spoke with said that they struggled to find information, especially leaflets, in Welsh.

We were told that following the procedure at the clinic, patient aftercare information was printed and provided to the patient as well as a sealed letter to give to the patients GP.

**The registered manager must ensure that more information is displayed in the clinic on how patients can help their health and wellbeing. This information should be bilingual, in Welsh and English, where available.**

#### Dignity and respect

There were no patients on the day of our inspection at the clinic. However, we were told that patients were greeted on arrival and informal introductions were made with staff.

We were told that staff were discreet and sensitive when speaking and spoke in soft tones. Each appointment was scheduled for one hour to try to preserve the respect of the patient for them to feel the appointment was personal. All treatment room doors were lockable, in the surgical room there were also blinds,

to maintained the dignity of the patient. One parent or carer was allowed inside with the patient during the procedure.

Staff we spoke with were pleasant and caring and gave examples of how they supported patients and carers, before, during and after the procedure.

No personal information would be discussed at the reception desk.

There were chaperone notices on all the clinical room doors. The receptionist normally acted as the chaperone. There was a comprehensive chaperone policy, this policy presented the principles and outlined the procedures in place for appropriately chaperoning patients during examinations, investigations and care. It was largely based on the Model Chaperone Framework published by the NHS Clinical Governance Support Team, in June 2005.

All patients who completed a HIW questionnaire told us staff had treated them with dignity and respect and measures were taken to protect their privacy during their appointment at the clinic. They also all agreed that staff listened to them and answered their questions.

### **Patient information and consent**

Patients received the right information when they needed it, in a way that could easily be understood to make the best choices.

There was a statement of purpose and patients guide available to patients clearly displayed in the reception. Both included the relevant information as required by the relevant regulations.

The information required before the treatment was available on the clinic website, once the patient has completed the booking, this was then confirmed by email, including information for the patient on how to prepare for the procedure as well as completing a health questionnaire. The clinician would then confirm this information with the patient before the procedure. Patients were asked which language they preferred for the aftercare information, we were told this was provided in English and their chosen language.

There was an in-date capacity to consent for treatment policy.

### **Communicating effectively**

Feedback from patients at the clinic was provided by an online review tool, with a notice in reception, instructing patients how to provide the review. We were told that there was a phone call follow up with the patient after the treatment to

ensure the patient was satisfied with the outcome. The results of the feedback were included on a 'you said, we did' notice in reception.

The costs of the treatment and services were displayed on the clinic website.

All patients who responded to the questionnaire confirmed that they were given post treatment aftercare instructions and clear guidance on what to do and who to contact in the event of an infection or emergency. All patients also said that the cost was made clear to them before they received treatment and that staff explained what they were doing throughout.

### **Care planning and provision**

There were arrangements in place to assist staff to care for patients with additional needs. The clinic was on the ground floor of the premises with parking outside the entrance to the clinic. The clinic was wheelchair accessible with disabled toilet facilities. We were told that there was a common-sense individualised approach to cognitive issues.

Patients were usually seen within two weeks. Treatments such as circumcisions were one-hour slots to accommodate potentially upset infants and to minimise noise and distress to others. There were sufficient staff at the clinic to manage the work, the clinic was also looking at employing another member of staff. Patients awaiting treatment would be kept informed of the waiting times and any reasons for delay in seeing healthcare professionals by staff in reception.

Staff we spoke with told us that before treatment, patients would be reassured and the procedure explained in simple terms to the patient. The treatment would also be explained to patients during the treatment to continue to reassure them. We were told that the sucrose and milk used would have a calming effect on babies. The aftercare instructions would also be explained to patients with pictures to assist in the process.

All 12 patients who completed the questionnaire said that they underwent a procedure or treatment. They said that they had received enough information to understand the treatment options and the risks and benefits and agreed that they were given adequate aftercare instructions. Patients also said that they were involved as much as they wanted to be in making decisions about their healthcare.

### **Equality, diversity and human rights**

The clinic was easily accessible to patients with mobility difficulties or those who used a wheelchair. There were wide doors and an accessible toilet. Staff stated that they would help patients where necessary and when they were aware of any

difficulties to ensure they could access the clinic. This showed that staff provided care in a way that promoted and protected people's rights.

We saw an equality and diversity policy and evidence that staff completed equality and diversity training.

We were assured that the rights of transgender patients would be actively upheld and preferred pronouns would be used.

Patients who completed a HIW questionnaire told us they had not faced discrimination when accessing or using the clinics' services and felt that they could access the right healthcare at the right time regardless of any protected characteristic.

### **Citizen engagement and feedback**

Patients were encouraged to provide feedback about their experience of using the service through an online platform to provide business reviews. The service was looking to move to a search engine that also promoted the service as well as collecting reviews and feedback. The service would thank the reviewers for any positive reviews and look to address any negative reviews.

The service had recently introduced a "you said, we did" poster including the changes made such as installing two stand up signs on the main road directing patients to the clinic and by changing the skin glue used for certain procedures.

The revised statement of purpose included a summary of the views of patients. Patients frequently commend the clinic's friendly and calming environment. Reviewers in the statement of purpose commented:

*"{doctor} and his assistant were amazing. Extremely helpful, patient and empathetic. Procedure was done with the utmost care and hygiene. Highly recommended."*

*"Although the thought of a circumcision was quite scary, the service at CCW was first class. Absolutely lovely people, caring, professional and friendly. Highly recommended"*

*"Very friendly staff and relaxing environment. Had a good experience with them. Well explained the after care. Good communication. Definitely recommended"*

# Delivery of Safe and Effective Care

## Environment

The premises were considered to be safe and fit for purpose. Entry was by buzzer and intercom to the clinic and restricted to patients and their parents or carers. The premises were visibly clean, safe and secure, with all furniture, fixtures and fittings in a good state of repair. There were no obvious hazards such as clutter and tripping hazards.

The fire precautions were controlled by the facilities management company employed by the landlord of the premises. There was a fire risk assessment written by the clinic. We saw a copy of the document called 'Fire safety and maintenance' which evidenced the regular checks carried out by the facilities management company. This included weekly fire alarm checks. All staff at the clinic were trained in fire safety and the relevant protocols.

## Managing risk and health and safety

The clinic had taken appropriate measures to manage the risk of health and safety. A suitable workplace health and safety risk assessment had been written, which was up-to-date. There were also suitable arrangements in place to respond to patient emergencies.

The business continuity plan had been designed to prepare the clinic to cope with the effects of an emergency. The document provided instructions so the clinic's business functions could be maintained or quickly resumed in the event of a major disruption.

Environmental hazards had been considered, flammable oxygen was signposted, the Control of Substances Hazardous to Health Regulations (COSHH) cupboard was clearly labelled. There was a sharps bin present and the clinical waste bin was also clearly marked. An extractor fan and a high efficiency particulate air (HEPA) filter, effective at capturing almost every size of particle, were present.

There was an appropriately stocked resuscitation trolley in place with an automated external defibrillator as well as airway and breathing equipment, fluids and emergency drugs. There were also laminated 'what to do in the event of an emergency' flowcharts included in the equipment. Expiry dates were recorded on the equipment and there were weekly checks of the equipment and the expiry dates.

All patients found the building to be accessible. Two patients commented:

*“Perfect for disabled people.”*

*“{Accessible} For disabled as well.”*

### **Infection prevention and control (IPC) and decontamination**

Patients were protected from healthcare associated infections, through the arrangements to promote effective IPC and decontamination. This included the facilities for hand hygiene and hand sanitisation. Personal protective equipment (PPE) was readily available for staff and visitors to the service.

The cleaning schedules and evidence that these had been followed, were seen in the clinic reception. There were suitable arrangements in place with a waste carrier, we saw the copy of the current contract.

There were no documented hand hygiene audits and with only two or three staff, this would be difficult to audit.

Occupational health advice and support was available through a private occupational health company employed.

There were up-to-date policies available on IPC and decontamination and staff had completed training at the required level.

The PPE used include aprons, gloves, caps and masks for procedures, which were all readily available and disposed in clinical waste. There were washing sinks in all rooms, with paper towels, a hospital-strength antimicrobial skin cleanser and antibacterial gel.

The environment enabled effective infection control with hard floors and wipe down surfaces.

Staff we spoke with understood infection control, their role and that they had the right equipment, Treatment rooms were cleaned after every procedure and daily in consultations rooms. Staff were aware of the procedure to follow following a needle stick injury and there were laminated charts with instructions for staff to followed if needed.

The clinic had an autoclave, using steam to sterilise equipment, and an ultrasonic cleaner, using ultrasound to clean reusable equipment. The clean equipment would then be stored in sterile pouches until their next use.

All patients who completed the questionnaire said the setting was ‘very clean’ and that infection control measures were being followed.

### **Medicines management**

The clinic had a medicines management policy that had been recently updated. We saw that only medication required for procedures was stored on the premises. The systems for monitoring and ordering medication stock were found to be robust. We saw that medication was stored securely.

The clinic used an online system to store accurate records of all patient related notes. All relevant staff members were fully compliant with their mandatory medicines management training.

Medicines were administered and recorded consistently and contemporaneously, within patient notes for every procedure. Medicines records were clear and included all relevant information. There was a digital log used under the username of the clinician.

The system to ensure accurate records of the medicines administered to patients were maintained, including information about allergies or sensitivities was described and in order.

All clinical staff were appropriately trained in how to use oxygen cylinders. Senior staff were aware of the arrangements in place for the reporting of incidents involving oxygen cylinders and how incident reports were checked. There had not been any incidents. Emergency contacts were on the cylinder and the incident reporting protocol was on the clinic shared drive.

There was an effective medicines management policy and supporting procedures covering all aspects of medicines management in the organisation. A policy for the management of adverse reactions, which ensured reporting of all adverse drug reactions to the MHRA Yellow Card Scheme, was included within the medicines management policy.

### **Safeguarding children and safeguarding vulnerable adults**

There were safeguarding resources and contacts with a flowchart available at the clinic as well as access to the Wales safeguarding procedures application. The clinic had appointed a safeguarding lead and staff had received appropriate safeguarding training.

The treatment would be explained to the parents of patients under five years of age. For patients older than five, the process would be explained simply to the child. If the child did not co-operate with the procedure, then the treatment would not continue. One parent would be present during the procedures as well as the chaperone.

### **Medical devices, equipment and diagnostic systems**

The service had the right equipment and medical devices to meet the needs of patients. Stapler devices (disposable for adults), an advanced disposable circumcision device and plastibell rings for infant circumcisions, with less risk of bleeding than other methods of circumcision were used. Reusable surgical instruments were used for other procedures.

The equipment was appropriate for its intended use and the environment in which it was used.

There were annual service contracts in place as required for maintaining the relevant equipment. The suppliers of the various pieces of equipment were available for any repairs.

### **Safe and clinically effective care**

Audits were carried to monitored patient care, these included audits of infant bleeding events with learning points addressed such as better ring sizing and parent education to reduce these complications. All patients were offered a follow-up. We were told there would be an audit of record keeping in the future.

All practitioners would attend relevant training and conferences, as well as following up to date guidance. The only challenges around staffing levels or training which were affecting patient care, was managing staffing according to demand and growth of the organisation.

Patients and families seeking male circumcision were provided with safe and effective care in a way that maximised the rights of the child. All clinician's undertaking the procedure were appropriately qualified and had the relevant skills, knowledge and experience to carry out the treatments safely.

Online resources and after booking information with a confirmation email including procedure information, which was reinforced prior to the procedure ensured no doubts or queries from patients. The service ensured that parents and children (when deemed to have capacity) were provided with enough information to make an informed choice.

The service ensured it was always acting in the child's best interests when carrying out the procedure. For patients under one, this was based on parental consent. Treatments were not carried out on children aged one to five. For children over five, parental consent was required, but if the child did not want to proceed or cooperate with the procedure, then the procedure would be cancelled. If there



were any signs of duress or coercion then the surgeon would agree to postpone and arrange a revisit in the future.

The service had an up-to-date policy which required the consent of all with parental responsibility prior to treatment. Identity checks were carried out by staff, photographic identity checks were required as well as a birth certificate if available. One parent consent was acceptable if only one parent was listed on the birth certificate.

### **Participating in quality improvement activities**

There were examples of quality improvement activities and how this resulted in better outcomes for patients.

The audit called post operation bleeding was carried out six months apart on infants with any heavy bleeding out of hours. The clinic looked at surgical techniques and how the parent managed the babies nappies on bathing and educated the parents to reduce the incidence.

A procedure used by the clinic for infants, known as plastibell, which was a quick and effective way of performing the procedure and faster than other methods and this also resulted in less bleeding. Additionally, the procedure used for adults using a newer stapler technique in less than 20 minutes including preparation, as opposed to 60 minutes.

The clinic would also audit infections, once there are sufficient numbers to analyse.

The clinic produced the annual return for HIW as required by regulations.

### **Information management and communications technology**

We were told that patients' data and information was managed in a safe and secure way. Paper records were shredded after input into the secure system used, which was password protected.

### **Records management**

A sample of five medical records were checked and it was noted that the records were generally clear, accurate and legible. The records were easy to follow, with a logical layout and included all care and treatment given and relevant clinical and treatment findings. The records showed that valid consent was obtained, including any assessment of mental capacity. However, the identity-check of one child was not recorded in their notes.

The medical records contained an accurate summary of significant conditions and long-term medication, which was included with the parental consent form. The clinic should consider including this information within pre-operative notes in addition to the consent forms.

Patients had their needs appropriately assessed. The summary of medical history and medications should be discussed with parents and summarised in treatment notes, to confirm discussion of pertinent information.

We were told that information was given to patients about their condition, investigation and management options so that they could understand their own health and illness, including online and printed resources, but this was not always documented. Consideration should be given to documenting what information had been reviewed to better evidence discussion.

**The registered manager must ensure that patient notes include the following information:**

- Document the identity checks of all patients
- A section in the proforma to say whether there is any previous medical history for children
- The summary of medical history and medications discussed with parents and summarised in treatment notes
- Documenting what information had been reviewed and what had been discussed
- Online consent should also be subsequently confirmed when the patient is at the clinic and this should be documented.

We were also told that the patient or their parent or carer were given a letter to give to their GP to explain the treatment given. Ideally this should be sent by the clinic, or included as part of the follow up call to ask or remind patients about the letter going to the GP.

**The registered manager must ensure that they check whether the letter has been delivered to the GP as part of the follow up call remind patients to carry out this action.**

All patients in the questionnaire said that they had their medical history checked before undertaking treatment and that they signed a consent form before receiving new treatment.

# Quality of Management and Leadership

## **Governance and accountability framework**

The service was well led with clear lines of reporting and a clear and robust framework for decision making.

The registered manager was responsible for reviewing all policies and procedures and those documents that we examined were all in date. Staff would be informed in person of any changes, in addition these documents were available on the clinic shared drive.

The shared drive allowed access to the policies to all staff and visiting specialists along with hard copies kept in reception.

HIW registration certificates were clearly displayed at the clinic. The information on the certificates was correct and was being complied with. There was evidence of current employer's insurance and public liability insurance in place. The clinic was clearly well led and managed.

## **Dealing with concerns and managing incidents**

There were processes in place for managing concerns and complaints. As well as being in the statement of purpose and patients guide, this was also documented in a complaints procedure. However, the complaints procedure was not prominently displayed at the clinic. The procedure also needed to include information about who was responsible for managing and addressing the complaint as well as advocacy arrangements to assist any patients to make a complaint.

There had only been one complaint in the last 12 months and this had been closed with the customer satisfied with the results. The information relating to the complaint was kept in the patient notes. The registered manager was told that a complaints log should be kept with relevant details to identify themes and to ensure that other relevant staff were aware of the progress of any complaints.

**The registered manager must ensure that:**

- The complaints procedure is prominently displayed
- The complaints procedure includes details of who will deal with the complaint and advocacy arrangements
- There is a complaint log to document all complaints, themes, actions and relevant dates.

### **Workforce recruitment and employment practices**

The clinic had a safe and effective recruitment process and arrangements in place to safeguard the health, safety and welfare of patients using the clinic. Senior staff we spoke with described the process for recruitment and conducting pre-employment checks as well as the process for ensuring staff continued to be registered with a healthcare profession where relevant.

Whilst DBS checks would be carried out every three years there needed to be a process to ensure that staff inform the registered manager if there was a change to their DBS certification as well as annual certification.

**The registered manager must ensure that there is a system for checking a person remains suitable to work for the clinic.**

There were also appropriate processes in place to ensure those other clinicians working for the service would be granted practising privileges to work at the clinic.

### **Workforce planning, training and organisational development**

There were sufficient numbers of appropriately qualified, experienced and competent staff to provide patients with safe care and treatment. The number of available appointments allocated would be based on clinical staff at the clinic at that time. The process for the induction of new staff was described by senior staff we spoke with.

The only member of staff employed at the clinic was due their appraisal in the month following the inspection.

We were told there were no staff meetings as there was only one member of staff in addition to the registered manager and that any information would be passed on by word of mouth.

The training records of staff showed in date compliance with the mandatory training required.

## 4. Next steps

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

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

The improvement plans should:

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

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

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

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

## Appendix A - Summary of concerns resolved during the inspection

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

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

## Appendix B - Immediate improvement plan

**Service:** Circumcision Centre Wales and Excel Clinic

**Date of inspection:** 22 January 2025

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. There were no immediate non-compliance issues. |                    |                       |                |                     |           |

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:** Circumcision Centre Wales and Excel Clinic

**Date of inspection:** 22 January 2025

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. Staff we spoke with said that they struggled to find information, especially leaflets, in Welsh. | The registered manager must ensure that more information is displayed in the clinic on how patients can help their health and wellbeing. This information should be bilingual, in Welsh and English, where available. | National Minimum Standards - Communicating effectively<br><br>Independent Health Care Regulations (Wales) 2011 Regulation 9 (1) (g) | The Public Health Wales website is now running again with health and wellbeing promotion on a number of topics in both English and Welsh<br><a href="https://phw.nhs.wales/topics/immunisation-and-vaccines/leaflets/">https://phw.nhs.wales/topics/immunisation-and-vaccines/leaflets/</a><br><br>Leaflets have been ordered and will take 10 working days. | Zubair Wani         | Mid April estimated |

|    |  |   |   |  |                    |                                   |
|----|--|---|---|--|--------------------|-----------------------------------|
| 2. | <p>The identity-check of one child was not recorded in their notes.</p> <p>The medical records contained an accurate summary of significant conditions and long-term medication, which was included with the parental consent form. The clinic should consider</p> | <p>The registered manager must ensure that patient notes include the following information:</p> <ul style="list-style-type: none"> <li>• Document the identity checks of all patients</li> <li>• A section in the proforma to say whether there is any previous medical history for children</li> </ul> | <p>National Minimum Standards - Patient Records</p> <p>Independent Health Care (Wales) Regulations 2011 Regulation 23</p> | <p>A proforma for patient ID checks is now required for each patient and is uploaded on to the clinical system. An audit of this will be included as part of the next audit cycle.</p> <p>A section on the proforma for children has been added to include previous medical history for children (which would have also been mentioned on the patient/child questionnaire but recapped again here with the parents).</p> | <p>Zubair Wani</p> | <p>Completed</p> <p>Completed</p> |
|----|--|---|---|--|--------------------|-----------------------------------|

|   |   |  |   |  |                  |
|---|---|--|---|--|------------------|
| <p>including this information within pre-operative notes in addition to the consent forms.</p> <p>Patients had their needs appropriately assessed. The summary of medical history and medications should be discussed with parents and summarised in treatment notes, to confirm discussion of pertinent information.</p> | <ul style="list-style-type: none"> <li>The summary of medical history and medications discussed with parents and summarised in treatment notes</li> </ul> |  | <p>A summary of medical history and medications have been added to all treatment/operative templates to include medical history and medication.</p> |  | <p>Completed</p> |
|---|---|--|---|--|------------------|

|    |  |   |   |   |             |           |
|----|--|---|---|---|-------------|-----------|
|    | <p>Consideration should be given to documenting what information had been reviewed to better evidence discussion.</p>  | <ul style="list-style-type: none"> <li>• Documenting what information had been reviewed and what had been discussed</li> <li>• Online consent should also be subsequently confirmed when the patient is at the clinic and this should be documented.</li> </ul> |   | <p>A section allowing a paragraph of what information has been reviewed and discussed with the patient about their medical history and proposed treatments - has been added to treatment notes proformas on the clinical system for completeness.</p> |             | Completed |
| 3. | <p>We were also told that the patient or their parent or carer were given a letter to give to their GP to explain the treatment given. Ideally this should be sent</p> | <p>The registered manager must ensure that they check whether the letter has been delivered to the GP as part of the follow up call and remind patients to carry out this action.</p>   | <p>National Minimum Standards - Patient Records</p> <p>Independent Health Care (Wales) Regulations 2011 Regulation 23</p> | <p>A question regarding whether patients/carers have given the clinic letter to their or their child's GP has been added to the follow up questionnaire proforma on the clinical software, to ensure this doesn't get missed.</p>                     | Zubair Wani | Completed |

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|    | by the clinic, or included as part of the follow up call to ask or remind patients about the letter going to the GP.   |  |  |   |             |           |
| 4. | <p>The complaints procedure was not prominently displayed at the clinic.</p> <p>The procedure also needed to include information about who was responsible for managing and addressing the complaint as well as advocacy</p> | <p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>• The complaints procedure is prominently displayed</li> <li>• The complaints procedure includes details of who will deal with the complaint and advocacy arrangements</li> </ul> | <p>National Minimum Standards - Dealing with concerns and managing incidents</p> <p>Independent Health Care (Wales) Regulations 2011 Regulation 24</p> | The complaints procedure as well as who is responsible for dealing with complaints has been displayed in the waiting area as well as advocacy arrangements. | Zubair Wani | Completed |

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|    | <p>arrangements to assist any patients to make a complaint.</p> <p>The registered manager was told that a complaints log should be kept with relevant details to identify themes and to ensure that other relevant staff were aware of the progress of any complaints.</p> | <ul style="list-style-type: none"> <li>There is a complaint log to document all complaints, themes, actions and relevant dates.</li> </ul> |  | <p>A complaints log documenting the whole complaints process has been added onto the clinic's shared drive.</p>   | Zubair Wani | Completed |
| 5. | <p>Whilst DBS checks would be carried out every three years there needed to be a process to</p>  | <p>The registered manager must ensure that there is a system for checking a person remains suitable to work for the clinic.</p>            | <p>National Minimum Standards - Workforce recruitment and employment practices</p> | <p>A declaration form will be sent out by HR to staff annually to ensure there have been no convictions or changes to DBS certification since their last DBS and kept on their file and that staff remain suitable to work in their role in the clinic.</p> | Zubair Wani | Completed |

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| ensure that staff inform the registered manager if there was a change to their DBS certification as well as annual certification. |  | Independent Health Care (Wales) Regulations 2011 Regulation 9 (1) (h) |  |  |  |
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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: Zubair Wani**

**Name (print): Zubair Wani**

**Job role: Registered Manager**

**Date: 24.3.25**