

Independent Healthcare Inspection Report (Announced)

London Women's Clinic, Cardiff

Inspection date: 27 March 2025

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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.



Contents

| | |
|---|----|
| 1. What we did | 5 |
| 2. Summary of inspection..... | 6 |
| 3. What we found | 9 |
| • Quality of Patient Experience | 9 |
| • Delivery of Safe and Effective Care | 13 |
| • Quality of Management and Leadership | 16 |
| 4. Next steps..... | 19 |
| Appendix A - Summary of concerns resolved during the inspection | 20 |
| Appendix B - Immediate improvement plan..... | 21 |
| Appendix C - Improvement plan | 22 |

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 London Women's Clinic on 27 March 2025.

Our team for the inspection comprised of a three HIW 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 30 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.

The Human Fertilisation and Embryology Authority (HFEA) regulate fertility clinics and projects involving research with human embryos across the UK. The work of the HFEA is different to the work of HIW and involves licensing, inspections and setting standards. Information on [what the HFEA do, including how they regulate, and how to access their inspection reports](#) can be found on the [HFEA website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

London Women's Clinic was committed to providing treatments 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 and on protecting patient rights when visiting the clinic. The environment also promoted the patient privacy and dignity.

The clinic had a translation service so that patients were able to use their preferred language. Signage and literature within the clinic was in English. As the clinic operated in Wales, the registered manager should consider providing more information in both Welsh and English.

We saw a Standard Operating Procedure (SOP) for the use of chaperones. However, this had not been reviewed in line with the date stated on the document.

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

Staff were dedicated to ensuring patients received a quality experience and this was reflected in the patient feedback with all patients rating the service they received as 'very good'.

There were good processes in place to enable patients to provide their views on the care they had received at the clinic.

This is what we recommend the service can improve:

- The SOP for the use of chaperones required review.
- Provide more information such as signage in Welsh language.

This is what the service did well:

- Patients and visitors were treated with dignity and respect
- Clean and comfortable environment conducive to providing high quality service
- Detailed information was provided to patients so they could make informed decisions about their treatment.

Delivery of Safe and Effective Care

Overall summary:

The clinic environment was well maintained, free from obvious hazards, and warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout.

Management of environmental and clinical risks were found to have appropriate assessment and mitigation measures.

All patients said that the clinic was clean and that infection control measures were being followed.

The clinic had the right equipment and medical devices to meet the needs of patients. The equipment was maintained in a timely manner.

We found appropriate and secure medication management processes in place.

The clinical records were well organised and easy to understand. They were clear, accurate and legible. An electronic record system was used at the clinic and the records management system allowed for authorised staff to view records.

This is what the service did well:

- The clinic had good risk management processes
- The clinic was clean and appropriate IPC processes were followed
- Medical records were well organised and contemporaneous.

Quality of Management and Leadership

Overall summary:

We found the registered manager was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

We viewed staff training records and found that staff had completed mandatory training.

The clinic had a range of policies and procedures in place which were being reviewed and updated regularly. These were found to be well organised and easy to navigate.

The human resources (HR) system enabled staff to record training records, manage staff and ensure appropriate policies and procedures were stored.

The clinic had an up-to-date complaints policy. However, Healthcare Inspectorate Wales was cited as Health Inspectorate Wales.

Team meetings were being held regularly and were suitably recorded.

This is what we recommend the service can improve:

- Update the complaints policy with Healthcare Inspectorate Wales.

This is what the service did well:

- Robust governance process in place
- Appropriate compliance with mandatory training
- Up to date policies and procedures.

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 London Women's Clinic for the inspection in March 2025.

In total, we received 30 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 30 responses.

Patient comments included:

"The staff team are lovely at Cardiff and have been a pleasure to be supported by over the last 9 months. We'd definitely recommend this clinic over the Bristol one as the care is far more person centred, and the staff really look after you well."

"Always welcoming and feels clean, airy and a nice place to be, and all the staff can't do enough for you! Excellent!"

"Everyone is lovely. I have my little boy due to this clinic and will be always very grateful for their help."

"I trust and value LWC to help us build our family."

Health protection and improvement

Health promotion leaflets appropriate to the setting, were available in the reception area. We saw, from patient records, that staff discussed general health during consultations and provided additional information on smoking cessation and healthy eating where required.

Dignity and respect

The clinic was found to be light, airy and clean. Access to the clinic was on ground floor via a set of steps. Patients with mobility issues were required to use the rear entrance which was street level.

Clinical rooms had lockable doors so patients could remove clothing in privacy. We were told that dignity drapes were used to cover patients during intimate examinations and procedures.

The environment of the clinic promoted the privacy and dignity of patients. All consultation rooms had doors that would be closed when in use and the blinds to the windows were closed. The reception area and waiting room at the clinic was large, we were told that only patients with a pre-arranged appointment would be in the waiting room at any one time. Should there be a need, the patient would be taken to a spare consulting room to hold any confidential conversations. We noted that staff placed an emphasis on promoting the privacy and dignity of patients attending the clinic.

We saw staff treating patients kindly and courteously. 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.

Chaperones were used and we saw a Standard Operating Procedure (SOP) detailing the process. However, this had not been reviewed in line with the date stated on the document.

The registered manager should ensure that the SOP for the use of chaperones is reviewed.

Patient information and consent

We reviewed a sample of five patient records and saw that the consent process was appropriate and followed national guidelines set out by Royal College of Obstetricians and Gynaecologists (RCOG), National Institute of Clinical Excellence (NICE) and the National Antenatal Guidelines. The clinic had an up to date consent policy.

Informed consent was obtained from patient via the online booking system and a second consent is taken during the consultation with a consultant. We found that patients are given sufficient time and information to make an informed decision. In addition, patient's mental capacity was assessed during the initial consultation to ensure patients had the capacity to make informed decisions and to provide consent.

All the patients who completed the questionnaire agreed they were provided with enough information to help them understand their healthcare. Patients also all agreed that staff listened to them and answered their questions.

Communicating effectively

We saw from a review of medical records that patients were given the opportunity to use their preferred language. Staff told us that they have access to a translation service if required. Any patients who required additional needs would be identified on the medical record system.

Signage within the clinic was in English only and we were told that this can be provided in Welsh if required. Most correspondence was sent to patients via e-mail. We were told documents can be provided with larger print if requested.

Written patient information was generally available in English only and not in Welsh. None of the patients who completed the questionnaire said that their preferred language was Welsh. However, as the clinic operated in Wales, the registered manager should consider providing more information in both Welsh and English.

Care planning and provision

Staff we spoke with said that patients were provided with information about their care and treatment, at all stages of the treatment. There was information on the clinic website about the general issues that patients would experience and how to manage these. Additionally, patients were provided with information about the care and treatment provided, including aftercare. All patients confirmed in the questionnaire that they felt involved as much as they wanted to be in decisions about their healthcare.

The majority of patients indicated in the questionnaire that they had to wait under 15 minutes for their appointment. We were told that patients would only be told of any delays in receiving treatment.

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

The clinic also had an up-to-date equality and diversity policy in place.

Patients who completed a HIW questionnaire told us they had not faced discrimination when accessing or using the clinic services and felt that they could

access the right healthcare at the right time regardless of any protected characteristic.

Citizen engagement and feedback

Staff we spoke with told us that patients could provide feedback verbally or in writing. Patients were provided with survey forms. The results of these were reported on quarterly and shared at clinical governance meetings.

We saw that a QR code was displayed in patient areas to allow patients to provide feedback digitally. The clinic recorded all comments posted and made changes where possible. We were told that feedback was mostly positive.

Staff explained that they had not received any negative feedback but if a negative comment was received, the clinic would investigate this further during governance meetings.

We were told that staff used the 'Salve App' to communicate with patients. Patients are able to leave messages on the app and a nurse will call them back to deal with their query.

Delivery of Safe and Effective Care

Environment

London Women's Clinic was situated over three floors with a lift for easy access for people with mobility issues. The entrance was controlled by an intercom system and only people with appointments were granted entry.

Patients with mobility issues were asked to use the back door entrance as the front access had steps leading to the front door.

Managing risk and health and safety

The clinic environment was well maintained and free from obvious hazards. We saw a Health and Safety risk assessment which had been recently reviewed.

All patients who completed the questionnaire thought there was adequate seating in the waiting area.

We reviewed the arrangements for dealing with a medical emergency including resuscitation in line with Resuscitation Council guidelines and found these to be sufficient and checked regularly.

We reviewed the clinics fire safety processes and were assured that the registered manager had taken the correct precautions in the event of a fire.

The practice had a number of in-date policies in place that staff had access to online.

Infection prevention and control (IPC) and decontamination

We found the clinic to have appropriate IPC processes in place. We noted that personal protective equipment (PPE) was used, available and changed appropriately between patients. Hand washing stations were available in all consultation and clinic rooms.

The environment was found to be in a good state of repair, visibly clean and free from clutter. We saw evidence of the cleaning schedules and audits completed in the current year.

Reusable equipment was found to have appropriate decontamination processes. Sharps bins were available and stored appropriately. We found suitable arrangements in place with a waste carrier company.

There was a sufficient IPC policy in place which had been recently reviewed.

The practice had a number of in-date policies in place that staff had access to. They have an appropriate system for IPC audits in place including acting upon the results.

All respondents felt the setting was 'very clean' (30/30) and all who answered felt infection and prevention control measures were being followed (29/29).

Medicines management

The clinic used an online pharmacy to supply medication on request. All deliveries of medications were found to be accurately recorded.

We saw evidence of excellent practice with regards the storage, supply, governance and administration of medicines. Medication records were accurately maintained.

Medication was being appropriately stored in lockable cupboards in the treatment room.

We saw an up-to-date medications policy which was available for all staff could access.

Safeguarding children and safeguarding vulnerable adults

There was an up-to-date safeguarding policy in place, which included information on local services with relevant contact details. The registered manager was the designated safeguarding lead and staff said they would be informed of any safeguarding concerns to coordinate any action required.

We saw records of safeguarding training which showed 100% compliance.

Medical devices, equipment and diagnostic systems

The clinic had the right equipment and medical devices to meet the needs of patients and these were situated in the correct environment for their use. The registered manager was responsible for ensuring the equipment was maintained in a timely manner, this included a process for reporting faulty equipment. Evidence of this maintenance was provided and showed that it had been completed in a timely manner.

Safe and clinically effective care

From speaking to staff at the setting, including senior staff, we were told that very few patients attending their clinic had additional needs. We were told that they avoid using family members to translate due to safeguarding issues. The clinic had access to Language Line for translation services.

The staff we spoke with were both happy working at the clinic and they believed that the care given was timely and that care to patients was provided in a safe environment with access to clinical policies and procedures.

Information management and communications technology

We saw that remote consultations were conducted securely using an online system which had a firewall and only the clinician, responsible for the case, had access via secure authentication numbers.

Records management

We inspected a random sample of records for five patients. We saw that the records were organised well and easy to understand, clear, accurate and legible. An electronic record system was used at the clinic and the records management system allowed for authorised staff to view records.

The records showed that information leaflets were given to patients about their condition, investigation and management so they could understand their own health and illness.

We noted that the clinic offered face to face appointments and can track patients from their first contact to the end of their treatment. Clinicians can refer patients to other services both within the NHS and IHC. The clinical record keeping system used was good.

From speaking to the consultant involved in the treatment of patients, we were told that chaperones were offered on every occasion to patients.

Quality of Management and Leadership

Governance and accountability framework

The clinic had a registered manager who was responsible for the day-to-day management of the clinic. There was a clear management structure in place, with clear lines of reporting and accountability shown.

There were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

The up-to-date statement of purpose and patient guide in relation to the clinic was available in the waiting area of the clinic. Both included the relevant information required by the regulations.

There were in-date policies and procedures in place and these were well organised and easy to navigate. These were available for staff to access.

We saw evidence of regular meetings held within the Cardiff clinic and also with other branches of the organisation. Clinical governance meetings were seen to be held every four to six weeks and minutes of these were provided to HIW during our inspection.

Dealing with concerns and managing incidents

The clinic had administration staff to assist the registered manager in the day-to-day management of the clinic. There was a clear management structure in place, with clear lines of reporting and accountability shown.

The up-to-date statement of purpose and patient guide in relation to the clinic was on display in the waiting area of the clinic. Both included the relevant information required by the regulations.

We were shown the complaints policy which was also detailed on the clinic website. However, the policy cites Health Inspectorate Wales which needs to be changed to the right name of Healthcare Inspectorate Wales.

The registered manager must update the complaints policy with the correct name for Healthcare Inspectorate Wales.

There were in-date policies and procedures in place and these were well organised and easy to navigate. These were available on the HR system for staff to access.

Workforce recruitment and employment practices

We found the clinic to have appropriate staffing levels for the procedures undertaken. Staff were seen to have the right qualifications and skills to provide appropriate standard of care.

Staff we spoke with confirmed the number and skill mix of staff working at the clinic was sufficient to deliver the services provided at the clinic. We were told that patients were only booked in for appointments when there were sufficient qualified staff working at the clinic. Whilst patients were normally booked in for 30-minute time slots, the clinical staff were passionate about the care provided and would spend as much time as patients needed for the consultation.

We saw that a HR monitoring system was in place to ensure pre-employment checks took place and track training.

We were told regular staff meeting took place although, minutes were not always recorded. We recommended formally recording staff meetings as a matter of process which will be beneficial as the team grows. Staff told us they discussed good practice and feedback in the weekly meetings.

Workforce planning, training and organisational development

We saw that appraisals took place annually and all staff had received one within the last year. There were also more frequent supervisory discussions that were recorded on the HR system.

The clinical staff employed were also appraised as part of their re-validation process as staff within the NHS. In addition, clinical staff also received training from the NHS on some topics.

We examined the new staff files for both non-clinical staff, which included references, job descriptions and contracts. The disclosure and barring services (DBS) check on all members of staff was completed.

The staff training was also managed on the HR system. This showed that compliance with mandatory training was 100%. This included basic life support, safeguarding and manual handling.

Staff stated that they were able to access occupation therapy, through the HR system on wellbeing and counselling.

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. | | | |
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Appendix B - Immediate improvement plan

Service: London Women's Clinic, Cardiff

Date of inspection: 27 March 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. | No immediate non-compliance 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: London Women's Clinic, Cardiff

Date of inspection: 27 March 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. During our inspection we found the SOP for the use of chaperones had not been reviewed in line with the date stated on the document. | The registered manager should ensure that the SOP for the use of chaperones is reviewed. | Quality of Patient Experience & Clinically Safe and Effective Care | SOP have been updated and new one is embedded.  JDH Group Chaperone SOP.pdf | Registered Manager | 30 May 2025 |
| 2. The complaints policy cited Health Inspectorate Wales instead of Healthcare Inspectorate Wales. | The registered manager must update the complaints policy with the correct name for Healthcare Inspectorate Wales. | Quality of Management and Leadership | Policy has been updated and is embedded.  JDH Patient Information guide to 1 | Registered Manager | 30 May 2025 |

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): Anne Fisher

Job role: Nurse / Clinic Manager / Registered Manager

Date: 30 May 2025