

Independent Healthcare Inspection Report (Announced)

Reforme Medical, 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 Reforme Medical on 26 June 2025.

Our team for the inspection comprised of a 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 20 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:

Reforme Medical 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 and we saw signs in each clinical room with information about chaperones.

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:

- 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. However, no formal written risk assessment was in place.

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 we recommend the service can improve:

- Formalised environmental risk assessment
- Ensure all policies are reviewed

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. These were found to be well organised and easy to navigate. However, these needed to be reviewed and updated.

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 which was available both at the clinic and on the clinic website.

Team meetings were being held regularly. However, these were not recorded.

This is what we recommend the service can improve:

- Policies and procedures required review
- Keep a record of what is discussed in team meetings.

This is what the service did well:

- Appropriately skilled and knowledgeable registered manager
- Mandatory training compliance rates were appropriate.

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 Reforme Medical for the inspection in June 2025.

In total, we received 20 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 20 responses.

Patients comments included:

“Dr is always very friendly, caring, informative and professional! The staff are always informative and professional. I am always made to feel at ease during procedures. I always receive a text to ask how I am feeling the evening or day after a procedure. I would happily recommend this clinic to others.”

“Every part of the service and care is excellent.”

“Excellent professional service provided by the whole clinical team.”

Health protection and improvement

We did not find any health promotion information at the clinic. However, we saw that patients were sent information on health improvement by email prior to their procedure. 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

We noted the clinic was light, airy and clean. The clinic had two treatment rooms, one was used for surgical procedures that required a completely sterile environment, and one was for non-surgical procedures. Both rooms had lockable doors and windows fitted with blinds for privacy. There was a post operative room alongside the surgical treatment room that patients were able to change into hospital gowns in privacy. We were told that dignity drapes were used to cover patients during intimate examinations and procedures.

The clinic had a chaperone policy. We saw signage throughout the clinic informing patients of their option to have a chaperone present.

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.

All but one respondent felt they were treated with dignity and respect (19/20), and that their questions were answered and they felt listened too (18/19).

Patient information and consent

We reviewed a sample of six patient records and saw that the consent process was appropriate. The clinic had a consent policy. 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.

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 contained all the required information.

The clinic had access to language line in order that patients could communicate in their chosen language. In addition, we were told the receptionist speaks polish and the doctors speak Ukrainian and various Indian languages including Hindi, Marathi.

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 printed and provided with larger print if requested.

All but two respondents underwent a procedure/treatment (18/20) and all said they had received enough information to understand the treatment options and the risks and benefits (18/18).

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.

Equality, diversity and human rights

The clinic also had an up-to-date equality and diversity policy in place. We were told that patients were all treated equally regardless of protected characteristics.

The clinic was not suitable for patients with mobility issues as there were steep stairs leading to the clinic and no lift. This was explained in the SOP. 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.

Staff told us that they had made provisions for a patient who was deaf where they wrote information, and the patient was able to write any questions down.

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 following procedures.

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

Delivery of Safe and Effective Care

Environment

The clinic was situated on the first floor of a converted house and accessed through a secure intercom system on a shared front door. The clinic environment was warm and welcoming. The layout of the clinic consisted of reception area with adequate seating and a toilet, two treatment rooms, a recovery room, a staff kitchen, COSHH cleaning cupboard and storeroom.

The general ambience was of a high standard and thought had been put into the layout. We were told only patients with an appointment were granted access.

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.

We saw the clinic environment was well maintained and surfaces allowed for adequate cleaning.

Managing risk and health and safety

The clinic environment was well maintained and free from obvious hazards. Although risks had been identified and mitigated there was no formal environmental risk assessment in place.

The registered manager must produce a formal environmental risk assessment including actions and mitigations.

Fire risk was completed and all required actions had been completed. However, this required an up-to-date review.

The registered manager must complete a review of the existing fire risk assessment.

Fire alarm testing had been completed and recorded in a fire logbook. We saw the clinic had a contract with a fire safety company who provided and maintained fire extinguishers.

Reforme Medical is open Tuesdays to Fridays each week. We were instructed that there are no staff on site when the clinic was closed. We saw a list of emergency contacts for contingency in the event of a problem such as electrical power cut, gas or water leak etc. However, there was no formal contingency plan in place to refer to in case of emergency.

The registered manager must develop a formal contingency plan with emergency contacts for use in the event of an emergency.

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.

The practice had a number of in-date policies in place that staff had access to. However, some of these required an up to date review.

The registered manager must review existing policies.

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 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 cleaning checklists.

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.

The registered manager should increase the frequency of IPC audits to effectively monitor clinic procedures and identify areas for potential improvement.

We found the clinic to have appropriate cleaning processes. The clinic used a cleaning service for the general cleaning of the clinic. The surgical areas requiring deeper cleaning were cleaned by the clinicians. We were shown cleaning schedules and check lists for each area of the clinic.

Decontamination of equipment was found to be safe and appropriate. The service had a contract with a local hospital for decontamination of reusable equipment. The clinic had an area where surgical equipment was cleaned before being sent for decontamination.

We were shown contracts with a waste company for safe removal of clinical waste.

All respondents felt the setting was 'very clean' (20/20) and all who answered felt infection and prevention control measures were being followed (20/20).

Medicines management

The clinic had a detailed medicines management policy. Drugs were stored and administered in line with the policy. We found controlled drugs (CD) were checked regularly. All medicines stored in locked cabinet and keys are held by the registered manager.

During procedures the surgical assistant writes the drugs used on a white board which is photographed and added to the intra-operative notes.

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. We found medication records were accurately maintained.

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 clinic had a designated safeguarding lead who had level 3 safeguarding training in adults and children. Staff said they would be informed of any safeguarding concerns to coordinate any action required.

We reviewed staff training compliance for safeguarding and found one staff member required updated training.

The registered manager must ensure all staff are appropriately trained in safeguarding adults and children.

Medical devices, equipment and diagnostic systems

We found appropriate processes for reporting faults and ensuring devices were labelled out of use. We found PAT testing had been carried out for portable electronic equipment.

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

We reviewed the process by which patients were assessed before, during and after surgery. We were assured that the process was sufficient to recognise a deteriorating patient.

The registered manager provided a 24 hour on call service for patients who had undergone a procedure in case of any concerns the patient may have.

Information management and communications technology

The clinic had a digital CRM system. Bookings were managed via the Ovatu system and synchronized with the Sync app which allowed for seamless scheduling and record-keeping.

Records management

We reviewed a sample of six patient notes and found comprehensive records were maintained from the initial consultation through to the procedure and follow-up stages.

All patient records were securely stored on cloud-based systems compliant with data protection standards, including Ovatu, Sync, and HIPAA-compliant platforms. These were all password protected, and each clinician had their own unique password.

All appointments, including the first and second consultations and the procedure itself, were documented and appropriately filed.

Patients were provided with an initial information leaflet outlining the procedure, timeline, associated costs, GMC guidelines, payment schedule, cooling-off period, and cancellation policy.

A detailed shopping list is also provided to help patients prepare for the procedure (e.g., TED stockings, non-fizzy drinks, Arnica, numbing cream).

We found all necessary consents were obtained, signed, and dated, including:

- GDPR consent
- Procedural consent
- Consent for data storage and communication

A thorough medical history is taken.

Detailed records are maintained for all phases of the procedure:

- Pre-operative, intra-operative, and post-operative notes

- Anaesthetic details
- Recovery and discharge summaries
- Pre-, intra-, and post-procedure photographs

We found that risks, including procedure-specific and general surgical side effects, were discussed with the patient and documented.

Clear postoperative instructions and medication details are provided at discharge. Follow-up care instructions are communicated and documented.

Quality of Management and Leadership

Governance and accountability framework

Reforme Medical is owned and operated by a registered manager. It is a small family run business with four employees including the registered manager.

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

We were told that team meetings were held weekly. However, due to the small number of the staff, these were not recorded. We were told information was disseminated through WhatsApp and email.

The registered manager should consider making a written record of team meetings.

Dealing with concerns and managing incidents

The registered manager dealt with the day to day running of the clinic assisted by the receptionist. There was a clear management structure in place, with clear lines of reporting and accountability shown.

The clinic had received one complaint over the last year relating to a booking change and we found that this was dealt with in line with the policy. The clinic did not have any incidents occur but staff explained the process of reporting if required.

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

The registered manger must provide copies of the statement of purpose and patient guide in the clinic.

Workforce recruitment and employment practices

There were four staff members at the clinic including the registered manager. We reviewed a sample of two staff files which had appropriate pre-employment checks. We found staff to be suitably qualified for their roles.

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. 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.

Workforce planning, training and organisational development

We reviewed a sample of three staff files and found compliance with mandatory training generally good. However, one member of staff had training lapsed and were booked onto training in August and we were shown evidence of this.

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.

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 identified on the inspection.			

Appendix B - Immediate improvement plan

Service: Reforme Medical, Cardiff

Date of inspection: 26 June 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.					
2.						
3.						
4.						

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: Reforme Medical, Cardiff

Date of inspection: 26 June 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.	No formal environmental risk assessment had been completed for the clinic.	The registered manager must produce a formal environmental risk assessment including actions and mitigations.	Regulation 9(e) and 26 (2)(a and b) of the Independent Healthcare (Wales) Regs 2011	RISK ASSESMENT COMPLETE	PRASHANT MURUGKAR	COMPLETE
2.	We found that the fire risk assessment had not been reviewed.	The registered manager must complete a review of the existing fire risk assessment.	Regulation 26(4)(e) of the Independent Healthcare (Wales) Regs 2011	FORMAL RISK ASSESMENT BY FIRE SAFETY OFFICER REQUESTED TO BE	PRASHANT MURUGKAR	PENDING EXPECTED TO BE COMPLETE IN

				ARRANGED BY LANDLORD		1 MONTH
3.	The clinic did not have a formal contingency policy to use in the event of an emergency.	The registered manager must develop a formal contingency plan with emergency contacts for use in the event of an emergency.	Standard 12 of the National Minimum Standards for Independent Health Care Services in Wales	POLICY HAS BEEN WRITTEN	PRASHANT MURUGKAR	COMPLETE
4.	We found that not all staff had current safeguarding training.	The registered manager must ensure all staff are appropriately trained in safeguarding adults and children.	Regulation 21(2) (b) of the Independent Healthcare (Wales) Regs 2011	DR PRASHANT WILL RETAKE THE 2 COURSES	PRASHANT MURUGKAR	EXPECTED COMPLETION IN 1 MONTH
5.	Clinic policies had not been reviewed in line with the regulations.	The registered manager must review existing policies.	Regulation 9 (5) and (6) of the Independent Healthcare (Wales) Regs 2011	POLICIES HAVE BEEN REVIEWED	PRASHANT MURUGKAR	COMPLETE
6.	IPC audits were not routinely undertaken at the clinic.	The registered manager should increase the frequency of IPC audits to effectively monitor clinic procedures and identify areas for potential improvement	Regulation 9 and 15 of the Independent Healthcare (Wales) Regs 2011	COMPLETED	PRASHANT MURUGKAR	COMPLETE

7.	Although regular team meetings were held, these were not formally recorded.	The registered manager should consider making a written record of team meetings.	Governance and accountability Framework	WE HAVE ASSISGNE A PROTECTED TIME EVERY MONTH FOR STAFF MEETING AND WILL BE RECORDING THE proceedings	DR PRASHANT MURUGKAR	DONE
8.	We noted that patient guide and statement of purpose were not readily available within the clinic.	The registered manger must provide copies of the statement of purpose and patient guide in the clinic.	Regulation 6(2) and 7(2) of the Independent Healthcare (Wales) Regs 2011	The SOP and Patient Guide have been sent to printer	DR PRASHANT MURUGKAR	DONE

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): DR PRASHANT MURUGKAR

Job role: RESPONSIBLE OFFICER, REGISTERED MANAGER