Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Signature Clinic, Cardiff

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

Our purpose

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

Our values

We place people at the heart of what we do.
We are:

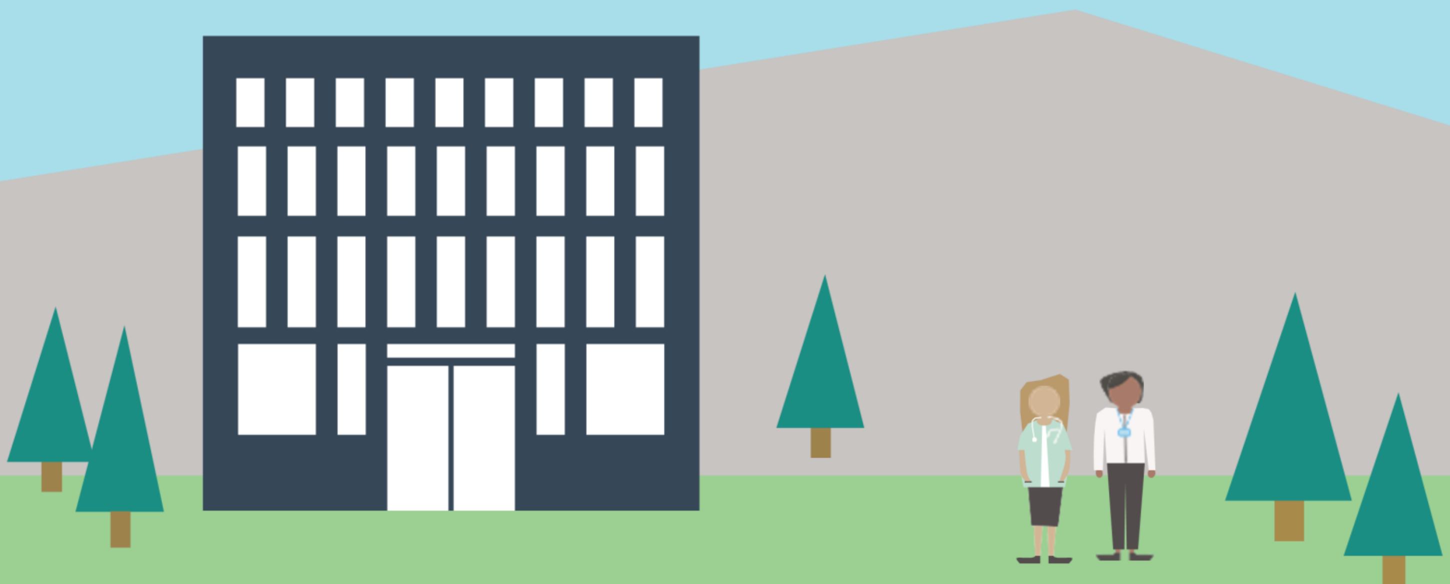
- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Signature Clinic on 16 January 2026.

Our team for the inspection comprised of a senior 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of four questionnaires were completed by patients or their carers and four were completed by staff. 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:
The service promoted health protection and improvement through routine discussions during consultations, where staff offered personalised advice to support patients' treatment and recovery. Additional written materials were displayed clearly in the reception area in both English and Welsh, providing guidance on smoking cessation, infection awareness, wound care, and hydration. Posters about infection prevention and safeguarding further reinforced key messages.

Staff consistently treated patients with dignity and respect, interacting with kindness and professionalism. Privacy was maintained through discreet conversations, closed doors, and appropriate use of screens or curtains. Chaperone arrangements were communicated clearly, supported by an up-to-date policy, and patients were made aware of their right to request one.

Current patient information, including the statement of purpose and patients' guide, was available in accessible formats, with core materials provided in Welsh and alternative languages on request. Patients were informed about treatment options, costs, and post-procedure instructions, with paper copies available for those without digital access. A policy on providing accessible information was in place and up to date.

Consent processes operated under a written policy, with consent traditionally obtained on the day of treatment following a consultation two weeks earlier. Consent forms had recently been updated for clarity, and a new digital system had been developed to allow patients time to review information before confirming consent electronically.

Patients were kept informed about waiting times and potential delays, including advance notification of traffic disruptions, and aftercare support was available through clear discharge advice and a dedicated contact number. Equality and diversity were promoted through a current policy, practical accessibility measures, and staff practices that protected patients from discrimination, including respectful communication with transgender patients.

Patient feedback was actively gathered through digital and paper methods, analysed by the Patient Experience Manager, and used to inform ongoing service improvements shared with staff.

This is what the service did well:

- Patients were consistently treated with dignity and respect
- Aftercare support was available including a dedicated contact number
- Feedback was obtained and reviewed by a Patient Experience Manager.

Delivery of Safe and Effective Care

Overall summary:
The clinic was located on the ground floor of a building within a business park and was clean, tidy, and well maintained. Secure entry was via an intercom system and parking available outside. The environment was safe and well managed, although an unfinished area of flooring at the entrance to Theatre 2 had presented a potential trip and infection control hazard; this had already been reported for repair, was in a staff-only area and had been added to the provider's risk register.

Fire safety arrangements were robust, supported by an up-to-date fire risk assessment, clear signage, regular equipment checks, and 100% staff compliance with fire training.

Business continuity plans, escalation procedures, and first aid arrangements were in place and understood by staff. Health and safety risks had been assessed, with actions monitored, including the outstanding flooring repair.

Infection prevention and control systems were well established, supported by current policies, audit trails, hand hygiene facilities, and appropriate waste disposal, with all staff trained in IPC.

Medicines were stored securely in locked cupboards, with accurate administration records maintained and safe prescribing arrangements in place, supported by pharmacist oversight and a clear governance structure; emergency drugs and equipment were available, regularly checked, and supported by BOC oxygen training.

Safeguarding systems had been strong, with trained staff, clear procedures, and visible contact information, and children were not permitted on the premises. Equipment was appropriate, single-use, maintained, and documented, with faults logged and managed effectively.

Evidence-based practice was supported through adherence to NICE, AAGBI, AFPP, Resuscitation Council and NATSIPPs guidance, with policies updated through group and local governance processes. Quality improvement systems had been

strengthened by new leadership roles, structured feedback processes, and clear reporting to HIW.

Remote consultations were carried out securely using Webex, and record-keeping was of a high standard, with accurate, complete, and securely stored patient records.

Overall, governance across all areas had been strong, consistent, and well evidenced.

This is what we recommend the service can improve:

- Flooring to theatre 2 must be repaired.

This is what the service did well:

- Well established IPC processes
- Medication was stored appropriately and records of stock kept
- Records were well maintained and stored securely.

Quality of Management and Leadership

Overall summary:
The service was well led and managed, supported by a clear governance framework and structured oversight processes. A current Statement of Purpose and Patients' Guide were available and up to date, with services delivered in accordance with them.

Governance arrangements included monthly Senior Leadership Team and Clinical Governance meetings, alongside quarterly IPC, regulatory practice, safeguarding, and health and safety meetings, each operating under formal terms of reference.

Policies were reviewed through a structured approval process, with staff notified of updates via the Radar governance platform, which also stored SOPs, risk assessments, incidents, audits, and complaints.

Safety alerts from MHRA and Welsh Government were reviewed at governance meetings and shared with managers for action. HIW registration and insurance certificates were displayed appropriately.

Complaints processes were well established, accessible, and transparent, with complaints logged, investigated in a timely manner, and overseen by the Complaints Manager and Patient Experience Manager. Fourteen complaints had been recorded in the past year, all resolved at stages one or two, with learning

used to improve consent, communication, and expectation management. Staff understood the procedure for reporting notifiable events to HIW, and daily operational calls supported early escalation of issues. Workforce practices were robust, with recruitment conducted in line with regulatory requirements, including DBS checks, references, qualification verification, and monthly professional registration checks. Practising privileges were managed appropriately, and ongoing suitability was monitored through supervision and three-yearly DBS renewals.

Staffing levels were maintained according to patient demand, with consistent clinical and administrative cover across both clinic sites. Mandatory training was monitored through the HR system, and staff were supported through up-to-date whistleblowing arrangements and accessible information displayed on staff boards, including safeguarding contacts, wellbeing resources, and lessons learned. Overall, workforce governance, training, and organisational development processes had been well structured, ensuring a safe, competent, and well-supported staff team.

This is what the service did well:

- Well managed with a clear governance framework
- Required policies were available and regularly reviewed
- Staff records were well maintained and contained all required pre-employment checks.

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

Health protection and improvement
Healthy lifestyles were promoted to patients through discussions during consultations, where staff routinely provided advice relevant to the individual's treatment and recovery.

Additional health promotion materials were displayed clearly in the reception area, ensuring patients had easy access to information while waiting to be seen. The information available was appropriate to the services offered and provided in both English and Welsh. This included guidance on smoking cessation, advice on understanding infection and caring for wounds at home, and materials promoting good hydration.

Posters outlining key infection prevention and control (IPC) messages were also visible, helping reinforce safe practices within the clinical environment. A safeguarding poster was displayed to raise awareness of support pathways and encourage patients to seek help where needed. Overall, health promotion had been delivered consistently through direct clinical interaction and accessible written information, supporting patients to manage their health effectively.

Dignity and respect
Staff were observed treating patients with respect and kindness, interacting in a courteous and professional manner throughout the visit. Patients were addressed appropriately, and communication was calm, supportive, and patient-centred.

Staff were also seen to respect patients' privacy and dignity, speaking discreetly when discussing clinical matters and ensuring that confidential conversations were not overheard.

Doors were kept closed during consultations and treatment, and privacy measures such as screens or curtains were used appropriately when care was provided.

Arrangements for chaperones were clearly communicated, supported by an up-to-date chaperone policy that had been available for staff reference. Patients were informed that they could request a chaperone if required, ensuring they understood their rights and the support available. Overall, observations showed that staff behaviour consistently upheld dignity, privacy, and respectful care.

Patient information and consent

The statement of purpose was available to patients in the waiting area and could be provided on request in larger print or alternative languages, and the document was up to date and contained the required information. The patients' guide was made available in the same way and was current and compliant with regulatory requirements.

Information for patients took account of individual language and communication needs, with all core materials available in Welsh and additional language formats provided on request.

Patients were informed about their treatment options, the care they received, and any post-treatment instructions during consultations, and costs of treatments were also explained at this stage.

Older people and those without digital access were supported through the availability of paper copies of information, and appointments could be made easily by telephone.

A policy on providing information to patients was in place and up to date, outlining expectations for accessible communication. Overall, the service ensured patients received clear, accessible, and appropriately formatted information tailored to their needs.

Communicating effectively

An up-to-date written policy on obtaining informed consent had been seen and was in place. The consent process involved patients attending a consultation, after which procedures were booked approximately two weeks later, with consent traditionally being signed on the day of treatment.

The consent forms had recently been rewritten and condensed by the clinical lead to improve clarity. At the time of the visit, consent continued to be obtained on the day of the procedure, two weeks after the initial consultation. However, a new digital consent process had been developed, under which consent documentation would be provided to patients on the day of consultation, allowing them time to review the information before electronically confirming their consent. This revised approach supported a more informed decision-making period prior to treatment while still maintaining the required two-week interval.

Overall, consent processes were being strengthened through updated documentation and planned digital improvements.

Care planning and provision

Patients were kept informed about waiting times and any delays by receptionists or staff, who notified them promptly if the healthcare professional was running behind schedule. On days where road closures or traffic issues could impact attendance, patients were contacted in advance to ensure they were aware of potential disruptions to their surgery schedule.

Patients were also able to obtain timely help before, during, and after treatment, with clear aftercare advice provided upon discharge. A dedicated telephone number had been given to patients so they could seek assistance or report any concerns following their procedure.

Overall, communication regarding delays and post-treatment support had been responsive and well managed.

Equality, diversity and human rights

Equality and diversity was promoted through an up-to-date policy, which had been available and visible to staff. Patients were protected from discrimination, with staff reporting that all individuals were treated equally regardless of protected characteristics.

Reasonable adjustments had been made to support equitable access, including the service being located on the ground floor with wide doorways and staff assisting patients to enter the building where required.

Staff also upheld the equality rights of transgender patients by asking for preferred pronouns and names, ensuring respectful and appropriate communication. Language and format adjustments were available when needed, further supporting inclusion.

Overall, the service demonstrated a commitment to equitable, non-discriminatory care, underpinned by a current equality and diversity policy and practical measures that enabled all patients to access services on an equal basis.

Citizen engagement and feedback

We found that feedback was actively sought from patients through several methods, including a QR code displayed in the reception area and paper feedback forms given immediately after procedures. Patients had also been signposted to provide reviews on external platforms such as Trustpilot and Google Reviews.

The Patient Experience Manager collated all feedback and analysed it for themes and trends, using the findings to identify where systems could be adjusted to improve the service, with examples of resulting changes discussed during the visit. Results from patient feedback had been shared through a quarterly newsletter and

discussed at team meetings, ensuring staff were informed of patient views and the actions taken in response.

Overall, feedback mechanisms were accessible, routinely used, and contributed to ongoing service improvement.

Delivery of Safe and Effective Care

Environment
The clinic was situated on the ground floor within a business park. Parking was available directly outside the clinic. The premises was secured against unauthorised access through an intercom system, with entry granted only to patients who had pre-arranged appointments.

The environment was observed to be very clean, tidy, and in a good state of repair, with no visible hazards such as clutter or trip risks. Security measures were in place, including restricted access during operating hours and lockable doors and windows. However, an unfinished section of flooring was observed at the entrance to Theatre 2, creating a potential trip hazard as well as an infection control concern. We were informed that this issue had already been reported and was awaiting repair. The affected area was not accessible to patients, was used by staff only and had been added to the provider's risk register.

The registered manager must ensure the flooring is repaired at the earliest opportunity and provide evidence of this to HIW.

We noted a current five-year electrical installation inspection report was in place, confirming the safety of the electrical system. Evidence of Portable Appliance Testing (PAT) had been seen and documented appropriately on the document request page, confirming that electrical equipment was maintained safely.

Overall, the premises had been clean, safe, and well secured.

Managing risk and health and safety
An up-to-date fire risk assessment was available, accompanied by an action plan to address identified risks. Evidence showed that fire safety precautions had been reviewed at least annually, with logs confirming regular testing of detection equipment and routine fire drills. A fire safety equipment maintenance contract was in place, and Portable Appliance Testing records demonstrated appropriate servicing. All staff had completed fire safety training, achieving 100% compliance.

The premises had clear 'No Smoking' signage, and instructions for actions in the event of a fire were prominently displayed through illuminated signs and wall stickers. Means of escape were adequate, and fire exits were clearly signposted. Fire extinguishers were available, appropriately located, and showed evidence of servicing.

Overall, fire safety arrangements had been robust, well documented, and consistently maintained.

The service had a suitable escalation policy and Business Continuity Plan in place, with all key contact details for utilities and essential services stored within the health and safety file. An overarching continuity policy was also being developed to strengthen existing arrangements. Staff demonstrated clear understanding of their roles and responsibilities in the event of an emergency, including fire or a medical collapse. A fully stocked first aid kit had been available on site, with all items sealed and within their expiry dates. Overall, arrangements for emergency preparedness and first aid were appropriate, understood by staff, and supported by up-to-date documentation.

A suitable and up-to-date workplace Health and Safety risk assessment had been completed, and the full action plan had been available for review. The assessment demonstrated that risks had been identified and actions assigned, with evidence confirming ongoing monitoring. One outstanding action related to the completion of flooring in Theatre 2, which had been noted as requiring finalisation. Overall, documentation showed that health and safety risks had been actively managed, with clear plans in place to address remaining issues.

Infection prevention and control (IPC) and decontamination
The service had established effective arrangements for infection prevention, control, and decontamination, supported by cleaning schedules, audit records, and twelve up-to-date IPC policies.

Hand hygiene facilities and PPE were readily available, and cleaning audits demonstrated that required standards had been followed. A current waste carrier contract was in place, ensuring appropriate disposal of clinical waste.

IPC and hand hygiene audits had been recorded on the Radar system and reported to the Clinical Governance group for review and action.

Occupational Health support had been provided through an outsourced provider. All staff had completed IPC training at the required level, including clinical competencies where applicable.

Suitable policies were available covering decontamination of medical devices and water management. One outstanding IPC issue related to flooring in Theatre 2, a non-clinical area, which required repair as it could not be adequately cleaned and had been added to the provider's risk register.

The service also held a contract with Inzio to provide home-care nurses for wound care, and trackers were maintained for complications and infections. In 2025, four infections and two wound issues had been recorded.

Overall, IPC arrangements had been robust, well monitored, and supported by clear governance processes.

Medicines management
Medicines used by the service were stored securely in locked cupboards, with all items kept under appropriate conditions. Staff maintained accurate records of medicines administered to patients, ensuring each entry was signed and explained to the patient at the time of use.

Prescribing arrangements included remote private electronic prescriptions, which were issued to patients requiring diazepam for anxiety or sedation. A pharmacist had been available to provide advice on any aspect of medicines management, and the wider organisation operated a central pharmacy to support feedback and oversight of potential incidents. All medicines stored on site had been kept under lock and key, and temperature monitoring systems were in place to ensure safe storage, with appropriate procedures followed if temperatures fell outside the required range. Controlled drugs were not used by the service.

A current medicines management policy was seen, setting out safe systems for ordering, storing, supplying, and disposing of medicines.

Emergency arrangements included access to emergency drugs on site and the procedure to contact emergency services via 999 if needed. All emergency drugs and equipment had been available, routinely checked, and recorded as safe for use, with all clinical staff trained in basic life support.

Staff had completed BOC oxygen cylinder training, and any incidents involving oxygen cylinders were reported to the pharmacist, who reviewed themes and shared learning with the local team. Governance oversight relating to oxygen and medicines safety had been managed by senior staff, and alerts from the MHRA were monitored by the pharmacist, who informed teams of any actions required.

Adverse incidents involving medicines were reported through established systems overseen by the pharmacist. Overall, the service had maintained safe, compliant, and well-governed arrangements for medicines and emergency equipment.

Safeguarding children and safeguarding vulnerable adults

Safeguarding arrangements had been supported by up-to-date policies aligned with national legislation and the Wales Safeguarding Procedures, with safeguarding contact details clearly displayed.

The service had an identified safeguarding lead, and all staff had completed safeguarding training, with training delivered to level 3. Staff demonstrated understanding of the safeguarding procedure, stating that any concerns would be managed in accordance with the policy, reported to the safeguarding lead, and documented via an incident report.

No children were permitted onto the premises, removing the need for additional safeguarding arrangements for minors. Up-to-date policies on safeguarding and whistleblowing had been accessible to staff, ensuring they could raise concerns appropriately.

Overall, safeguarding governance had been well established, supported by trained staff, clear procedures, and readily available policy documentation.

Medical devices, equipment and diagnostic systems

The service operated with appropriate equipment to meet the needs of patients, with all items now provided as single-use to ensure safety and hygiene. All equipment requiring servicing, maintenance, or calibration had been managed in line with manufacturer recommendations, and documentation confirming installation, calibration, and servicing was available and up to date.

Faulty equipment had been clearly marked as out of use, with contingencies in place to prevent unsafe operation. Records of equipment faults and maintenance were maintained within a central maintenance log overseen by the in house designated biomedical engineer, ensuring any issues were tracked and managed appropriately.

Overall, systems for equipment safety, maintenance, and governance had been robust and well documented.

Safe and clinically effective care

The service had implemented a range of evidence-based clinical guidelines, including NICE guidance, AAGBI standards, Resuscitation Council guidance, AFPP recommendations, and NATSIPPs, ensuring that patient care aligned with recognised best practice. Policies and clinical guidelines had been agreed and adopted through a combination of group-level policies and local NATSIPPs procedures.

Staff had been made aware of new or revised guidance through these established processes and were supported and trained to implement them effectively. Safety bulletins and alerts had been received through the clinical governance system, where they were reviewed and cascaded to staff as required.

Continuous professional development had been evidenced through up-to-date CPD records for all staff, demonstrating ongoing learning informed by audits, concerns, and service developments.

Overall, clinical governance structures had ensured that evidence-based practice, safety alerts, and professional development were embedded effectively across the service.

Participating in quality improvement activities
The quality of services was assessed and monitored through several mechanisms, including the recent introduction of a Patient Experience Manager and a Complaints Manager, who were appointed in August and October of the previous year to strengthen oversight.

Patient feedback had been gathered in multiple ways, reviewed routinely, and used to inform improvements, with staff describing examples of changes implemented as a result. The service had processes in place for producing the annual return required by HIW, and staff understood the procedure for notifying HIW of notifiable events, which could be done via email, telephone, or written correspondence. A register of events had been maintained to ensure appropriate reporting.

Overall, quality monitoring arrangements had been strengthened through enhanced leadership roles, structured feedback processes, and clear reporting systems.

Information management and communications technology
Remote consultations had been conducted using Webex, with clinicians determining suitability based on clinical need and patient preference, and some patients choosing video consultations when appropriate.

The platform was secure, encrypted, and capable of recording calls, ensuring consultations were held safely and confidentially. Where images or recordings were made during online consultations, these were stored within the encrypted system, providing protection for patient information in line with professional guidance.

Overall, remote consultations had been managed using secure processes that maintained patient safety, confidentiality, and appropriate clinical oversight.

Records management
We reviewed a sample of five patient records and found record-keeping practices were of a consistently high standard. Records were completed fully, providing clear evidence of accountability and decision-making in relation to patient care. Patient records were accurate, up to date, complete, and written in a clear and contemporaneous manner.

Records were easily accessible when required, with both online and paper formats available, and appropriate disposal arrangements had been in place in line with regulatory requirements. Secure storage systems compliant with data protection legislation had been used to protect patient information. An effective records management system, including the IT system, had supported safe, organised, and compliant handling of clinical documentation.

Overall, the service had demonstrated robust governance and effective systems for maintaining high-quality patient records.

Quality of Management and Leadership

Governance and accountability framework
A current Statement of Purpose was available for patients, and it contained all required information, with services observed to be delivered in accordance with it. The Patients' Guide was also up to date and accessible.

Clear reporting and accountability structures were in place, with monthly Senior Leadership Team and Clinical Governance meetings, supported by quarterly meetings for IPC, regulatory practice, health and safety, and safeguarding, each operating with formal terms of reference.

Policies and procedures were reviewed through a structured process in which drafts were circulated to managers and then presented to the Clinical Governance group for comment before finalisation. Staff were alerted to new or updated policies through automated notifications on the Radar governance platform, where all policies, SOPs, risk management documents, audits, incidents, and complaints were stored.

Safety notices, including those from MHRA and Welsh Government, were reviewed at monthly governance meetings and cascaded to relevant managers for implementation.

The HIW registration certificate was displayed, with the Welsh version visible and a request made to display the English version; details on the certificate were correct, although only the business name was shown. Employer's and public liability insurance documents were displayed in the entrance hall.

Overall, the service was well led and managed, supported by structured governance processes. Weekly recruitment meetings also took place, reviewing clinics individually and covering training, appraisals, vacancies, and inductions, with minutes provided as evidence of ongoing oversight.

Dealing with concerns and managing incidents
Patients were made aware of the complaints procedure through clear information provided on the clinic website and within the clinic, with the process available in formats suitable for different communication needs.

Complaints were logged, acknowledged, and responded to in a timely manner, with investigations carried out openly by the Complaints Manager and the Patient Experience Manager.

The complaints policy was up to date and included all required regulatory details. Patients were offered support where needed, and learning from complaints focused on improving expectation management, consent processes, and pre-operative information.

A register of complaints was maintained, capturing investigations, outcomes, and improvement actions. The procedure for notifying HIW of notifiable events had been understood, with staff reporting that incidents would be communicated via email, telephone, or written notification.

We saw that fourteen complaints had been recorded over the past year, with eight resolved at stage one and six at stage two, and none progressing to stage three adjudication. The Complaints Manager had audited all open complaints dating back to January 2025 and was progressing them alongside new cases, with all complaints tracked on a complaints log and plans in place to migrate the system to Radar. Daily operational calls at 9:45 a.m. and 4 p.m. enabled early identification of potential concerns.

Overall, the complaints process was structured, transparent, and used effectively to support learning and service improvement.

Workforce recruitment and employment practices
The service operated a safe and compliant recruitment process, supported by an up-to-date recruitment policy. Pre-employment checks were undertaken in line with regulatory requirements, including proof of identity, DBS checks at the appropriate level, employment references, verification of qualifications, full employment histories, and evidence of professional registration where applicable.

The HR manager checked professional registrations monthly, with confirmation emails sent to the registered manager to verify compliance. Ongoing suitability to work was monitored through three-yearly DBS renewals and routine oversight processes.

Practising privileges for clinicians was managed by the designated lead, ensuring appropriate governance and authorisation.

Overall, recruitment and workforce checks had been robust, with clear systems in place to ensure staff were trained, qualified, and suitable to carry out their roles.

Workforce planning, training and organisational development
The service had ensured appropriate staffing levels by scheduling staff according to patient demand, with a clinical scrub nurse, healthcare assistant, and receptionist consistently on site. Staff worked flexibly across the Birmingham and Cardiff clinics,

which supported continuity and resilience. Mandatory training was delivered online and monitored through the HR system to ensure staff maintained required skills and competencies.

Staff were supported to raise any concerns through an up-to-date whistleblowing policy, with clear “Speak Up” posters displayed in the staff room. Induction, supervision, appraisal, and professional code compliance arrangements were in place at group level, and staff had access to ongoing support and guidance.

A staff information board in the staff room provided accessible information, including safeguarding contacts, a “Policy of the Month,” topical clinical updates, wellbeing resources, LanguageLine access instructions, newsletters, lessons learned, and examples of patient feedback.

Overall, systems had been in place to ensure staffing was safe, well-governed, and supportive of staff development and communication.

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: Signature Clinic, Cardiff

Date of inspection: 16 January 2026

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 concerns were identified on this inspection.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Signature Clinic, Cardiff

Date of inspection: 16 January 2026

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 noted the flooring to theatre 2 was unfinished. This posed a trip hazard along with infection control issues.	The registered manager must ensure the flooring is repaired at the earliest opportunity and provide evidence of this to HIW.	Environment	Repair has been scheduled to be completed. Evidence will be submitted to HIW of flooring once repaired.	Valerie Taylor Valerie Taylor	03/04/2026 10/04/2026

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): Valerie Taylor
Job role: Responsible Individual
Date: 27/03/2026