2026

delphi care solutions

Signature Medical Limited:
Signature Clinic Liverpool

Mock Inspection
Report and Improvement Plan

Site visit dates: 10 & 11 February 2026

Scope

Delphi Care Solutions was commissioned to complete an independent, evidence-based mock inspection of Signature Liverpool.

Delphi completed the mock inspection on 10 & 11 February 2026, with all work carried out on a face-to-face/on-site basis.

During the mock inspection we identified good practice and potential areas for improvement. Throughout the day, we shared high level feedback relating to these findings with the service manager.

This report provides comprehensive details of our findings and includes our recommendations. It is our opinion, if the Care Quality Commission (CQC) were to inspect on the days of our mock inspection, the ratings for Signature Liverpool would be as follows:

CQC KEY LINES OF ENQUIRY					
Safe 22/32 =69 %	**Effective** 18/24 =75 %	**Caring** 14/20 = 70%	**Responsive** 21/28= 75%	**Well-Led** 21/28 = 75%	**Overall Rating**
Good ●	**Good** ●	**Good** ●	**Good** ●	**Good** ●	**Good** ●

Rating

CQC Quality Statements scoring system:
4 = Evidence shows an exceptional standard.
3 = Evidence shows a good standard.
2 = Evidence shows some shortfalls.
1 = Evidence shows significant shortfalls.

We use these thresholds to convert percentages to scores:

- over 87% = **4**.
- 63% to 87% = **3**.
- 39% to 62% = **2**.
- 25% to 38% = **1**.

R/A/G Rating

The Red/Amber/Green (RAG) rating below provides a visual representation of the key areas to be focused on within the improvement plan. This report sets out the findings of the mock inspection, using the Single Assessment Framework and Quality Statements methodology used by the CQC at the time of our mock inspection.

Complaints	Accidents Incidents	Fire Safety	Safeguarding	Supervision
🟢	🟢	🟢	🟢	🟢
Training	**Staff Files**	**Staff Rotas**	**Medication**	**Audits and Governance**
🟢	🟢	🟢	🟢	🟢
H&S Audits	**Medication Audits**	**Infection Control**	**Environment**	**Care Planning**
🟢	🟢	🟡	🟢	🟢
Specific Assessments	**General Risk Assessment**	**Daily Notes**	**Quality Monitoring**	**MCA**
🟢	🟢	🟢	🟢	🟢
Activities	**Policy and Procedures**	**Whistleblowing**	**Culture**	**Person Centred Care**
🟢	🟢	🟢	🟢	🟢

SAFE: Score Range 1 – 4 per area (maximum Score 32)								Total score
Learning Culture **SCORE: 3**	Safe Systems, Pathways and Transitions **SCORE: 3**	Safeguarding **SCORE: 3**	Involving People to Manage Risks **SCORE: 3**	Safe Environments **SCORE: 3**	Safe and Effective Staffing **SCORE: 2**	Infection Prevention and Control **SCORE: 2**	Medicines Optimisation **SCORE: 3**	**22/32** **69%**
EFFECTIVE: Score Range 1 – 4 per area (maximum Score 24)								
Assessing Need **SCORE: 3**	Delivering Evidence Based Care and Treatment **SCORE: 3**	How Staff Teams and Services Work Together **SCORE: 3**	Supporting People to Live Healthier Lives **SCORE: 3**	Monitoring and Improving Outcomes **SCORE: 3**	Consent to Care and Treatment **SCORE: 3**			**18/24** **75%**
CARING: Score Range 1 – 4 per area (maximum Score 20)								
Kindness Compassion and Dignity **SCORE: 3**	Treating People as Individuals **SCORE: 3**	Independence Choice and Control **SCORE: 3**	Responding to Peoples Immediate Needs **SCORE: 3**	Workforce Wellbeing and Enablement **SCORE: 2**				**14/20** **70%**
RESPONSIVE: Score Range 1 – 4 per area (maximum Score 28)								
Person Centred Care **SCORE: 3**	Care Provision Integration and Continuity **SCORE: 3**	Providing Information **SCORE:3**	Listening to and Involving People **SCORE: 3**	Equity in Access **SCORE: 3**	Equity in Experience and Outcomes **SCORE: 3**	Planning for the future **SCORE: 3**		**21/28** **75%**
WELL-LED: Score Range 1 – 4 per area (maximum Score 28)								
Shared Direction and Culture **SCORE: 3**	Capable Compassionate and Inclusive Leaders **SCORE: 3**	Freedom to Speak Up **SCORE: 3**	Workforce Equality Diversity and Inclusion **SCORE: 3**	Governance Management and Sustainability **SCORE: 3**	Partnership and Communities **SCORE: 3**	Learning Improvement and Innovation **SCORE: 3**	Environmental Sustainability/ Sustainable Development **N/A**	**21/28** **75%**

Overview

We carried out an announced on-site mock inspection at Signature Liverpool.
The service was first registered with CQC on 6th November 2024 and has yet to be inspected by the CQC.
The service is registered with the CQC to carry out the following legally regulated service for the Treatment of Disease, Disorder, or Injury, and Surgical Procedures.

The service refers to its service users as "patients," which is the term we have used in this report.

Safe

Learning culture: Score 3.
We found that there was a strong learning culture at the service and a patient experience manager and complaints manager had been employed to ensure that they explored the patient journey and that improvements were made from the feedback received.
They were arranging patient forums in the different areas so that they could engage more in depth with people who had used the clinic. This would allow them to achieve more in-depth feedback from patients and enable them to make improvements where they were required from initial contact to post surgery.
They had a clear complaints policy and also opportunities for feedback to be gathered in a more formal way. These allowed the managers to identify any failings and learn lessons ensuring that the experience was not repeated with patients going forward.
The patient experience manager was speaking with people waiting in the clinic and having candid conversations regarding their wellbeing and any concerns, however, this was not being recorded and therefore missing capturing evidence which could also be valuable in learning lessons.

Safe systems, pathways, and transitions: Score 3
We saw that people received comprehensive, detailed information and consultations to help them decide if surgery was appropriate and safe for them. The service provided thorough information and explained this in detail at all stages of the patient journey.
Patients complete a health care questionnaire at the clinic, which is reviewed by the service. This assists in assessing whether or not a patient will be suitable for undertaking a clinical procedure.
The service offered cosmetic interventions in keeping with the Royal College of Surgeons "Professional Standards for Cosmetic Surgery" April 2016 guidance, indicating a commitment to professional standards and patient safety. The service had a 'cooling off' period for two weeks in keeping with the 'Professional standards for Cosmetic Surgery' guidance.
The service does not routinely share any procedures/ treatments with the patient's General Practitioners (GP); although they would if a patient requested this and gave consent for information to be shared with their GP. This could potentially limit the continuity of care and communication between the service and the patient's primary healthcare provider.

We saw that all staff, including non-clinical and reception staff, had received suitable basic life support training. We saw that staff monitored patients during their procedures to ensure safety and to manage any risks. The service used an electronic system to manage consultations, appointments, and aftercare. Care records were paper-based and were electronically scanned when complete. there was an appropriate governance and oversight process for safeguarding, including informing the Board of Directors. This included consideration and analysis of incidents to identify any trends and risks. Safeguarding was also discussed during monthly clinical and operational meetings.

Safeguarding: Score 3.

All managers and staff that we spoke with demonstrated a strong understanding of safeguarding and how to report concerns. All managers and staff that we spoke with demonstrated appropriate knowledge and understanding of safeguarding principles. The service had dedicated, appropriate safeguarding policies and procedures, including clear and comprehensible flowcharts to support effective and timely action. We saw that all staff had completed mandatory adult and children's safeguarding training, and this was all in date at the time of our mock inspection. The service protected people from harm and respected their rights by taking action to prevent and respond to possible abuse. Staff were trained to recognise and report signs of abuse and had confidence in managers to deal with any issues appropriately.

Persons under the age of 18 were not treated and patients were advised not to bring their children to the clinic; and if they had to accompany them then the service would ask them to bring another responsible adult.

Involving people to manage risks: Score 3.

People were subject to comprehensive consultations prior to undergoing surgery, in order to identify key risks and to determine whether surgery was right for them. We saw that this was an ongoing, continuous process and included assessments up to and including the day of surgery.

Staff told us they used the recognised, standardised National Early Warning Score (NEWS) 2 throughout the process and worked to the relevant World Health Organisation (WHO) checklist. Care records we reviewed supported this. Managers carried out compliance audits as part of governance and oversight processes.

The service recognised that involving people to manage risks is a crucial aspect of providing quality care. Patients were involved in their treatments and the risks of post-procedures discussed with them. The patients also received pre-operative and post-operative surgery guidance; which was informative and easy to follow.

Safe environments: Score 3.

The service maintained a clean and well-kept environment, equipped with good lighting. We saw appropriate safety measures in place, such as smoke detectors, fire extinguishers, emergency exits. The entrance foyer was managed appropriately by a receptionist and all visitors were required to complete a signing and out book. There was CCTV in most areas and signing up alerting visitors to this fact. Emergency Oxygen was stored in the clinic, however there was no signage to inform emergency services of this in the event of a fire.

Fire extinguishers, legionnaire, water testing, and electrical equipment were tested as required and the service had a detailed fire risk assessment in place. There were no floor plans displayed which would allow emergency responders to understand where they needed to go.
We found the service to be free from potential risks, with well-maintained equipment, facilities, and technology. We reviewed documentation which showed us that managers and staff ensured the premises, equipment, facilities, and technology supported the proper delivery of safe care.
The service had suitable processes for overseeing and managing areas including electrical and personal appliances, water and legionella, pest control, heating and lighting, building maintenance, medical equipment, furniture, and waste. There were records which provided evidence of suitable servicing and maintenance, and all of these which we reviewed were up to date. All required safety certificates were present and correct, current, and appropriately displayed and/or filed.

Safe and effective staffing: Score 2.

Staff were recruited safely. We saw that staff had all of the checks completed before they were employed at the service. This included having two references, one from a previous employer, right to work, ID documents and proof of address. We saw evidence that interview notes were being retained. However, we saw that in one of the application forms there were gaps in employment and there was no explanation for this. We were informed that this was not checked, and we advised that this should be and an explanation should be given where people had not worked between roles.
We could not be assured that effective supervisions were taking place. We asked to see supervision documents and saw one example which was a discussion points with no notes of the conversation or response from the staff member. We were unable to see an appraisal document or evidence that appraisal progress was being documented within the supervision notes. This meant that we could not be assured that there was an effective system to support staff throughout the service.

Infection prevention and control: Score 2.

The environment was clean and hygienic, personal protective equipment (PPE) was available, and in plentiful supply. Staff were trained and competent in infection prevention and control (IPC). The service used an independent contractor to remove clinical waste and we saw evidence of the collection notes. Within the reception area there were two toilets, one being a disabled access. In the smaller toilet, we found that the bin was not a pedal bin and the lid was open showing discarded PPE. We mentioned this at the time and although the bin was emptied, the lid remained open. Piping beneath the sink was not boxed in and one was a braided hose which posed a risk of contamination. The flooring was not effectively sealed to the wall which posed a risk of infection.
In the disabled toilet there was a pedal bin but the mechanism was so aggressive that when using the pedal, the lid hit the wall and remained there. This meant that the bin remained open after using. The safety flooring was also not sealed effectively. When we used the toilet facilities on the second day there were no toilet rolls available in the smaller toilet and a very small amount in the disabled toilet. This meant that we could not be assured that the toilets were being checked regularly. In one of the toilets, there was a hand dryer but no paper towels, which posed a potential risk of cross-contamination for people using the service, staff, and visitors. This could occur from surfaces within the toilet, such as flush handles, door handles, and wash basin taps. The *Journal of Applied Microbiology* states, "Hand dryers are far worse at spreading bacteria than paper towels."

In the theatre staff were appropriately attired with hair nets, gowns and gloves and followed the correct doffing and donning of PPE equipment. The scrub nurse followed the guidance of carefully draping the patient as well as ensuring they were comfortable and feeling okay. Unfortunately, at various times when the surgical procedure was being undertaken, several members of staff had their face masks below their noses and there was a constant stream of staff entering and leaving the theatre room. The nose contains normal flora, such as *Streptococcus* species and wearing a mask below the nose can Increase the Surgical Site Infection (SSI) Risk.

Medicines optimisation: Score 3

We saw that daily stock checks and temperature checks had been consistently completed and audited to ensure appropriate completion and compliance. The provider only stored medicines used to undertake the surgical procedures they undertook such as lignocaine (Used as a local anaesthesia) sodium bicarbonate and emergency medications such as Adrenaline. The emergency drugs were checked weekly for their expiry date. Medicines used throughout the procedures were duly documented on paper records with the expiry dates, batch numbers and dosages administered.
The provider did not currently stock-controlled drugs.
Suitable and qualified staff administered all medicines, and patients were properly prescribed medicines to take home following surgical treatments.

Effective

Assessing need: Score 3.

All patients completed a healthcare assessment prior to any consultation. The pre-screening afforded the service the opportunity to assess the suitable of the patient for surgical intervention they offered. Pre-screening also included a depression questionnaire and an anxiety questionnaire. If the patient was offered an appointment, they would have the procedure explained to them which also included discussions around post-procedure possible complications when attending. If the patient decided to go ahead with the procedure there would be a two week 'cooling off period.' Prior to a procedure the patient would be provided with pre-operative guidance. Aftercare was nurse-led and was available daily.

Delivering evidence-based care and treatment: Score 3.

The service offered cosmetic interventions in keeping with the Royal College of Surgeons "Professional Standards for Cosmetic Surgery" April 2016 guidance. As well The World Health Organisation's 'Surgical Safety Checklist.' (2009)
We were informed that regular audits and evaluations of practice to identify gaps, strengths and areas for improvement were being undertaken. We saw that treatment plans were always tailored to the individual needs of the patient. Service processes were continually reviewed and updated in line with best practice as part of clinical governance and operational meetings.

How staff teams and services work together: Score 3.

We saw evidence of regular governance meetings and how meetings were taking place at different levels scrutinising different aspects of the care and treatment. This included infection prevention and

control, safeguarding, health, and safety. The director of clinical services was also looking to develop a registered practitioners forum to further advance the oversight of the services.
Staff also had meetings in order to keep them updated and disseminate information and changes in systems or legislation. On our visit there was only one of the staff meeting minutes available so we could not be assured that these meetings were taking place regularly or that any actions had been completed or signed off.

Supporting people to live healthier lives: Score 3.

The service offered effective procedures that appeared to enrich the lives of patients who had undertaken the procedures and interventions.
We saw that patient wellbeing was considered holistically as part of planning. This included their health, lifestyle, and aspirations. We saw that the service prioritised patient well-being and recovery. Post-operative advice was comprehensive and afforded the benefits of reassurance to them knowing they could speak to a member of the team if they had any concerns or queries.

Monitoring and improving outcomes: Score 3.

We had a long discussion with the customer experience and complaints manager who were keen to ensure that the patient was supported throughout their experience at the clinic and in the post operation period they had calls from the service, were given information and contact details which they had access throughout the day and night.
There was information available on the chosen procedure and each patient had structured expectations explained prior to the procedure taking place in the stage where they were considering the operation through to telephone consultation and then after the surgery.
People were supported preprocedural, during and calls were made after to ensure that people were supported and that they achieved the outcomes anticipated. The service took the customer experience journey very seriously and were engaged in continuous improvement.

Consent to care and treatment: Score 3.

Informed consent was obtained in keeping with in keeping with the Royal College of Surgeons "Professional Standards for Cosmetic Surgery" April 2016 guidance and the British Medical Association's Consent and refusal by adults with decision-making capacity (January 2024)
We were advised that Mental Capacity Assessments (MCA) did not routinely take place. However, if there were any concerns with a patient's capacity the registered manager said they would undertake an MCA.
No persons under the age of 18 years were offered appointments for any procedure/ treatment.
Patients were asked to sign consent following being informed of the procedure and possible post-operative complications. The then followed a two week 'cooling off' period. If the patient decided to take up the procedure they would again be asked to provide consent, following being advised of the procedure and possible post-operative side effects.

Caring

Kindness, compassion, and dignity: Score 3.

The service irrespective of a person's protected individual characteristics offered and provided treatment and procedures to them. Staff were kind and caring within their interactions with individuals. The patient experience manager spoke to people waiting at the clinic, chatting about their procedure and how they were feeling. This allowed people to express any concerns they had or questions prior to their procedure and this allowed them to be more reassured and comfortable. We observed one patient from the start of their procedure, and during their procedure. Throughout the patient's procedure staff were asking the patient if they were okay, and were they experiencing any pain/ discomfort.

Treating people as individuals: Score 3.

We saw that people were treated as individuals and were listened to regarding their procedure and desired outcomes. The clinic carried out several procedures on the two days the inspection team were there. We saw that staff were reassuring and kind and that people were supported throughout their visit pre- and post-surgery. We could see that there was a focus on having a chaperone in place so that patients were able to have full support and be confident that there was someone there to speak to and reassure them.

There was a strong emphasis on safeguarding, and we felt that people were kept safe at the service and professionals were aware of people's protected characteristics and were mindful of signposting people who self-referred. This was for procedures that they did not offer but realised the patient may need further support and guidance on.

Independence Choice and Control: Score 3

Patient approached the service because they required a specific procedure and this was discussed with them at length prior to them agreeing to any procedure or deciding if the procedure they had identified would have the desired result for them.

The service did have a form of cooling off period where people could fully consider the procedure and if they felt that it was right for them. The service offered both faces to face and remote consultations and were encouraged to ask questions and assure themselves that the procedure was right for them and they would achiever their desired outcomes.

Responding to people's immediate needs: Score 3.

A high emphasis was placed on patient safety and well-being during surgical procedures at this clinic. Although these surgeries were elective, the clinic was fully prepared to respond to any immediate needs that may arise during the procedure.

Should a patient's condition deteriorate during surgery, the staff at the clinic were equipped with the necessary training and experience to manage the situation effectively. This includes the ability to identify early signs of distress or complications, and to take swift action to mitigate any risks to the patient's health.

Every staff member at the clinic is trained in Basic Life Support (BLS) and Resuscitation (Resus), ensuring they have the skills to provide immediate care in emergency situations. This training is regularly updated to ensure the team is always ready to respond to a patient's immediate needs, in line with the CQC's quality statement.

Workforce wellbeing and enablement: Score 2.

We could not see effective evidence where staff were receiving regular one to one and supervision sessions in order to support their roles. Staff received a full induction and training programme and told us that they felt supported in their role and enjoyed their work, however this did not translate into evidence where we were unable to see the content of support and how staff were able to progress should they so wish.

We did see that staff were kind, caring and compassionate and treated people kindly and with dignity and respect. There was a focus on patient experience and staff ensured that people were supported throughout their visit and beyond. Staff had access to an Employees Assistance Programme (EAP) which is a workplace benefit, offering confidential advice and support for staff on personal and work-related issues.

Responsive

Person centred care: Score 3.

Patients are seen and treated on an individual basis, reflecting the clinic's commitment to personalised care and is a practice that is evident in every aspect of the clinic's operations.

Each patient's treatment plan is meticulously designed, considering their unique physical, mental, and emotional needs. This comprehensive approach ensures that the care and treatment provided are not only appropriate but also tailored to meet the patient's specific needs and preferences. This aligns with the Care Quality Commission's (CQC) requirement that care and treatment should be person-centred. The clinic works in partnership with each patient, making reasonable adjustments where necessary, to ensure they receive the most appropriate care and treatment.

Involvement of patients, in the planning, management, and review of their care and treatment is a key aspect of the clinic's operations. This ensures that the care provided is not only medically appropriate but also respects the patient's autonomy and personal choices.

Moreover, the clinic maintains an open line of communication with patients, ensuring that they are kept informed about their care and treatment. This includes explaining the purpose and potential outcomes of treatments, discussing alternative options, and addressing any concerns or questions that may arise.

In terms of care provision, integration, and continuity, the clinic places a high emphasis on ensuring that patients were well-informed about their procedures. Patients were provided with comprehensive pre- and post-operative advice documents, which were not only informative but also offer appropriate guidance tailored to their specific procedure.

These documents were prepared by experienced medical professionals and were designed to address common concerns and questions that patients may have before and after their surgery. They include detailed information on what to expect during the procedure, potential risks and complications, and guidelines for recovery and post-operative care.

In addition to these the team works closely with the patient, to ensure a seamless transition from pre-operative preparation to post-operative recovery.

The clinic's approach to care provision, integration, and continuity was a testament to their commitment to patient-centred care. It ensures that patients were not only physically prepared for their procedure but also mentally and emotionally supported throughout their journey.

Care provision, integration, and continuity: Score 3.

Patients were fully supported from initial consultation and post treatment to ensure that they had answers to their questions and had contact details for someone around the clock after their procedure had taken place. The patient experience manager was keen to develop a holistic journey for patients where they felt fully supported throughout their care and treatment with the ability to contact someone should they need to.

Managers and staff demonstrated a suitable awareness of delivering appropriate care for those with protected characteristics under the Equalities Act 2010.

Providing information: Score 3.

Patients were provided with pre- and post-operative advice documents which were informative and offered appropriate guidance. Information was also given at the consultation stages to ensure patients were 'informed.' However, information was not provided in an Accessible Standard format taking into account patients with eyesight difficulties. We spoke with the director of clinical services during our feedback who told us that all information could be made available in different formats if required.

Listening to and involving people: Score 3.

Patients were involved in decisions about their care and treatment This was achieved by discussing treatment options with patients, taking their preferences into account when planning their care, and involving them in the review of their treatment plans. The manager said that any complaints or concerns raised by patients were dealt with in an open and transparent way and that they viewed learning from complaints and concerns as an opportunity for improvement.

Equity in access: Score 3.

The service ensured that people were able to make an initial contact with the clinic and discuss their needs and from the initial, if interested in having a procedure carried out, they then had a video consultation with a consultant who would be responsible for that person's procedure and involved in post operative support. People could contact the service as and when they required and there was a focus on the patient experience, support and wellbeing and they were also working to continuously improve this.

Equity in experience and outcomes: Score 3.

The clinic ensures that every patient, regardless of their background or personal circumstances, receives care that is tailored to their unique needs and promotes equality.

The clinic removes barriers or delays and protects the rights of the patients. They ensure that patients feel empowered by the staff to give their views and understand their rights, including their rights to equality and their human rights

The clinic is alert to discrimination and inequality that could disadvantage different groups of people using their services. They proactively seek out ways to address these barriers to improve people's

experience, act on information about people's experiences and outcomes, and allocate resources and opportunities to achieve equity. Staff are trained in equality and diversity.

Planning for the future: Score 3.

We saw that the service prioritised individualised, effective aftercare to support people's longer-term plans and aspirations. This included responding to and incorporating people's preferences and wishes. We observed a clinical procedure and saw that there was suitable consideration of post-operative procedures and aftercare.

Well-led

Shared direction and culture: Score 3.

We found that there was a clear vision and strategy for the service and senior management were keen to ensure that they were offering the best service possible. We could see that information regarding the service and any planning for the future engaged staff and information was shared through a series of meetings. The governance team had a focus on understanding the needs of the individuals who used the service and understood areas which required development and improving.

They had recently recruited managers to make improvements to complaints throughout the organisation and also the customer experience. Both staff had experience in their areas of responsibility and were keen to engage and improve throughout the services they supported. We found that those responsible for governance were candid regarding their vision and values and were looking to make any changes required to make the services the best they could be and look to continually scrutinise and improve areas of the service.

Capable, compassionate, and inclusive leaders: Score 3.

It was clear during our visit that senior management were no strangers to the services, they engaged with staff and were able to demonstrate their drive for excellent service and patient experience.

We found that leadership and management were inclusive and involved and engaged at all levels of service delivery ensuring that they were working to best practise including having experienced and qualified staff to engage in the different aspects of clinical delivery and further ensured that people were supported within their roles. We observed a culture of respect and empathy, with staff demonstrating a strong commitment to treating people with dignity, understanding, and compassion. Staff displayed a person-centred approach, ensuring that person being supported were valued and their individual needs were recognised.

Freedom to speak up: Score 3.

The service had to date this year received zero complaints. The manager informed us when a complaint be received, they would have taken them seriously and addressed promptly. This demonstrated a proactive approach by investigating any concerns raised and ensuring the outcome was communicated to the relevant parties. Staff felt comfortable voicing concerns about the service and were confident in their ability to report safeguarding issues or escalate concerns outside the organisation if necessary. The manager demonstrated a clear understanding of their responsibilities under the Duty of Candour, which ensures openness and transparency when things go wrong.

Workforce equality, diversity, and inclusion: Score 3.

We found that the workforce was diverse and came from quite different backgrounds and cultures and they embraced this. We saw evidence of a strong supportive culture where staff were supported and involved within all aspects of the overall organisation, their service, and their individual roles.

The recruitment and selection process engaged in the best match to the role recruited to, qualifications, experience, and outlook and the proves was without bias or discrimination.

Governance, management, and sustainability: Score 3

There was a robust governance structure throughout the organisation which was proactive in considering the future of the service and longer-term sustainability. They considered the needs of the potential clients in travelling to different locations and had adopted what was described as 'sister' clinics which did not operate full time but had procedures for two days a week where surgical staff travelled from the larger clinic in this case Manchester. This worked well for people who may struggle to travel to the larger clinic and gave a larger geographical scope.

There was an appetite to establish themselves in other areas where they did not have a presence at the time of our visit but this was more about vision and strategy for growth in the future. However, they recognised that some improvements were required due to recent inspections at other services and so were keen to make changes and improvements to ensure that all services were operating effectively and improvements were made when required.

Partnership and communities: Score 3.

The service solely provided privately funded cosmetic surgery procedures for adults. There were no commissioning arrangements with other services, for example the NHS. We saw that service managers and staff had ongoing, productive working relationships with the provider's other locations.

The service engaged proactively with patients and others through its website and social media channels.

Learning, improvement, and innovation: Score 3.

We spoke with management at all levels and staff within the service and felt that there was an appetite for learning and improving the service throughout. They had acknowledged areas which required improvement and had invested in staff to focus and take the service forward making the improvements within the Liverpool Clinic and also throughout the organisation.

We found that managers were open, honest, and clear about their vision and values and the IPC lead had worked on a 'workshop in a box' type of training where they could deliver bitesize training sessions aimed at improving staff awareness of different aspects of the service.

Environmental sustainability / sustainable development: Score N/A

In line with current CQC methodology we do not currently assess this area.

Improvement Plan

The following actions highlight the areas for improvement from the mock inspection. This can be used alongside any existing action plans or service improvement plans.

Table Key –

- **Improvement:** The task to be completed.
- **R1:** The staff member responsible for completing the task.
- **R2:** The staff member responsible for checking and ensuring the quality once the task is complete.
- **Target date:** The target date R1 is to follow to complete the task.
- **Date completed:** The actual date the task is completed.

Safe

Improvement	R1	R2	Target date	Date completed
Ensure all gaps in employment histories are discussed and recorded in HR files.				
Consider reviewing supervision template to reflect meaningful discussions.				
Ensure all staff have a yearly appraisal,				
Ensure all bins in toilets are pedal operated and the lids are closable.				
Box in all exposed piping.				
Ensure flooring is not effectively sealed to the wall.				
Ensure toilets are replenished with toilet paper prior to patients attending the service.				
Ensure all staff wear their masks correctly.				
Remove small electric hand dryer from the smaller toilet.				

Effective

Improvement	R1	R2	Target date	Date completed
No issues				

Caring

Improvement	R1	R2	Target date	Date completed
Ensure there is evidence to demonstrate how staff are supported and can progress.				

Responsive

Improvement	R1	R2	Target date	Date completed
No issues				

Well-led

Improvement	R1	R2	Target date	Date completed
No issues				

Sign Off

The report and improvement plan has been written based on the research conducted prior to visiting the site and the findings during the mock inspection. Any failings, or improvements made at the service thereafter will not be included.

By signing off the report and improvement plan you are accepting the detail and content written within.

Manager's Name: _____

Date: _____

Delphi Executives Client Lead: Ryk Izycki
Delphi Executive Sallyann Robinson

Date: **16 February 2026**