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# Signature Clinic Birmingham

## Mock Inspection Report and Improvement Plan

27<sup>th</sup> and 28<sup>th</sup> April 2026

## Scope

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

Delphi completed the mock inspection on the 27<sup>th</sup> and 28<sup>th</sup> April 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 home 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 Birmingham would be as follows:

CQC KEY LINES OF ENQUIRY					
Safe 23/32 =72 %	Effective 18/24 =75 %	Caring 15/20 =75 %	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.

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

SAFE: Score Range 1 – 4 per area (maximum Score 32)								Total score
Learning Culture	Safe Systems, Pathways and Transitions	Safeguarding	Involving People to Manage Risks	Safe Environments	Safe and Effective Staffing	Infection Prevention and Control	Medicines Optimisation	<b>23/32</b> <b>72 %</b>
<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 2</b>	<b>SCORE: 3</b>	
EFFECTIVE: Score Range 1 – 4 per area (maximum Score 24)								
Assessing Need	Delivering Evidence Based Care and Treatment	How Staff Teams and Services Work Together	Supporting People to Live Healthier Lives	Monitoring and Improving Outcomes	Consent to Care and Treatment			<b>18/24</b> <b>75%</b>
<b>SCORE:3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>			
CARING: Score Range 1 – 4 per area (maximum Score 20)								
Kindness Compassion and Dignity	Treating People as Individuals	Independence Choice and Control	Responding to Peoples Immediate Needs	Workforce Wellbeing and Enablement				<b>15/20</b> <b>75%</b>
<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE:3</b>	<b>SCORE: 3</b>				
RESPONSIVE: Score Range 1 – 4 per area (maximum Score 28)								
Person Centred Care	Care Provision Integration and Continuity	Providing Information	Listening to and Involving People	Equity in Access	Equity in Experience and Outcomes	Planning for the future		<b>21/28</b> <b>75%</b>
<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>		
WELL-LED: Score Range 1 – 4 per area (maximum Score 28)								
Shared Direction and Culture	Capable Compassionate and Inclusive Leaders	Freedom to Speak Up	Workforce Equality Diversity and Inclusion	Governance Management and Sustainability	Partnership and Communities	Learning Improvement and Innovation	Environmental Sustainability/ Sustainable Development	<b>21/28</b> <b>75%</b>
<b>SCORE:3</b>	<b>SCORE: 3</b>	<b>SCORE:3</b>	<b>SCORE:3</b>	<b>SCORE:3</b>	<b>SCORE: 3</b>	<b>SCORE: 3</b>	N/A	

## Overview

We carried out an announced on-site mock inspection at Signature Birmingham.

The service was last inspected by the Care Quality Commission (CQC) on the 23<sup>rd</sup> October 2023 with an overall rating of requires improvement, with good for Effective & Caring and requires improvement for Safe, Responsive and Well Led.

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 saw evidence of 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 they had implemented a complete support network for patients engaging with the clinic from the initial appointment and then beyond treatment. This ensured that people were supported with and engaged with through each step and be given reassurances, answer questions and ensure that they had a seamless experience with positive outcomes.

The patient experience manager was keen to arrange patient forums from each service. This would allow new patients to ask questions and reassure themselves about different procedure. Patients who had already had their procedures could share their experience and journey through the clinic and the service would be able to notice what patients found went well and what they felt would benefit from improvement so that they could continually improve the service through direct feedback.

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 complaints procedure was levelled and although the patient experience manager spoke to people more informally in an attempt to resolve any issues in an informal manner. If the complaint was not resolved then the complaints manager picked this up and there was a robust process to follow engaging with all staff who had been involved and engaged in the person’s journey through the clinic.

### **Safe systems, pathways, and transitions: Score 3**

We saw evidence where there was a robust process from the initial contact with the clinic to initial visits and assessments. Patients had their expectations structured as to what their desired outcomes should be and what the surgeon felt was attainable taking into consideration their health, skin type, bone structure and people were advised accordingly. People received comprehensive and detailed consultations to ensure that surgery was appropriate for them and they provided comprehensive

information for potential patients to read prior to them deciding if they would like to go ahead with the procedure.

Comprehensive information formed a risk-based approach with consideration of patient's health conditions, medical history, current medications, and any risk associated with this. On the day of the inspection one of the patients who was booked in for surgery as there was an issue with an underlying condition which may affect the success of the surgery. The surgeon explained the position to the patient and advised having a scan the results of this would allow the surgeon to decide if the surgery would be safe to be rearranged.

### **Safeguarding: Score 3.**

There was a strong understanding of safeguarding, and the management, staff and clinicians were trained in safeguarding. The senior management were trained to level's three and four to ensure that there was robust oversight of safeguarding and procedures to follow.

### **Involving people to manage risks: Score 3.**

We saw evidence that the service consistently worked with patients and prospective patients to manage risks and deliver safe care and treatment. Staff undertook comprehensive risk assessments as part of the ongoing consultation and assessment process, and before, during and after procedures, including through the service's comprehensive aftercare arrangements. Staff told us they used the recognised, standardised National Early Warning Score (NEWS2) throughout procedures. The service acknowledged that involving people in risk management is fundamental to the provision of high-quality care. Patients were actively involved in decisions about their treatment, and post-procedure risks were discussed with them. Patients also received pre-operative and post-operative guidance, which was clear, informative, and easy to follow. During consultations, the surgeon explained the procedure and the potential post-operative side effects; patients said they understood this information and were content to proceed.

### **Safe environments: Score 3.**

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 assessing, detecting, and controlling risks. The service had secure access for staff only, including coded door entry for certain areas. 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

### **Safe and effective staffing: Score 3.**

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. The HR manager checked that there were no gaps in employment on the application for and if there were any, there were explained by the applicant.

Staff were trained and we spoke with the registered manager who told us that the policy advised that staff training figures were set at 80% as their policy dictated and we explained that this should be at least 90% for assurance purposes. We saw that they had retained staff who were off long term and one on maternity leave which had been retained in the training figures. We suggested that staff who were not actively working in the service able to complete training should be removed from the matrix and when this was completed, training was showing at 90%.

Staff had a robust induction and the service ensured that staff were supported to progress where they had the potential to. The clinic manager had recently been promoted and the registered manager was giving support and felt that they had the potential to go on to be a registered manager in another clinic.

### **Infection prevention and control: Score 2.**

The environment was clean and hygienic, personal protective equipment (PPE) was available, and in plentiful supply, although the reception looked tired and had some woodwork that required repainting, which would reduce the potential risk of infection. The theatre on the first floor was clean and organised. We spoke with the nurse about the potential risk of dust accumulating on the flat surfaces of the wall mounted cabinets and high dado rails. We were informed that the service undertook monthly deep cleans of the rooms including the theatre room and high surfaces. All equipment was wiped down with disinfection prior to be used. Staff in the theatre were all appropriate donned with personal protective equipment (PPE). Staff wore their masks correctly at all times and we observed regular removing of gloves and hand washing.

We observed very good aseptic techniques being used throughout our observations, which would reduce the risks of cross contamination and infections. The scrub nurse followed the guidance of carefully draping the patient as well as ensuring they were comfortable and feeling okay.

Unfortunately, on the first day of our visit when we were observing a patient have a Blepharoplasty procedure the surgeon re-sheathed a needle, which we informed the registered manager of. During our observation of a second patient undergoing the same procedure, the surgeon did not attempt to re-sheath the needle. Staff were diligent in accounting for all the swabs used and instruments used throughout each procedure. All waste materials were disposed of in the appropriate general clinical waste bins. We also noted that there was no traffic of individuals between each procedure, reducing the risks of cross contamination.

There were plugs in the communal toilets and the National infection prevention and control manual (NIPCM) chapter 1.2 Clinical hand-wash basins must have mixer taps, **no overflow or plug** and be in a good state of repair. <https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/>. There were, also cork boards in the staff room which were a potential source of bacteria and fungus, we would recommend them being replaced with white wipeable magnetic boards.

### **Medicines optimisation: Score 3**

Medicines were overseen by the organisations pharmacist, who had implemented across the nationwide clinics a standardised approach to ordering, auditing, and stock control. The service only held a limited stock of medications and consumables necessary for the clinical procedures undertaken

at the clinic. These included Paracetamol, Lignocaine, sterile water, Sodium Bicarbonate, topical creams, and prophylactic courses of antibiotics. The service does not hold any controlled drugs as they do not hold a Home Office controlled substances license.

Patients who are waiting for a surgical procedure are given a private prescription for a maximum dosage 10 milligrams of Diazepam to help reduce any anxiety they may have. The patients are requested to bring the medication with them to their appointment but not to take it before they have consented to the procedure on the day.

The service undertook monthly date checks on the medications held and stock rotation. The group pharmacist undertook two six monthly audits. Nursing staff signed out what medicines and consumables they needed for the day and signed back in at the end of the clinic. Replacement stocks were ordered two weekly, being adjusted to reflect the patients numbers for the coming two weeks appointments. The emergency drugs such as Adrenaline were checked weekly for their expiry date. Medicines at Birmingham Signature were stored in a lockable room with the keys being accessed by the nurse on duty. The room temperature was recorded daily but there was no air-conditioning in place. We would recommend twice daily temperature checks to give greater oversight, especially in the summer. The nurse we spoke to on the day was able to say what actions they would take if the room temperature went above 25 degrees Centigrade, however, this was not written down anywhere. We would recommend the actions that would need to be taken are recorded and available to staff.

## **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 suitability of the patient for surgical intervention they offered. On the second day of our visit we were informed that a clinical procedure for a patient could not go ahead due a clinical concern noted by the surgeon on the day and advised the patient to be referred for a scan to determine if the procedure could go ahead at a later date. Patients had their blood pressure, pulse and temperature recorded and underwent a detailed health questionnaire which included checking they had no metal objects in or on their bodies. This was repeated by the surgeon undertaking the procedure.

### **Delivering evidence-based care and treatment: Score 3.**

The service offered cosmetic interventions in line with the Royal College of Surgeons' *Professional Standards for Cosmetic Surgery* (April 2016) and the World Health Organisation's *Surgical Safety Checklist* (2009). If the patient decided to go ahead with the procedure there would be a two week 'cooling off period.' Patients who agreed to attend for a procedure were provided with pre-operative information.

We were informed that regular audits and evaluations were carried out to identify gaps, strengths, and areas for improvement. We also saw that treatment plans were consistently tailored to each patient's individual needs. Service processes were continually reviewed and updated in line with best practice through clinical governance and operational meetings. The service also utilised the NEWS2 to monitor the patient undergoing their procedure, which would alert the team to any deterioration in the patient's wellbeing.

**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. There were staff meetings which were robust, informative, and engaging. The registered manager told us that they did ice breakers prior to a meeting to support them engagement and cohesiveness.

Staff also had meetings in order to keep them updated and disseminate information and changes in systems or legislation. The staff were also engaged in giving feedback through surveys and within their one-to-one supervision which explored their work, training, development, and personal welfare.

There were regular team meetings and also managers had daily huddle meetings which happened at the beginning and the end of the working day where they could share experiences and challenges and receive support from other professionals within the organisation.

**Supporting people to live healthier lives: Score 3.**

We found that patients had thorough consultations at different points before surgery. Patient feedback on the day showed that individuals felt their needs, preferences and requests were appropriately considered. Needs assessments also took full account of each person's medical history and lifestyle. 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.

Patients felt informed and up to date throughout the procedures. Comprehensive aftercare arrangements further supported an overarching, ongoing assessment of need. Appropriate provider-wide policies and procedures were in place to support effective assessment of need.

**Monitoring and improving outcomes: Score 3.**

During a previous inspection of another service within the Signature Group, we did have a brief discussion with the newly appointed customer experience manager and a complaints manager. At this inspection we had a detailed conversation with both regarding how their roles had developed and how this had benefitted both the organisation and the Birmingham service. The customer experience manager was involved with clients and supported the journey throughout, giving reassurance and fully engaging in the process being available to give reassurance and support that any questions were answered and that people felt at ease and supported. This had been developed and they were rolling out client forums to enable clients who had already had their procedure to answer any questions from people at the beginning of their journey. This would allow the service to gain reliable and quality feedback as to how the customer experience was working from the patient perspective and learn lessons along the way which would help to further develop the service.

There was also the complaints manager who, if the customer experience manager could support a person no further, the complaints manager would support the process if anyone wanted to take a more formal complaints route. The complaints procedure was robust and ensured that full investigations were carried out and that people were responded to in a timely manner.

We saw that there was a full incident log which included cancelled and rescheduled appointments. Unfortunately, none of the incidents recorded on the log had been signed off and it appeared that incidents had not been investigated or actioned. However, we were shown that this was far from the case and there had been meetings with staff and other professionals including a full investigation and scrutiny of the persons records and notes from the initial consultation. We advised that this was all uploaded onto the system and the incidents closed where they could be. For the cancelled and rescheduled appointment's, these could have been closed off with a reason given for the cancellation or rescheduled procedure.

### **Consent to care and treatment: Score 3.**

We observed pre-operative assessment and gaining of consent. The surgeon went through a detailed consent process asking at key points if the patient understood and agreed with the discussions. The surgeon explained what they could expect to experience post procedure and again asked if the patient understood and wished to proceed. The patient signed and dated the consent form, which outlined in detail the procedure they would undertake. In the theatre the patients was again asked their date of birth, what was the procedure they were having and confirmation that it was their signature on the consent form.

## **Caring**

### **Kindness, compassion, and dignity: Score 3.**

We observed people entering the clinic and being treated with kindness and respect. Staff were very aware of people being nervous and wary especially as the treatments were given under local anaesthetic and people were anxious about the process. However, there was always a staff member, clinic manager or registered manager who spoke to patients giving them reassurance about the process and what it involved and being very kind and patient with them, explaining the journey. When the customer experience manager was at the service, they also ensured that people were spoken to and reassured throughout the process.

### **Treating people as individuals: Score 3.**

People were treated as individuals and prior to patients coming in for a procedure, there were preprocedural appointments where people talked about their desired outcomes and the potential outcomes were explained to them in detail. 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 saw evidence that patients were offered 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 patients protected characteristics and were mindful of signposting patients who self-referred.

**Independence Choice and Control: Score 3**

Potential patients made appointments to explore a desired procedure which they wished to have carried out. The initial appointment scoped out what people wanted and their desired outcomes and sometimes because of other health conditions the procedure may not have the desired outcome. This was explained to them in detail and options offered where applicable. For example, one person had wanted a procedure which they felt would enhance their visual appearance and enhance an area with which they were unhappy. However, after examination, it was found that although the procedure could have some success, it would not have the dramatic outcome the person was hoping for because of different factors such as skin elasticity or muscle density. This allowed the patients to have choice and control and decide regarding the operation and if the outcome would be right 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 face to face and remote consultations and were encouraged to ask questions and assure themselves that the procedure was right for them and they would achieve their desired outcomes.

**Responding to people's immediate needs: Score 3.**

A strong emphasis was placed on patient safety and wellbeing during surgical procedures at this clinic. Although these procedures were elective, the clinic was fully prepared to respond to any immediate needs that might arise during surgery.

In the event that a patient's condition were to deteriorate during surgery, clinic staff had the requisite training and experience to manage the situation effectively. This included the ability to recognise early indicators of distress or complications and to take prompt action to mitigate risks to the patient's health.

All staff members are trained in Basic Life Support (BLS) and resuscitation, ensuring they are able to provide immediate care in emergency situations.

**Workforce wellbeing and enablement: Score 3.**

Staff were supported in their roles and the manager engaged and involved them in all aspects of the service. There was an excellent relationship within the staff team which was almost tangible when observing staff working together. Staff received regular supervision sessions which were meaningful and explored aspects of their health and wellbeing and also their work and if they have the right resources to do their job. They were also asked about their work/life balance. The sessions were meaningful, engaging, and valuable giving staff the opportunity to voice any concerns or celebrate what they were doing well.

Staff were engaged with and celebrated as there was a staff recognition programme which ran throughout the organisation. Staff told us that they felt well supported and that the overall management including the registered manager were supportive and they were also given the opportunity for progression should that be what they wanted to achieve within the company. The service was in the process of introducing an Employees Assisted Programme (EAP) which

## **Responsive**

### **Person centred care: Score 3.**

Each patient was treated and viewed as an individual and documentation demonstrated a person-centred approach. We saw that people's needs were comprehensively considered as part of the consultation process.

### **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.

### **Providing information: Score 3.**

Extensive information was given to patients throughout their journey from initial consultation to post surgery and this covered all aspects of the procedure and post-surgery care. We asked if the information were available in different formats for people who may require it and we were told that information could be available in a way people required it and that they had previously had information translated into other languages where people's first language was not English.

When we spoke to the complaints manager we were told about the amount of information which was given to patients to explain all aspects of the service, their procedure and answering any questions which, through experience, were regularly asked. The service went over and above to ensure that patients had all of the information that they would need and also a telephone number should they need anything further.

### **Listening to and involving people: Score 3.**

Patients were able to give feedback in different ways; they could leave a review either on Trustpilot or Google. There were cards within the surgery which people could complete with feedback directly to the clinic. They could also involve themselves in the newly formed patient forums where they were encouraged to feedback to other potential clients to support them to understand their experience.

We saw evidence that patients were listened to and they were engaged with and taken seriously. Customer feedback was important to the service and the organisation as they had a desire to improve and develop services and so the overall experience of people using the service was vital in that process.

### **Equity in access: Score 3.**

The service had developed a patient journey which was supportive, holistic, and informative. Potential patients were encouraged to ask questions regarding their procedure and had everything explained to them including potential risk after an examination of their overall health and wellbeing prior to any procedure being agreed.

Clear, open, and honest information was provided so patients had choice and control over their treatment and then they could make an informed choice regarding if the process were right for them and if the outcome would be what they required.

At times procedures had to be cancelled because of an underlying health condition which had not been disclosed to the surgeon, and which may make the operation no longer a viable option or may cause a further health risk.

Patients were given a telephone number which they could contact at any time and get the support and advice needed and all patients were supported before, during and after any procedure by trained professionals.

### **Equity in experience and outcomes: Score 3.**

The clinic ensures that every patient, irrespective of background or personal circumstances, receives care tailored to their individual needs and that equality is actively promoted. The clinic remains vigilant to discrimination and inequalities that may disadvantage different groups of people using its services. It proactively identifies and addresses barriers to improve patients experiences, acts on information about outcomes and feedback, and allocates resources and opportunities to promote equity. Staff receive training in equality and diversity.

### **Planning for the future: Score 3.**

We observed several clinical procedures and saw that there was suitable consideration of post-operative procedures and aftercare. Patients were provided with information on post operative possible side-effects and what actions they should take to mitigate them, such as not touching their wounds, avoiding lifting heavy objects and if a wound did become infected who to contact.

## **Well-led**

### **Shared direction and culture: Score 3.**

We found that there was a passion to develop the organisation and ensure that the foundation which lay in the existing services, were supported and improved. Senior management had a clear vision and direction for the service and ensured that this was shared throughout all levels of staffing so that staff were engaged with and were aware that each person was key to the success of the service and within that, the overall development of the organisation.

The culture was one of engagement, development, and continuous improvement. Senior management, service management and staff, healthcare professionals including surgeons and nurses were engaged on a journey and were all kept aware of development and plans for the future. Our feedback was listened to and acted upon before we had left the service and we were sent information the day after the inspection where action had been taken and improvements made.

**Capable, compassionate, and inclusive leaders: Score 3.**

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.

They had developed management roles to support the patient experience which were working well and now becoming embedded throughout the organisation to ensure that they understood the patient journey and made improvements from lessons learned.

The registered manager was invested in the service and overall organisation and wanted to continuously improve the service. They were innovative in their approach to engaging with staff and ensuring that even meetings began with a wake-up activity to further ensure that staff were engaging in the meeting and involved in all aspects. We observed that through supporting the staff team and supporting them within their roles, it made a positive culture throughout the service and staff genuinely wanted the best outcomes for patients.

**Freedom to speak up**

There was a very open, honest, and positive culture throughout the service where people were encouraged to speak up and give their feedback and share any concerns. Staff felt confident to speak up about any aspects of the service and knew that they would be taken seriously and supported.

There were regular meetings at all levels of the organisation which were relevant, inclusive, and informative. Staff had regular supervisions where they were encouraged to discuss all aspects of their role and any issues, they may have including their own health and wellbeing. Those using the service were encouraged to give feedback either within the clinic or to a wider audience of feedback and rating platforms online.

**Workforce equality, diversity, and inclusion: Score 3.**

The staff worked as a team, and it was evident how well staff worked and engaged together. When we were shown around the service there were staff on a break between procedures including the surgeon for that day, nursing staff and healthcare staff and there was a very positive atmosphere as they were chatting together.

We found that the workforce was diverse and came from very 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 process 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 or satellite clinics’ clinics which ensured that they had more coverage for people to be able to travel to and the Birmingham clinic had a satellite in Cardiff which the team operated from as required. Procedures were arranged on different days to ensure that there was coverage when required at satellite establishments.

There was an appetite to establish themselves in other areas where they did not have a current reach, but this was more about vision and strategy for growth in the future. However, they had also established a relationship with an organisation where they could perform surgery under general anaesthetic using their own surgeons and staff. The continued care and necessary care after surgery was carried out by the partner organisation but this offered them further reach for patients who were reluctant to undergo surgery under a local anaesthetic as a day care patient.

**Partnership and communities: Score 3.**

The service provided privately funded cosmetic surgery procedures for adults only. There were no commissioning arrangements with other services, such as the NHS. We found that service managers and staff maintained ongoing, productive working relationships with the provider’s other locations. The service engaged proactively with patients and other stakeholders through its website and social media channels.

**Learning, improvement, and innovation: Score 3.**

We found that there was a keen appetite for continuous learning and development throughout the organisation and within the Birmingham clinic. We found the registered manager to be receptive to feedback we gave on the day of our visit but had also engaged and developed the staff team to align to their vision and values.

The patient was at the forefront of the service and their experiences really mattered to the registered manager and the staff team. Staff were supported by the registered manager and the clinic manager, and the managers were supported by other managers on a daily basis by way of regular huddle meetings where they could discuss their day and any problems or issues as well as what was going well.

The registered manager was innovative in their approach to engaging and involving the staff team throughout the service and was keen to promote and support progression for staff who wished to develop their skills further.

**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
Remind all staff not to re-sheath needles.				
Remove plugs from communal toilets.				
Replace cork boards in the staff room.				
Consider checking medication room temperature twice a day.				

## Effective

Improvement	R1	R2	Target date	Date completed
No Issues.				

## Caring

Improvement	R1	R2	Target date	Date completed
No issues.				

## 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: 30<sup>th</sup> April 2026