

Independent Healthcare Inspection (Announced)

**Newport Consulting
Rooms, Newport**

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of the patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patients' guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non-compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

OCI Consulting Ltd. is registered to provide an independent hospital at Newport Consulting Rooms, 44 Commercial Road, Newport, NP20 2PE. The service was first registered by Healthcare Inspectorate Wales on 23 June 2015.

In accordance with the conditions of registration only the following services may be provided:

- Physiotherapy
- Podiatry/Chiropody
- Male Circumcision
- Travel Clinic
- Alternative Therapies
- General Practitioner
- Occupational Health Services
- Cosmetic/Aesthetic Treatments

At the time of the inspection only podiatry and travel clinic services were being provided.

Healthcare Inspectorate Wales (HIW) completed an announced inspection to the service on 5 September 2016.

4. Summary

The service was registered with Healthcare Inspectorate Wales to provide a range of healthcare services. Arrangements were described for providing patients with sufficient information about their care and care planning which also took account of their individual care needs.

No patients were attending the consulting rooms at the time of our inspection, so it was not possible to directly obtain patients' views on the care they had received. The service, however, used patient questionnaires to obtain patients' feedback and the sample we saw included positive comments about the care provided at the service. A summary of the feedback obtained needs to be included in the patients' guide.

We found that arrangements were in place to provide patients with safe and effective care. The service's policy on safeguarding needed to contain more details on the procedure staff should follow if they suspected abuse. A policy for medicines management also needed to be devised and implemented. In addition we recommended that the registered manager (who was also the registered provider / owner) seek advice on the emergency drugs and equipment that should be available.

The registered manager was responsible for the management of the consulting rooms and demonstrated a commitment to providing a safe and high quality service to patients. We identified that improvement was needed around the information and documentation required to be made available to demonstrate that persons are suitable to work at the service.

As described above we identified areas for improvement during this inspection. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

5. Findings

Quality of the patient experience

The service was registered with Healthcare Inspectorate Wales to provide a range of healthcare services. Arrangements were described for providing patients with sufficient information about their care and care planning which also took account of their individual care needs.

No patients were attending the consulting rooms at the time of our inspection, so it was not possible to directly obtain patients' views on the care they had received. The service, however, used patient questionnaires to obtain patients' feedback and the sample we saw included positive comments about the care provided at the service. A summary of the feedback obtained needs to be included in the patients' guide.

Equality, Diversity and Human Rights (Standard 2)

The service recognised its responsibilities under equality, diversity and human rights legislation.

The service was registered with HIW to provide a range of services. These were described within the service's statement of purpose and patients' guide. The statement of purpose also set out the arrangements for promoting patients' privacy and dignity and how they could make a complaint about the service they had received.

There was level access to the main building and to the consultation rooms. This provided easy access for people with mobility problems and those using wheelchairs. Facilities were on one level allowing easy access to the reception, waiting room, consultation rooms and disabled toilet facilities.

Citizen Engagement and Feedback (Standard 5)

The service had a system for seeking and acting upon patient feedback and these arrangements were described within the service's statement of purpose and patients' guide and involved offering patients a *Patient Satisfaction Questionnaire* to complete. We saw some completed questionnaires forms that showed this had taken place. The registered manager (who was also the registered provider / owner) of the consulting rooms had conducted quarterly reviews of the comments received to identify any areas for improvement. The sample of completed questionnaires we saw indicated patients were happy with the service provided.

We explained that a summary of the patients' feedback must also be included in the patients' guide.

Improvement Needed

A summary of the patient feedback obtained must be included in the patients' guide.

Care Planning and Provision (Standard 8)

At the time of our inspection not all the intended services were being provided. Those services that were being provided were in accordance with the service's conditions of registration with HIW.

The arrangements for providing care were described within the statement of purpose. This generally set out that patients could expect to be assessed by an appropriate healthcare professional and care planned on an individual basis.

The registered manager confirmed it was the intention to perform male circumcision at the service. As part of the service's registration with HIW, these could only be performed for non therapeutic reasons only. This should be made clearer in the statement of purpose and patients' guide.

Improvement Needed

The service's statement of purpose and patients' guide needs to reflect that male circumcision will be performed for non therapeutic reasons only.

Given the invasive nature of circumcision procedures, we explored the arrangements for this in detail. The registered manager confirmed that male circumcision will be performed by a healthcare professional specialising in this type of procedure. This was clearly stated in the statement of purpose and patients' guide. The registered manager explained that the healthcare professional and his/her team would be responsible for all aspects of care planning and provision. This would include booking patients' appointments, providing information about the procedure and gaining the necessary patient/parent consent, performing the procedure and arranging follow up care as appropriate.

Patients' care records would be the responsibility of the visiting healthcare professionals.

Patient Information and Consent (Standard 9)

The registered manager explained that visiting healthcare professionals were responsible for providing parents/patients with timely and accessible information about their individual care and treatment.

With regards to male circumcision, where consent should be confirmed in writing, the registered manager explained that he would ensure a suitable process was in place prior to the service being provided.

Patient information leaflets were available on a range of conditions. This meant that patients had access to information on how to look after their own health and manage health related issues.

Dignity and Respect (Standard 10) and Environment (Standard 12)

The service had considered ways to protect and promote patients' rights to privacy and dignity. Further improvements to the environment were planned to further protect patient privacy.

The service's statement of purpose set out the arrangements for respecting patients' privacy and dignity. This included the safe keeping of patient information.

The service had three consultation rooms, each able to provide privacy when being used. Each room had a telephone so that conversations could be conducted in private where necessary. The registered manager also confirmed that the rooms had been soundproofed to reduce the likelihood of private conversations being overheard from the waiting area.

The main doors to the service were made from clear glass. This meant that people waiting in the adjoining pharmacy and shop would be able to see patients waiting for consultations. The registered manager had already recognised that arrangements needed to be made to provide better privacy for those patients visiting the service. The registered manager confirmed that screens and/or window coverings were being considered as part of the future development of the service.

The registered manager confirmed that it was the intention to provide services for children. The registered manager described different strategies to make the environment child friendly. These included providing a selection of toys and displaying pictures to make the waiting area more appealing to children. The registered manager explained that these would be stored away when not needed.

Delivery of safe and effective care

We found that arrangements were in place to provide patients with safe and effective care. The service's policy on safeguarding needed to contain more details on the procedure staff should follow if they suspected abuse. A policy for medicines management also needed to be devised and implemented. In addition we recommended that the registered manager (who was also the registered provider / owner) seek advice on the emergency drugs and equipment that should be available.

Safe and Clinically Effective Care (Standard 7)

Discussions with the registered manager confirmed a commitment to providing healthcare services that were safe and effective.

At the time of our inspection, not all of the intended healthcare services were being provided. The registered manager explained that prior to allowing a visiting healthcare professional to provide a service from the consulting rooms he would explore their experience and make relevant checks to ensure they were qualified and, where appropriate, registered with a professional body to provide the healthcare service. This was evidenced within records we saw.

In respect of the male circumcision service, the registered manager confirmed he would ask to see copies of clinical audits prior to the service being set up and at regular intervals once the service was operating. This was with a view to assess the safety and effectiveness of the care provided.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The service had written policies around safeguarding but these needed to include more details on the action staff should take if they suspected abuse.

Whilst policies were in place, they did not set out in detail the action staff should take. The safeguarding children policy described in general terms the aims of safeguarding rather than the procedure staff should follow. Similarly, the safeguarding adult policy referred to some arrangements to safeguard adults but not the procedure staff should follow.

Improvement Needed

The service's written safeguarding procedures should clearly describe the procedures staff should follow if they suspect abuse.

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

Arrangements were in place to reduce cross infection.

The service had an up to date written infection control policy. This provided a general overview of the arrangements to reduce cross infection at the service. Given the intention is to provide a range of healthcare services; we recommended to the registered manager that he also obtain individual infection control policies and procedures from visiting healthcare professionals to support the general policy that was in place. These should provide details of the specific arrangements for each type of healthcare service provided. The registered manager agreed to do this.

A contract was in place for the safe transfer and disposal of waste produced by the clinic. Suitable hand washing and drying facilities were available within the consultation rooms and the toilet, to reduce cross infection. Hand sanitisers were also readily available for staff to use, again to reduce cross infection.

The registered manager confirmed that only sterile, single use instruments and equipment were used. This avoided the need to have to use cleaning and sterilising (decontamination) equipment. With regards to the male circumcision service, the registered manager anticipated that sterile single use surgical instruments would be used. Should re usable instruments be required, the registered manager confirmed that decontamination of these would be the responsibility of the healthcare professional. The registered manager confirmed he would check to ensure suitable arrangements were in place prior to the service being provided.

During a tour of the service we found all areas to be very clean and tidy.

Medicines Management (Standard 15) and Emergency Planning Arrangements (Standard 4)

No medicines were stored at the service. We recommended that the registered manager seek advice from the Resuscitation Council (UK)³ regarding the provision of emergency equipment and drugs that may be required.

The registered manager confirmed that should medicines need to be used; this would be the responsibility of individual visiting healthcare professionals, including

³ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

writing private prescriptions for medicines. This arrangement must be set out within a written policy.

Improvement Needed

The registered person must devise and implement an appropriate policy for the management of medicines used at the service.

The registered person should seek advice from the Resuscitation Council (UK) on the provision of emergency drugs and equipment.

Managing Risk and Health and Safety (Standard 22)

We found that the service had taken steps to identify hazards and reduce the risk of harm.

We saw that written risk assessments had been completed and actions identified to manage and mitigate risk. These included environmental and procedural risk assessments.

We saw that fire safety equipment was placed around the service and fire exits were clearly signposted. This meant that equipment and information was available for staff and patients so they could exit the building safely in the event of a fire.

Dealing with Concerns and Managing Incidents (Standard 23)

The service had an up to date written complaints procedure.

Details of how patients could make a complaint were included within the statement of purpose and patients' guide. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations the contact details of HIW were also included.

The registered manager confirmed that no complaints had been received since the consulting rooms had opened.

Quality of management and leadership

The registered manager was responsible for the management of the consulting rooms and demonstrated a commitment to providing a safe and high quality service to patients. We identified that improvement was needed around the information and documentation required to be made available to demonstrate that persons are suitable to work at the service.

Governance and Accountability Framework (Standard 1) and Participating in Quality Improvement Activities (Standard 6)

The registered manager had overall responsibility for the management of the service and discussions demonstrated a commitment to providing patients with a safe and high quality service.

The services provided at the service at the time of our inspection were in accordance with the conditions of registration with HIW. The certificate of registration was available but not displayed prominently as required by the regulations. The registered manager addressed this before the end of the inspection.

An up to date statement of purpose and patients' guide were available. These generally set out information about the service as required by the regulations. As previously described both documents should be amended to reflect that only male circumcision for non therapeutic reasons will be offered. Whilst details of the registered manager were included within the statement of purpose, the relevant qualifications and experience of the podiatrist also needed to be included.

As the service develops, the statement of purpose will need to include the number, relevant qualifications and experience of all staff working at the service.

Improvement Needed

The service's statement of purpose and patient's guide must include details of the number, relevant qualifications and experience of staff working at the service.

The registered manager explained that he had conducted quarterly reviews of the service and we saw a written summary demonstrating this. This was with a view to identify areas of improvement as part of the service's quality improvement activity.

**Workforce Recruitment and Employment Practices (Standard 24) and
Workforce Planning, Training and Organisational Development (Standard 25)**

At the time of the inspection there were no staff directly employed by the service. The statement of purpose clearly described that visiting healthcare professionals worked at the service on a self employed basis.

We saw that the registered manager had arrangements in place to assess the suitability of visiting healthcare professionals prior to providing services to patients. These included checks on individuals' registration with professional bodies and requesting to see Disclosure and Barring Service (DBS) checks. Whilst arrangements were in place, we informed the registered manager that further documentation and information required by the regulations also needed to be made available, for example written references, employment history and up to date photograph of the person. The registered manager agreed to address this.

Improvement Needed

The registered person must make suitable arrangements to ensure all information and documentation required by the regulations to demonstrate a person's fitness to work at the service is available for inspection and in the case of new staff prior to them being allowed to work at the service.

The registered manager confirmed that he would request to see a person's DBS certificate prior to making a decision whether to allow that person to work at the service. However, it is the responsibility of the registered manager to apply and obtain a DBS certificate, or make arrangements for this to be done on his behalf, prior to allowing a person to work at the service.

Improvement Needed

The registered person must make suitable arrangements to ensure that DBS certificates are requested and obtained by him, or on his behalf, before allowing any new persons to work at the service.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at the service will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Newport Consulting Rooms

Date of Inspection: 5 September 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
7	A summary of the patient feedback obtained must be included in the patients' guide.	Regulation 7(1)(e) National Minimum Standard 1	Summary of the Patient Feedback will be documented in the Patients Guide	Asim Ali	3 months
7	The service's statement of purpose and patients' guide needs to reflect that male circumcision will be performed for non therapeutic reasons only.	Regulation 6(1) National Minimum Standard 1	The Statement of Purpose will be changed to reflect this	Asim Ali	3 months

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
9	The service's written safeguarding procedures should clearly describe the procedures staff should follow if they suspect abuse.	Regulation 16(1)(b) National Minimum Standard 11	Safeguarding Procedures to be updated with relevant information of local contact numbers.	Asim Ali	3 months
11	The registered person must devise and implement an appropriate policy for the management of medicines used at the service. The registered person should seek advice from the Resuscitation Council (UK) on the provision of emergency drugs and equipment.	Regulations 9(1)(m) and 15(1)(b) National Minimum Standard 15	A Medicine Management Policy will be devised to cover all the points mentioned. Resuscitation Council will be contacted and any appropriate requirements to be actioned.	Asim Ali	3 months
Quality of Management and Leadership					
12	The service's statement of purpose and patients' guide must include details of the number, relevant qualifications and experience of staff working at the service.	Regulation 6(1) Schedule 1 National Minimum Standard 1	The Patient Guide and Statement of Purpose to be updated when relevant staff are employed. Currently the services are not up and running.	Asim Ali	Quarterly Basis if appropriate

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
13	The registered person must make suitable arrangements to ensure all information and documentation required by the regulations to demonstrate a person's fitness to work at the service is available for inspection and in the case of new staff prior to them being allowed to work at the service.	Regulation 21(2)(d) Schedule 2 National Minimum Standard 24	All relevant information will be documented as per requirements	Asim Ali	3 months and ongoing
13	The registered person must make suitable arrangements to ensure that DBS certificates are requested and obtained by him, or on his behalf, before allowing any new persons to work at the service.	Regulation 21(3) National Minimum Standard 24	To ensure any future Service Providers have a DBS check and to retain the information on the premises	Asim Ali	3 months and ongoing

Service Representative:

Name (print):Asim Ali.....

Title:Mr.....

Date: 28 October 2016.....