



## **Independent Healthcare Inspection (Announced)**

Newport Consulting Rooms, Newport

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Newport Consulting Rooms (the service), 44 Commercial Road, Newport, NP20 2PE on the 19 August 2019.

Our team, for the inspection comprised of one HIW inspector and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

The service had yet to provide any treatment relating to male circumcisions nor had any General Practitioners used the consulting rooms. The registered manager was advised of the systems that had to be in place before this treatment could take place.

The service decided that they would request a change of registration to remove the registration for male circumcisions until such time as the systems were in place.

Based on the evidence and policies in place for the remaining treatments we found that arrangements were in place to provide patients with safe and effective care.

This is what we found the service did well:

- Patient feedback for the services provided was positive
- The clinic was well maintained and clean and tidy
- Arrangements that were in place to reduce cross infection
- The range of policies available.

## 3. What we found

### Background of the service

Newport Consulting Rooms is registered to provide independent services including male circumcisions for religious reasons and on persons who have been assessed as mentally and physically fit at 44 Commercial Road, Newport, NP20 2PE.

The service only provides day care services.

The service was first registered on 23 June 2015.

The service does not have any employees other than the registered manager who also owns the adjoining pharmacy.

A range of services were provided which included:

- Male circumcisions as described above
- Travel clinic
- General Practitioner (GP) consultations
- Podiatry.

At the time of the inspection only podiatry and travel clinic services had been provided.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

The consulting rooms were well maintained and provided the necessary dignity and confidentiality to service users.

Patient feedback was positive.

No patients were attending the service at the time of our inspection, so it was not possible to directly obtain patients' views on the care they had received.

### Health promotion, protection and improvement

There were leaflets in the reception area and in each consulting room to support patients to look after their own health, wellbeing and to promote healthy lifestyles. Additional information was also available on health related subjects such as diabetes and smoking cessation.

### Dignity and respect

The service had a privacy, dignity and confidentiality policy that aimed to ensure that all service users and their carers were treated in accordance with the principals of dignity and respect. 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 confirmed that patients would be shown into the consulting rooms on arrival should they require privacy.

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.

### Patient information and consent

There was a statement of purpose and separate patients' guide as required by the regulations. These were available in the reception area and set out information about the services offered, how they could be accessed and the

arrangements for consent to treatment. There was also an up to date written policy on obtaining valid patient consent.

At the start of the inspection the requirements relating to informed consent for male circumcisions were discussed with the registered manager. The registered manager stated the consent of both parents would be obtained before the operation took place.

### **Communicating effectively**

The majority of information provided in leaflet form was provided in English only. Given that the clinic operates in Wales we would advise the registered manager to consider making patient information available in Welsh.

The registered manager said that a number of staff at the adjoining pharmacy spoke various languages including Welsh and other middle-eastern and sub-continent languages and would be made available as translators. Language Line<sup>1</sup> was available to translate for patients whose first language was not English. Efforts should be made to provide information in other languages and formats, taking into consideration the communication needs and wishes of patients using the service.

### **Care planning and provision**

The arrangements for providing care were described within the statement of purpose. The registered manager confirmed that there had been intentions to perform male circumcision at the service for non-therapeutic reasons only, as stated in the statement of purpose and patients' guide, but that this procedure had not been provided to any patients to date.

The registered manager confirmed that male circumcision would 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 their team would be responsible for all aspects of care planning and provision. This would include booking patients' appointments, providing information about the procedure and

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<sup>1</sup> <https://www.language.com/>

gaining the necessary patient / parent consent, performing the procedure and arranging follow up care as appropriate. The registered manager said he would check that this was in place before allowing the procedure to take place.

### **Equality, diversity and human rights**

The service recognised its responsibilities under equality, diversity and human rights legislation. There were written policies in place that had been reviewed and dated in 2019 relating to privacy, dignity and confidentiality as described above. Additionally, there was a written complaints procedure available. This clearly set out the timescales for acknowledging and responding to complaints and in accordance with the regulations; the contact details of HIW were also included.

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.

The setting was easy to find but there was no signage identifying the consulting rooms within the combined pharmacy and post office. The registered manager stated that signage had been ordered and would be put on the glass front to the reception room in due course. There was adequate signage to the fire exits.

### **Citizen engagement and feedback**

The service used patient questionnaires to obtain feedback from patients for the services currently provided; podiatry and travel clinic. The sample we saw included positive comments about the care provided at the service. The service conducted quarterly reviews of feedback received and these reviews for the last six quarters confirmed a trend of positive feedback. A summary of the feedback obtained was included in the patients' guide.

As a result of this feedback, the service had applied to the National Health Network and Centre (NaTHNaC)<sup>2</sup> to be a walk-in clinic for the yellow fever vaccination.

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<sup>2</sup> <https://nathnac.net/>

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

The clinic was clean and tidy and arrangements were in place to reduce cross infection.

A range of policies and procedures were available to ensure that there was guidance on the correct actions to take.

With regards to male circumcisions as suitable arrangements were not in place, the service decided that they would request a change of registration to remove the registration for this until such time as the systems are in place.

### Managing risk and health and safety

Assessment of the facilities, as to whether they were suitable to provide a day case local anaesthetic service for non-therapeutic circumcisions, was carried out by the clinical reviewer. The clinical reviewer was the National Urology Lead for the Royal College of Surgeons, Invited Review Mechanism<sup>3</sup>.

The reviewer detailed the minimum necessary documentation, audit, staff and their qualifications, protocols and facilities required to provide a safe service. The registered manager was aware that few of these were present or recorded at the service at present but aimed to have these in place before any procedures took place. The inspection team believed the facility should not at present offer this service. Following discussion with the registered manager the decision was made by the service to request a change of registration to remove male circumcisions from the registration.

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

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<sup>3</sup> <https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/irm/>

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.

### **Infection prevention and control (IPC) and decontamination**

During a tour of the service we found all areas to be very clean and tidy. The service had an up to date infection control policy. This provided a general overview of the arrangements to reduce cross infection at the service.

Should the service be in a position to provide clinical procedures in the future we advised that the service would need to 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 service. 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 for the current services. This avoided the need to use cleaning and sterilising (decontamination) equipment. With regards to the male circumcision service, the registered manager stated that should re-usable instruments be required, the decontamination of these would be the responsibility of the healthcare professional undertaking the procedure. The registered manager confirmed he would check to ensure suitable arrangements were in place should the service be provided in the future.

### **Medicines management**

No medicines were stored at the service. The registered manager confirmed that should medicines need to be used; this would be the responsibility of individual visiting healthcare professionals, including writing private prescriptions for medicines. This arrangement was confirmed in the medicines management policy.

In addition, the emergency medicines policy referred to the Resuscitation Council (UK)<sup>4</sup> and that as the service was based on the same site as a pharmacy, access was available to medication in an emergency. Additionally, the policy referred to discussions that would take place with health practitioners for their requirements. This included the need to complete a form to state what medication would be used in response to any anaphylaxis<sup>5</sup> that had been considered in the line of their practice.

### **Safeguarding children and safeguarding vulnerable adults**

The service had written policies on protection of vulnerable adults and safeguarding children and young people. These included actions that needed to be taken around safeguarding and included details on the action that should be taken if abuse was suspected. Additionally, the policy included the contact numbers of the local social services, police and named nurses and doctors. There was also a referral flowchart that could be followed where there were concerns on a child's welfare.

### **Safe and clinically effective care**

The clinical guidelines that needed to be developed before the service was in a position to request re-registration on male circumcisions were discussed with the registered manager and these included:

- Pre-operative assessment and advice
- Patient information
- Consent
- Safeguarding
- Medicines handling and administration
- Staffing

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<sup>4</sup> <https://www.resus.org.uk>

<sup>5</sup> Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy.

- Infection control and decontamination
- Pre and post-operative management of complications
- Discharge advice and communication
- Paediatric surgery network agreement.

### **Records management**

The service had a policy on records management and data protection that made patients' care records the responsibility of the visiting healthcare professionals.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

The registered manager was responsible for the management of the service and demonstrated a commitment to providing a safe and high quality service to patients.

### Governance and accountability framework

The services that had been provided at the service, at the time of our inspection, were in accordance with the conditions of registration with HIW. The certificates of registration were displayed prominently as required by the regulations.

An up to date statement of purpose and patients' guide were available, as referenced above, these set out information about the service as required by the regulations. Both documents had been updated since the last HIW inspection in 2016 as required by the improvements identified in the previous report.

We saw the quarterly reviews that the registered manager had written of the services offered in the previous three months. This was with a view to identify areas of improvement as part of the service's quality improvement activity.

As described above in various sections there were a range of policies available for the management of the service.

### Dealing with concerns and managing incidents

When we spoke with the registered manager he said that there had not been any concerns or incidents at the service.

### Workforce planning, training and organisational development

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.

The registered manager had arrangements in place to assess the suitability of visiting healthcare professionals prior to providing services to patients. These

included checking of individuals' registration with professional bodies, Disclosure and Barring Service (DBS), Hepatitis B records, written references, employment history and training logs.

### **Workforce recruitment and employment practices**

As the section above at the time of the inspection there were no staff directly employed by the service.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B – Improvement plan

**Service:** Newport Consulting Rooms

**Date of inspection:** 19 August 2019

No areas for improvement were identified during this inspection. The service is not required to produce an improvement plan.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
No areas for improvement identified during this inspection on this theme.				
<b>Delivery of safe and effective care</b>				
No areas for improvement identified during this inspection on this theme.				
<b>Quality of management and leadership</b>				
No areas for improvement identified during this inspection on this theme.				