



Independent Healthcare Inspection (Announced)

HealthFirst Consulting

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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 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, patient's guide and website (where applicable)
- HIW patient questionnaires.

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 non-compliance process is available upon request.

3. Context

HealthFirst Consulting is registered to provide an independent Sexual Health Care clinic (for patients over the age of eighteen) at 4 Ivors Street, Fleur-de-Lys, Blackwood, NP12 3RF. The service was first registered on 3 July 2015.

The service employs a staff team which includes one specialist doctor and two part time receptionists. A range of services are provided which include:

- Women's health checks
- Men's health checks
- Testing and treatment for sexually transmitted infections
- Family planning
- Counselling
- Referrals to specialist consultants

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the service on 10 May 2016.

4. Summary

We saw that the service was designed, developed, reviewed and implemented to ensure that patients' rights and freedom to make choices was promoted and respected. We found that the views of patients were sought and taken into account when reviewing and improving services. There was clear involvement with patients when planning their treatment and a counselling service was offered routinely to support patients' physical and emotional welfare.

Overall HIW was assured that HealthFirst Consulting provided patients with safe, effective treatment and care which was based on agreed best practice guidelines and complied with safety requirements. We saw that appropriate arrangements were in place to record and audit a range of practices within the service.

There was clear evidence that the clinic monitored its performance to identify where they could make improvements to patient treatment and care. We found that the audits had outcomes and identified improvements were recorded. There were no concerns regarding staff recruitment, retention or training.

We identified the following areas for improvement during this inspection – documentation in the Welsh language and signed consent to examination and investigations. 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 HIW taking action in accordance with our non-compliance and enforcement process.

5. Findings

Quality of patient experience

We were able to confirm that the service was designed, developed, reviewed and delivered to ensure that patients' rights and freedom to make choices was promoted and respected. We found that the views of patients were sought and taken into account when reviewing and improving services. There was clear involvement with patients when planning their treatment and a counselling service was offered routinely to support patients' physical and emotional welfare.

Citizen Engagement and Feedback (Standard 5)

Due to the confidential nature of the clinic, HIW did not send out patient questionnaires prior to the visit, nor did we speak with patients on the day. However patient feedback forms received by the practice indicated, without exception, that patients were complimentary of their experience at the service. We saw that there was a box in the reception area to collect returned questionnaires anonymously. The registered provider (person with overall responsibility for the clinic - in this instance, the specialist doctor) stated that the findings from the responses were discussed at staff meetings and any areas of concern were acted upon. Examples were given where changes had been made in direct response to patient requests.

Patient comments included;

“Excellent”

“Great service, very good explanations”.

Care Planning and Provision (standard 8)

Patients received individualised confidential care from the point of first contact. For example, patients' needs were initially assessed through the use of a private telephone number directly to the doctor. This allowed the assessment to be undertaken in a discreet way. Further to this, an appointment was arranged (if required) using patients' first names only.

We looked at a sample of four patient treatment records. We saw that patients were given information about treatment choices and procedures/outcomes were explained. Care and treatment records (in the form of doctor's notes) were up-to-date and reflected what happened each time a patient attended the clinic.

Patient Information and Consent (Standard 9)

We saw that there was a paper system in place for gathering personal and medical information from patients. We also saw that treatment plans were clear and provided an on-going account of the care and treatment offered. However, whilst verbal consent to treatment was recorded, we advised the registered provider of the need to improve the patient consent process by ensuring that patients' signatures were obtained prior to examination and investigations.

Improvement needed

The registered provider should obtain signed consent to examination and investigation from patients.

Dignity and Respect (Standard 10)

There were up to date privacy and dignity and equality and diversity policies available to guide staff in their work. The clinic environment facilitated the provision of private, confidential and dignified care. In addition, both receptionists had received chaperone training as there were occasions when their attendance at patients' intimate examinations, was required.

We were told that patient appointments were arranged so that they would not overlap. This meant that there was only one patient in the clinic at any one time. This ensured that patient's confidentiality, dignity and respect were maintained.

There were portable ramps available to assist patients with mobility problems, to access toilet/washroom areas.

There was a privacy curtain around the examination bed, patient gowns were offered and blinds on the windows were drawn prior to any examinations.

Communicating Effectively (Standard 18)

Prior to the inspection, we read a copy of the Statement of Purpose and Service Users guide. These are documents which set out the terms of the service offered, the staff team, a review of the service and the outcome of engagement with patients. Both contained the required information.

Posters and leaflets were displayed discreetly to inform people about the different treatment options that the clinic offered. The registered provider also gave us an example of the information given to patients after the first clinic consultation which offered guidance on choice of treatment, costs and how to raise a concern, should the need arise.

There was no information available to patients in Welsh. We therefore discussed this with the registered provider and we were assured that key documents such as complaints and patient information/contract leaflets, would be translated into Welsh and made available for patients on request. We were also informed that patients who requested translators would receive appointments when translation services could be made available. This would be discussed during the first telephone consultation.

Improvement needed

The registered provider needs to ensure patient information is available in both Welsh and English.

Delivery of safe and effective care

Overall, HIW was assured that HealthFirst Consulting provided patients with safe, effective treatment and care which was based on agreed best practice guidelines and complied with safety requirements. We saw that appropriate arrangements were in place to record and audit a range of practices within the service.

Safe and Clinically Effective Care (Standard 7)

We found that treatment and care was based on agreed best practice guidelines. The service was led by a specialist doctor. We also found that specific Information leaflets were given to patients with regard to their individual treatment wherever necessary.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The service had an up to date adults safeguarding policy and procedure in place. We were informed that there had been no safeguarding concerns or incidents to date. The registered provider had received training in relation to this topic.

Environment (Standard 12)

The clinic environment was compact, made up of three rooms; a reception area, clinical room and wash/toilet room. The building was clean, well organised and decorated to a high standard. We saw that Portable Appliance Testing (PAT) had been undertaken and there were smoke alarms and fire extinguishers to provide a safe environment. This meant that the service placed an emphasis on the safety of patients and staff. There was also a specific window hammer located in the main clinic area to break the double glazed window in the event of an emergency. We were therefore assured that the environment was suitable and safe for patients.

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

There were schedules in place for cleaning and we saw contracts with regard to clinical waste and facility maintenance. We saw hand washing facilities and disinfecting hand gel in the clinical room. All instruments were single use which avoided the need to sterilise instruments.

Medicines Management (Standard 15)

We saw that there were robust systems in place to reduce the potential for any medicine errors. There were effective medicines management policies and procedures available. We discussed the process for prescribing, dispensing and disposal of medication and found that the system was safe. There was a local

agreement in place between the village pharmacist and the clinic. The medicine fridge was only used occasionally and was therefore switched on 48 hours prior to the delivery of any medication to ensure the fridge had reached the appropriate temperature. Records were maintained with regard to fridge temperatures. We were assured that there were satisfactory procedures in place for safe medicines management.

Dealing With Concerns and Managing Incidents (Standard 23)

We were told that the registered provider dealt with all complaints regardless of whether they were informal, or formal. There was a system in place to record details of any complaints investigation, outcome and action taken. The complaint policy was available in the waiting room and contain the relevant HIW address. However the document that patient's took away with them included HIW's address should it be required. There had been no complaints regarding the service since it opened.

Quality of management and leadership

There was clear evidence that the clinic monitored its performance to identify where they could make improvements to patient treatment and care. We found regular audits had been carried out with outcomes or identified improvements recorded from the audits.

Governance and Accountability Framework (Standard 1)

We saw that a range of monthly audits had been carried out. These related to infection control arrangements, patients' privacy and dignity, patient documentation, risk assessments and patient feedback forms.

HIW had not received any regulation 30/31 notifications since the service had been registered in 2015. (These are notifications of any untoward incidents or events). Discussion with the registered provider indicated that there had not been any notifiable events.

An abridged version of the service's policies and procedures was available and offered to all counsellors or therapists who provided services to patients at the clinic. This was also used as part of the induction programme for new staff.

There were regular recorded staff meetings. There was a fire drill/simulated emergency undertaken during each staff meeting. This enabled emergency systems to be tested and reviewed.

The clinic recorded the required statistics for the Public Health department and had developed a specific coded system to reduce duplicating statistics with those of local hospitals and GP practices.

Workforce Recruitment and Employment Practices (Standard 24)

We looked at the documentation for staff appraisals and personal development plans, which met the required standards. Because the service had only been open for a few months there had been no staff appraisals to date. The registered provider told us that this would commence when staff had been employed for one year.

Staff training was on-going within the clinic. Receptionists had received training in areas such as; infection control, chaperone duties, confidentiality and sole working. There was no concern with staffing levels, recruitment or retention.

6. Next Steps

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

The improvement plan should clearly state how the improvement identified at HealthFirst Consulting 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: HealthFirst Consulting

Date of Inspection: 10 May 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
Page 7	The registered provider should obtain signed consent to examination and investigation from patients.	Reg 9(4)(b) Standard 9	The patient registration sheet has been amended to include signed consent.	Dr Lucy Jones	Completed. See attachment
Delivery of Safe and Effective Care					
Page 8	The registered provider needs to ensure patient information is available in both Welsh and English	Standard 18	The patient information has already been translated into Welsh.	Dr Lucy Jones	Completed. See attachment
Quality of Management and Leadership					
	No improvement needed				

Service Representative:

Name (print): **Dr Lucy Jones**

Title: **Manager**

Date: **1/6/16**