

# Quality Check Summary

## Medshift Clinic

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Medshift Clinic as part of its programme of assurance work. The clinic is based in Bridgend and provides weight management services to patients aged 16 years old and over.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on four key areas; environment, delivery of safe and effective care, infection prevention and control and staffing. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the registered manager<sup>1</sup> on 13 January 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely? In your answer please refer to both the practice environment and processes to enable patients to access appointments
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How has the clinic and the services it provides adapted during this period of COVID-19?

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<sup>1</sup> A registered manager means a person appointed under the Independent Health Care (Wales) Regulations 2011 as the manager of an establishment.

## Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safety and patient dignity.

### **The following positive evidence was received:**

The registered manager described how the clinic and the way it provides services has had to adapt to meet the challenges presented by COVID-19. Visits to the clinic have been reduced to two days a week which has meant that services have mainly been provided remotely. Patients book an appointment online and complete the necessary documentation electronically using a secure file transfer application. The registered manager reviews the documentation and undertakes a virtual consultation to discuss potential treatment options. In cases where patients do not have suitable equipment to undertake their own weight and heart rate measurements the registered manager will visit the patient in person and undertake the measurements at their own home. We were told that home visits take place on the doorstep to adhere to social distancing guidelines and that personal protective equipment is worn by the registered manager. Prescribed medication is either sent securely to patients via recorded delivery or given to the patient during a home visit.

The registered manager told us about the procedures that have been put into place to allow for safe social distancing and to help mitigate cross-infection when staff and patients attend the clinic. Only one patient is allowed into the clinic at a time and face masks must be worn by patients and staff at all times. Stickers and posters to remind patients about social distancing guidelines have been displayed on the floor and walls. Adaptations have been made to ensure measurements can be taken safely, such as the purchase of Bluetooth weighing scales, which allows the registered manager to record the weight via an app while maintaining social distance.

We saw that all of these new arrangements had been outlined in a COVID-19 Continuity Procedures policy and an updated Infection Control policy.

We were told that patients are required to fill in an online questionnaire to check for symptoms of COVID-19 to ensure it is safe for them to visit the clinic or for the registered manager to undertake home visits. Checks are also undertaken before any medication is prescribed to patients. We were provided with a copy of the information provided to patients after booking an appointment and saw that there were clear instructions for patients about the COVID-19 procedures in place at the clinic.

We spoke about the arrangements to confirm the identity of patients during consultations and before prescribing medication. Photo ID must be presented by patients either when attending the clinic, during home visits or it can be uploaded securely via the clinic's website.

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The registered manager also described other checks that are made during consultations, such as asking questions about their medical history. We saw a copy of the Identity Verification Procedure policy which confirmed the process in place at the clinic.

**No improvements were identified.**

## Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, cleaning and hygiene regimes and access to training.

**The following positive evidence was received:**

The registered manager confirmed that he keeps up to date with local and national guidance issued by the government and with updates issued by Public Health Wales and Healthcare Inspectorate Wales on COVID-19.

As previously detailed, we saw a copy of an updated Infection Control policy that described the infection prevention and control arrangements in place at the clinic. The registered manager told us that the policy is updated annually. We were also provided with a copy of an Infection Control checklist that had been completed in December 2020. The checklist acted as an audit to monitor potential risks to patients and staff and we noted that no issues had been identified. A specific section on compliance with latest COVID-19 guidelines had been added to the checklist, which we noted as good practice.

We were told that hand sanitising gel is available throughout the clinic and that posters reminding patients and staff about good hand hygiene were on display. We saw a copy of a Handwashing Techniques policy that informed staff of how to effectively clean their hands to help prevent the spread of any infection.

The registered manager described suitable cleaning arrangements in place at the clinic and we saw that these were documented in a Cleaning Schedules policy. We noted that the policy outlined the tasks that needed to be undertaken in specific areas.

We were told that appropriate personal protective equipment (PPE) is available at the clinic and stock levels are checked quarterly to ensure supplies are sufficient. The registered manager is the only clinician at the clinic and holds a registration with the General Medical Council. We saw that the registered manager had completed training on infection prevention and control as part of their mandatory professional training requirements. We saw evidence that the receptionist had recently completed COVID-19 awareness training, which included topics on infection prevention and control.

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**No improvements were identified.**

## **Governance / Staffing**

As part of this standard, HIW explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safe practices.

### **The following positive evidence was received:**

The clinic has two members of staff. The registered manager explained that this meant management arrangements are generally informal; for example, rather than holding regular team meetings, discussions are held during normal day to day contact. This allows changes in working practices, and any COVID-19 updates, to be communicated quickly and effectively. We saw that both members of staff had completed training relevant to their roles, such as safeguarding, health and safety and basic life support.

The registered manager told us that they had discussed the risks associated with working during COVID-19 with the receptionist and that no areas of concern had been identified. We were told that neither member of staff have been absent during the pandemic, which has ensured there has not been an impact on the delivery of services to patients.

We looked at the processes in place to maintain safe working practices and ensure care is delivered to patients safely. We saw that a Medicines Management policy was in place that detailed the procedures and arrangements in place at the clinic in relation to the handling, safe-keeping and disposal of medicines. The registered manager confirmed that medication is ordered in small batches to help reduce the risk of medication not being used before reaching its expiry date. Daily checks are also undertaken to check the medication remains in date. We saw that appropriate consent protocols were in place to allow patients to understand the risks and benefits associated with their weight loss treatment before embarking on the programme. A patients' guide and a statement of purpose<sup>2</sup> was provided to us by the registered manager and both documents contained the essential information required by the regulations.

**No improvements were identified.**

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<sup>2</sup> A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

## What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, 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.