

Quality Check Summary

Cyncoed Consulting Rooms

Activity date: 14 October 2021

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Cyncoed Consulting Rooms as part of its programme of assurance work. Cyncoed Consulting Rooms provide a private outpatient consulting service for use by consultants and other health care professionals.

HIW's quality checks form part of a new tailored 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 and Independent Health Care (Wales) Regulations 2011 and, in so doing, also take the National Minimum Standards for Independent Health Care Services in Wales (National Minimum Standards) into account. 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 services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. 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 assurance and inspections can be found [here](#).

We spoke to the registered manager on 14 October 2021, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- What changes have been implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How is the clinic ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely?
- How does the clinic meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How has the clinic and the services it provides adapted during this period of COVID-19?
- How does the clinic ensure that equality and a rights based approach are embedded across the service?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- Environment risk assessment
- Covid-19 risk assessment
- Health and safety / fire safety risk assessment.

We also questioned the service representative on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We found that the service has conducted relevant risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic.

We were told that, at the beginning of the COVID-19 pandemic, the clinic environment had been assessed to aid and improve infection control. We were told that some areas of the clinic had been refurbished and that the following changes were made:

- Implemented clear desk procedures and unnecessary items were removed
- Desks were moved to enable safe social distancing
- Carpet tiles were removed and replaced with washable flooring in the communal areas
- Fabric chairs were removed and replaced with washable plastic chairs
- Social distancing signage was displayed
- Hand sanitiser dispensers located at various locations around the clinic
- Intercom installed at main entrance
- Protective screen installed at the reception desk.

In order to protect staff and patients at the clinic, the registered manager told us that the front door is locked at all times to prevent members of the public from entering unattended and without an appointment. We were told that appropriate notices and signs are on display at the clinic.

Any patients who needed to visit the clinic attend by invitation and pre-booked appointment only. We were informed that staff admitting patients onto the premises wear appropriate personal protective equipment (PPE), and that all patients who require treatment are screened for symptoms of COVID-19.

We were told that all staff have received a COVID-19 risk assessment to assess the personal risks of continuing to carry out their role during the COVID-19 pandemic and to highlight any adjustments needed to working practices.

The following areas for improvement were identified:

The registered manager confirmed that the emergency drugs and equipment are stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the clinic. The registered manager confirmed that a system was in place to check the equipment and emergency drugs on a monthly basis to ensure they remained in date and ready for use. However, in accordance with standards set out by the Resuscitation Council (UK) we recommend that the emergency drugs are checked on a weekly basis. We also advised the clinic to check the oxygen cylinder and the defibrillator on a daily basis.

The registered manager should arrange for the emergency drugs and equipment to be checked on a weekly basis.

The registered manager confirmed that the majority of leaflets and signs displayed at the clinic are bilingual. We were told that there are four members of staff who are fluent Welsh speakers, which helps to meet the needs of Welsh speaking patients who wish to communicate in their preferred language. We were also informed that the clinic has access to an interpreter. However, we were told that these services are not being promoted.

The registered manager should arrange for translation services to be promoted.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Staff handbook: policies and procedures
- Generic infection control policies and Covid-19 specific policies
- Hand washing policy

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- Cleaning policy
 - Clinical waste policy
 - Cleaning schedules
 - Cleaning audits.

The following positive evidence was received:

We saw that the clinic had a dedicated staff handbook in place which contained relevant policies and procedures, such as the prevention and control of infection, hand washing, deep cleaning and the disposal of clinical waste. The handbook has been amended to include a dedicated section on the management of COVID-19. We were informed that the team receive regular updates by email to ensure all staff are kept up to date with any changes in guidance or practise.

We saw evidence that a cleaning audit had recently been completed by the cleaning company. The registered manager also confirmed that cleaning schedules have been increased and the use of PPE has been optimised with adequate stocks sourced and monitored on a regular basis.

We were told that all staff at the clinic have received training on the correct use of PPE, including donning, doffing and the safe disposal of used equipment.

The following areas for improvement were identified:

As mentioned above, the registered manager confirmed that cleaning schedules have been increased. However, no cleaning checklists are maintained by the cleaners.

The registered manager must ensure that cleaning checklists are completed to evidence that the environment has been effectively cleaned.

We were told that regular audits are undertaken to assess and manage the risk of infection. The registered manager confirmed that he regularly monitors the environment and the standard of cleanliness on a daily basis. We were told that any issues identified with regards to the standard of cleanliness are recorded in a central notebook and are brought to the attention of the cleaners. However, no formal spot checks / audits are undertaken or recorded.

The registered manager should undertake regular formal environmental and cleaning audits and record their findings.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Statement of Purpose
- Patient Guide
- Regulation 28 (Responsible Individual visit) report
- Mandatory training records for all staff
- Building maintenance documents
- Staff handbook containing various policies and procedures.

The following positive evidence was received:

The owners of Cyncoed Consulting Rooms are the nominated responsible individuals and the practice manager is the registered manager.

We were provided with a copy of the statement of purpose and patient guide which included relevant information about the services being offered.

We were provided with the staff handbook which contained all policies and procedures at the clinic. We saw that these had been reviewed during the year and we also saw that they contained a review date.

We were provided with the various building maintenance documents and contacts the clinic had in place. We saw the following certificates:

- Five yearly wiring check
- Gas servicing
- Lift servicing report
- Portable appliance testing (PAT) report
- Water testing report
- Domestic unvented hot water storage vessel inspection certificate
- Fire extinguisher service report

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- Fire detection inspection and servicing certificate

We noted that fire extinguishers were due to be serviced. However, the registered manager confirmed that all fire extinguishers have recently been serviced and the clinic is awaiting the certificate.

We noted that the clinic had a dedicated equality diversity and human rights policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment. We were informed the all rooms at the clinic have been purpose built and designed by doctors. Facilities at the clinic are fully accessible to all patients who may have a physical disability. There are no steps or slopes to navigate and patients can access the premises via an automatic door. We were also informed that a hearing loop induction facility is available to support hearing aid users.

The following areas for improvement were identified:

We were provided with mandatory training statistics for the clinical team which showed that the majority of staff were due to renew their training. The registered manager informed us that plans will be put in place for staff to renew all outstanding training over the next ten weeks. We were told that there was no current system in place to monitor overall training compliance. The registered manager confirmed that arrangements will be put in place to ensure that mandatory training data is reviewed regularly to ensure all staff members renew their training in a timely way.

The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check. The registered manager must also ensure that a system is put in place to monitor staff training requirements.

The registered manager confirmed that the clinic has not formally assessed or monitored the quality of service provision as required by The Independent Health Care (Wales) Regulations 2011. The registered manager and responsible individuals should arrange to assess and monitor the quality of service at the clinic and provide HIW with a copy of the subsequent report.

The registered manager confirmed that formal team meetings had been paused throughout the pandemic. Any further updates and / or changes to policies and procedures were e-mailed to staff.

The registered manager should ensure that formal team meetings are reinstated.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements 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 the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

Improvement plan

Setting: Cyncoed Consulting Rooms

Date of activity: 14 October 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the improvement plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager should arrange for the emergency drugs and equipment to be checked on a weekly basis.	The National Minimum Standards: Standard 4, (Emergency Planning Arrangements)	As per the latest clinical advice from the Resuscitation Council UK, we have now implemented both a daily & weekly check of all our emergency drugs to ensure that they are all in-date and available. The weekly checks of all emergency drugs is to be carried out by our clinical staff every Friday and will be documented in the emergency drug folder kept in the same secure cupboard that the emergency drugs are kept. The Daily checks will be of the Defibrillator & emergency O ² cylinder to ensure both are in good working order.	Registered Manager - & supervised delegated responsibility to Nursing Staff	Daily & weekly from 1 st November 2021 & ongoing.

2	The registered manager should arrange for translation services to be promoted.	The National Minimum Standards: Standard 18 (Communicating Effectively)	As advised, we have now updated our waiting area to display laith Gwaith signs promoting the Welsh Language & promoting the staff that are available to speak Welsh if asked. The promotion of translation services will also be updated on our website.	Office Manager	Signage displays in place from 1/11/21 - website to be updated w/c 14/11/21
3	The registered manager must ensure that cleaning checklists are completed to evidence that the environment has been effectively cleaned.	The National Minimum Standards: Standard 12 (Environment)	Further to discussions with our contract cleaning company we have now designed & implemented a weekly checklist audit form that includes a space for us to add comments for improvements in regards to ensuring that each specific space within the environment has been effectively & appropriately cleaned.	Responsible Manager	Implemented from 1 st Nov 2021 and ongoing.
4	The registered manager should undertake regular formal environmental and cleaning audits and record their findings.	The National Minimum Standards: Standard 12 (Environment)	The weekly audit checklists as referred to in 3 above will also form part of new regular formal environmental cleaning audits undertaken by the Registered Manager - which will also be reviewed together with the cleaning contractor as part of their on-going obligation to undertake quarterly environmental cleaning audits.	Responsible Manager	Implemented from 1 st Nov 2021: weekly cleaning check list audits & quarterly formal environmental cleaning audits the first of which will be in Jan 2022

5	The registered manager must provide HIW with updates in relation to the mandatory training completion rates within three months of this quality check. The registered manager must also ensure that a system is put in place to monitor staff training requirements.	The Independent Health Care (Wales) Regulations 2011: Regulation 20 The National Minimum Standards: Standard 125 (Workforce Planning, Training and Organisational Development)	As previously communicated, we recognise that since Covid, staff mandatory CPD training updates have lapsed and are now overdue. To address this all CCR staff including Responsible individuals and the Responsible Manager will undertake and complete all 12 statutory CPD e-learning training modules. (Approved by NHS Wales) Details of which have been previously provided.	All staff supervised by the Registered Manager	Commencing 14 th Oct and due to be completed by 31/12/21 & reviewed no less than every 2 years thereafter.
6	The registered manager and responsible individuals should arrange to assess and monitor the quality of service at the clinic and provide HIW with a copy of the subsequent report.	The Independent Health Care (Wales) Regulations 2011: Regulation 28	This was carried out by the Responsible Individual on Friday 28 th October 2021 & a signed section 28 report detailing the findings has been separately provided to HIW by the Responsible Manager	Responsible Individual	Completed & submitted on 2/11/21
7	The registered manager should ensure that formal team meetings are reinstated.	The Independent Health Care (Wales) Regulations 2011: Regulation 20 The National Minimum Standards: Standard 125 (Workforce Planning, Training and Organisational Development)	To ensure we are compliant with workforce planning, training and development standards, we plan to reinstate monthly team meetings at which all staff will be required to attend. These meetings will be agenda'd in advance & will be minuted & minutes circulated to staff by close of business the same day. Copies of minutes will be kept and made available for subsequent	Registered Manager to organise ongoing team meetings & minute taking	First meeting scheduled for Thurs 4 th November and monthly thereafter.

			inspection & audit if requested.		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: David Shand

Date: 02/11/2021