



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@gov.wales
Website: www.hiw.org.uk**

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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 HealthFirst Consulting on the 6 January 2020.

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

Overall, we found evidence that HealthFirst Consulting, provided safe and effective care in clean and welcoming environment.

Patient notes were comprehensive and information was supplied to patients on the treatment and care needed.

There were comprehensive policies and procedures documented for the management and control of the clinic.

We found staff friendly and professional. There was good leadership and management shown within the clinic.

However, we found some evidence that the clinic was not fully compliant with all standards in all areas.

This is what we found the service did well:

- Providing information to patients on the service provided
- Regular patient feedback obtained and displayed in the clinic
- The arrangements in place to ensure that patients received care and treatment in a safe and effective way
- The clinic was clean and tidy and arrangements were in place to reduce cross infection
- Good management and leadership
- Policies and procedures were detailed and varied.

This is what we recommend the service could improve:

- Documenting the offer of a chaperone
- Improving the evidence to support training undertaken.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

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

The clinic employed a staff team of one specialist doctor, who was also the registered manager, and one receptionist. A range of services are provided which include:

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

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.

Overall, we were satisfied that the clinic offered a service which met the needs of the patients in a safe and professional manner.

Patients were provided with specific information regarding their treatment.

Systems to capture patient feedback were available and the results of the feedback displayed in the clinic.

There were some areas for improvement identified.

Prior to the inspection, we invited the clinic to distribute HIW questionnaires to patients to obtain views on the services provided. A total of eight questionnaires were completed. Overall, patient feedback was positive, and patients rated the care and treatment that they were provided with as excellent.

Health promotion, protection and improvement

There was limited information available for patients to read and take away, in leaflet form in the reception area, on how they can take responsibility for their own health and wellbeing. The registered manager told us that they would inform patients during the consultation on how to access health information and would talk to patients on smoking cessation and health prevention. We recommend the clinic provide information on fitness, healthy living and mental health.

Improvement needed

The clinic must ensure that sufficient health promotion information is provided for the clinic user group.

Dignity and respect

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at the clinic. All patients agreed that staff

were always polite and listened to them. Patients also told us that staff were kind and sensitive when carrying out their care and treatment.

During our visit there were no patients attending the clinic, this was in order to maintain their privacy and dignity, so that there was a minimal presence at the clinic, when the patient visited for treatment. We noted a welcoming and calm environment at the clinic.

We observed staff speaking to patients over the telephone to book appointments and noted that first names only were used and staff were friendly and patient when talking on the telephone. The windows to the clinic were opaque and staff we spoke with said that the walls were soundproofed to further maintain privacy.

Patient information and consent

We were told that there was clear information given to patients at the clinic. This included; the nature of the clinic, the complaints procedure, consent forms and a health questionnaire. At the end of the treatment, staff we spoke with said that patients were told about the test results, counselling on the diagnosis and treatment including any medication.

There were two permanent members of staff, if the specialist doctor was not available for appointments, an advance nurse practitioner would take the consultations with the patients. The advance nurse practitioner was employed on a sessional basis as and when required. Patients would be informed in advance, if the doctor was not available.

We looked at a selection of patient records, and we found that consent to treatment had been obtained and documented. Every patient who completed a questionnaire agreed that staff have provided them with enough information about their treatment, including information about the different treatment options available and any associated risks, and information about the costs involved. Patients provided the following comments in the questionnaires:

“Extremely friendly, informative 10/10 service”

“Very pleased with the service received”

Communicating effectively

Staff we spoke with told us that if needed, translation services could be provided to assist patients whose first language was not English. An application (app, a computer program or software application designed to run on a mobile device) was also used called speak and translate.

All of the patients who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the clinic.

The statement of purpose¹ had been translated into Welsh but generally, information was provided in English only. As an independent clinic based in Wales the registered provider should make more effort to have information available in Welsh without the need for patients to ask for it. We saw pictorial signs were displayed to assist patients to find a suitable emergency escape route in the event of a fire.

The statement of purpose was dated April 2015, with no evidence that it had been reviewed or updated since that date.

Improvement needed

The clinic must ensure that the statement of purpose is reviewed and updated regularly. The revised copy must then be sent to HIW.

Care planning and provision

The clinic aimed to book appointments for patients to avoid overlaps of patients, due to the nature of the clinic. As a result patients are normally able to arrive at the clinic at the booked time and go straight into the consulting room. Staff we spoke with, said that if there would be any delays this would be verbally communicated to patients. Appointments could often be arranged on the same day, or next day, if the doctor was available.

Equality, diversity and human rights

¹ Every service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. By law, the Statement of Purpose must include the information listed in Schedule 1 of the Independent Health Care (Wales) Regulations 2011.

The clinic was on the corner of a main road and access ramps were available, if needed, into the clinic. There was on-street parking outside the clinic. The clinic was on the ground floor.

Staff had completed the equality and diversity training required by the organisation.

The statement of purpose set out that services were provided having due regard to patients' rights.

Citizen engagement and feedback

The clinic obtained the views of service users through a follow-up email with a link to a survey monkey questionnaire, an online survey tool. The results were collated and reported at team meetings. The feedback that was seen during the inspection was positive. The results of the feedback were also displayed in the reception area of the clinic. This demonstrated to the patients that the clinic listens and acts on their feedback.

A complaints policy was in place and included up to date details for HIW. This was displayed at the clinic and included in the statement of purpose and patients' guide.

Delivery of safe and effective care

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

Overall, there were arrangements in place to ensure that patients received care and treatment in a safe and effective way.

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

The patient records we reviewed were comprehensive and patients were provided with specific information regarding their treatment.

Managing risk and health and safety

We found arrangements were in place to protect the safety and wellbeing of staff working at, and patients visiting the clinic. We found the clinic to be well maintained both inside and out and the reception and consulting rooms were clean, tidy and organised.

Infection prevention and control (IPC) and decontamination

There were no major concerns given by patients over the cleanliness of the clinic; all the patients that completed a questionnaire strongly agreed, in their opinion, that the environment was both clean and tidy.

Both staff at the clinic on duty on the day of the inspection were well aware of the importance of IPC and in their role to prevent cross contamination. They were aware of good hand hygiene, when to use alcohol gel and when to wash their hands. Staff we spoke with outlined the cleaning schedules in place at the clinic. We saw copies of the current contract in place for the removal of clinical waste from the facility. Disposable, single use equipment, was used at the clinic

The clinic had an IPC policy; we noted that there were regular IPC audits and all staff were up to date with IPC training. There were suitable processes in place to help ensure the prevention of infections, which included the availability and use

of personal protective equipment. Staff practiced a bare below the elbow² approach to their dress code.

We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helped reduce the risk of injury (to staff and patients) and cross infection from used sharps.

Medicines management

There was a comprehensive and accessible medicine management policy. This outlined ordering, storage, administration dispensing and disposal of medications. There had not been any adverse drug reactions at the clinic that required reporting under the MHRA yellow card scheme.³

There were no controlled drugs in use at the clinic. The medicines that were held at the site were stored safely and securely in a locked cupboard. There was a minimum amount of medicines used at the clinic. There was evidence of regular checks of the medication to ensure they were all in date.

Records were maintained of medicines administered to patients and were of a good standard. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed / administered as part of their care and treatment. There was also evidence of regular medication audits consistent with good medical practice.

Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. Staff working at the clinic had completed safeguarding training to a level appropriate to their roles. The registered manager was the safeguarding lead and had the contact details for the health board and local authority safeguarding teams. We were told that part of the routine history of any patient included screening for abuse.

² Recognised good practice enabling staff to effectively wash their hands and wrists.

³ <https://yellowcard.mhra.gov.uk/>

Medical devices, equipment and diagnostic systems

A range of equipment was available at the clinic to support the provision of care and treatment to patients. We saw evidence that this equipment was being tested and calibrated on a regular basis to ensure that they were safe to use and providing accurate readings. Equipment and drugs for use in the event of a patient emergency were available and checked on a regular basis.

Safe and clinically effective care

Discussions with staff confirmed that they had enough time to provide care safely and they knew how to access relevant clinical policies and procedures.

We reviewed five sets of patients records and found them to be of an excellent standard to evidence the care and treatment provided to patients.

There were a number of different audits undertaken at the clinic that were reported to the team meetings. The audit summaries demonstrated a high degree of performance and clear evidence of willingness to learn from results and change practices if the audit suggested a change was necessary.

Participating in quality improvement activities

The clinic assisted a researcher in the area of bacterial sexually transmitted infections (STIs), that we were told, led to the development of a new technique to detect a bacteria entering the blood. We saw that the necessary documents, such as ethics approval and registering with Health and Care Research Wales⁴, were in place. The registered manager was also researching two main projects with NHS Wales relating to mycoplasma and gonorrhoea⁵ early detection and diagnosis and antibiotic guardianship⁶.

⁴ <https://www.healthandcareresearch.gov.wales>

⁵ *Neisseria gonorrhoeae* and *Mycoplasma genitalium* are evolving into so-called superbugs that can become resistant, both in vitro and clinically, to essentially all antimicrobials available for treatment, causing exceedingly difficult-to-treat or untreatable STIs and threatening global public health.

⁶ <https://antibioticguardian.com/>

The clinic also undertook a range of quality improvements to help identify areas for improvement. As described above these included patient satisfaction survey and relevant audits.

Records management

There was an excellent standard of patient record keeping in the sample that we checked with records filed in a chronological and logical order. The treatment protocols we reviewed explained the treatment required and medicines prescribed. All records contained an accurate summary of significant conditions and long term medication including full social history, allergies and any drug use.

There was also clear documentation of any wider patient needs and advice for appropriate onward management, for example to seek psychological support. Additionally, there was clear evidence that patients received explanations of their health and results.

Information was not displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is examined by the healthcare professional. Whilst there was a chaperone policy, we noted that evidence of the chaperone being offered was not recorded on patient records. The only other member of staff is non-clinical and had not undertaken chaperone training and would be guided by the clinician. Prior to ending the inspection the receptionist had started the online chaperone training.

Improvement needed

The clinic must ensure that:

- The offer of a chaperone to patients is clearly displayed at the clinic and the offer of chaperones must be recorded on patient records on each occasion
- Staff are appropriately trained in chaperoning, before they carry out the duties.

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.

We found staff friendly and professional. There was good leadership and management shown within the clinic.

There was a comprehensive range of policies and procedures that had been regularly reviewed and updated.

Governance and accountability framework

There was clear evidence of passionate management and leadership from the registered manager, who was keen to learn and benefit from the inspection. It was positive that throughout the inspection, the staff team were receptive to our views, findings and recommendations. We found that the small team at HealthFirst Consulting were clearly aware of their roles and responsibilities.

We reviewed the clinics' statement of purpose and patients' guide, both of which contained the information required by regulations. Both documents were available in the reception area, meaning that patients had access to information on the services provided.

Staff we spoke with told us that all the clinical procedures were in accordance with national guidelines. These guidelines had been drafted by the registered manager, as part of their role in the NHS. We found that there was a comprehensive range of policies and procedures in place, providing detailed information to staff. These had been reviewed and updated on a regular basis to help ensure staff had access to the most up to date information.

There were regular informal meetings, with a formal quarterly meeting that was documented.

Dealing with concerns and managing incidents

We saw that the clinic had a complaints policy in place outlining the process for patients, should they wish to raise a concern. The policy was displayed in the reception area and within the statement of purpose and patients' guide. We saw

that one complaint had been received and observed that it had been dealt with promptly. Sufficient information was available to evidence that the process, outcome and lessons learned were documented.

Staff we spoke with described the arrangements for reviewing significant incidents and sharing learning from these to promote patient safety and well-being. We were informed that there had not been any examples of this to report.

There was a file available showing that risk assessments had been completed on the clinic, including a fire risk assessments, and there was evidence of an annual review of all these assessments.

Workforce planning, training and organisational development

Both staff at the premises had received an appraisal, on their work performance and training requirements, within the last 12 months. They were able to describe their roles and how they contributed to the overall operation of the clinic.

There were no issues noted with the staff rotas and skill mix at the clinic. Appointments were pre-booked, based on the availability of the registered manager. In some cases, patients would also receive same day appointments.

Whilst there was some information within the staff files to confirm that the receptionist had received mandatory training, this was limited to a description of the training within the appraisal. Clear evidence, in the form of a certificate of attendance or completion of training, needs to be retained to evidence that mandatory training has been undertaken. Staff we spoke with also told us that there were opportunities to attend other training, through external providers.

Improvement needed

The clinic must ensure that evidence of mandatory training undertaken is available on file for all staff.

Workforce recruitment and employment practices

The staff files we reviewed contained evidence that the staff recruitment policy had been followed. This included references, a proof of identity, job descriptions and signed contracts of employment. Both members of staff had disclosure and

barring service checks on file as required by regulations. Additionally, there was evidence at the clinic of the Hepatitis B Surface Antibody Blood Test⁷ for the staff.

⁷ This test is used to determine the status of a person's immunity to the Hepatitis B virus (Hep B). Immunity is determined by screening for antibodies which provide protection against infection. The results of this test are quantitative.

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: HealthFirst Consulting

Date of inspection: 6 January 2020

The table below 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.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The clinic must ensure that sufficient health promotion information is provided for the clinic user group.	3. Health promotion, protection and improvement	The clinic already had health promotion leaflets on mental health, flu vaccines, testicular cancer (urology) and pelvic health (gynaecology) and active social media platforms feeding into our webpage, covering health promotion topics such as smoking cessation, healthy living and mental health. We find these platforms are an excellent way of communicating health promotion material to patients and have continued using these as health promotion tools. However, we have already sourced smoking cessation leaflets and made them available in reception.	Dr Lucy Jones	Already completed and leaflets on smoking cessation are in reception area.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The clinic must ensure that the statement of purpose is reviewed and updated regularly. The revised copy must then be sent to HIW.	18. Communicating effectively	The date on the statement of purpose has now been amended as suggested	Dr Lucy Jones	Already completed and statement of purpose date amended as suggested
Delivery of safe and effective care				
<p>The clinic must ensure that:</p> <ul style="list-style-type: none"> The offer of a chaperone to patients is clearly displayed at the clinic and the offer of chaperones must be recorded on patient records on each occasion Staff are appropriately trained in chaperoning, before they carry out the duties. 	20. Records management	Signs in reception area make an offer of a chaperone clear. Notes are now pre-stamped with 'Chaperone offered-declined or accepted' as each set of notes is put together by the receptionist following patient registration. Evidence of chaperone training has been printed out as a paper record/certificate.	Dr Lucy Jones	Already completed, signs in reception, proforma amended and evidence of training printed out and in staff file.
Quality of management and leadership				
The clinic must ensure that evidence of mandatory training undertaken is available on file for all staff.	25. Workforce planning, training and	Certificates of training will be printed out for storage in staff files	Dr Lucy Jones	Already completed-certificate of

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	organisational development			chaperoning training in staff file.

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.

Service representative

Name (print): Dr Lucy Jones
Job role: Manager and responsible person
Date: 11.2.2020