

**Cyncoed Consulting Rooms
277 & 350 Cyncoed Road
Cardiff
CF23 6PA**

Inspection 2010-2011

Healthcare Inspectorate Wales

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28 March 2011	Ms P Price

Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards*,' which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at:

www.hiw.org.uk

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

Cyncoed Consulting Rooms was registered on 2 of December 2005 as a registered independent hospital to provide out-patient and consultation services. This included access to consultants and therapists in a comfortable environment located in two separate settings that had been modernised to meet the demands of the service. There were car-parking facilities available. The majority of consulting/treatment rooms are located on the ground floor. There were four consulting/treatment rooms available on the first floor of 350 Cyncoed Road. Disabled access was provided in both settings.

The inspection visit focused upon the analysis of a range of documentation, discussion with the registered manager, and a tour of the premises.

In respect of the main inspection findings, the registered provider had in place:

- A statement of purpose and patient guide. A newsletter regarding new staff and practice provision was also available.
- A copy of the complaints procedure was on display in the waiting room.
- All areas viewed were clean and tidy. However, even though a warning sign was available regarding hot water in regard to the hand basin in the toilet area, it was advised that a thermostatic mixing valve (TMV) be fitted to the hand basin in the patient toilet.
- A range of policies and procedures with the date of formulation and anticipated review. All staff received notification of any changes and/or reviews in policies and procedures. The policies and procedures were available in an electronic format on the hospital's intra-net system. A master paper copy of the hospital's policies and procedures is also available. However, it could not be located on the day of the visit. The registered manager was asked to inform Healthcare Inspectorate Wales (HIW) once the paper copy file has been located. It is advised that a paper copy file of policies and procedures is always in place for reference and back-up system in case of electronic failure.
- Patient records that included appropriate information.
- Patient questionnaires had been completed. The results were available and indicated high levels of satisfaction with the service provision.
- Policies and procedures on the Protection of Vulnerable Adults and Children were available. Training had been accessed for staff members. However, due to unforeseen circumstances, training had had to be postponed. A new date has been arranged. This needs to be undertaken within the next three months.

However, the following was also noted:

- References were not available in one staff member's personnel files.
- A number of consultant appraisals were not available in the staff files viewed and this should be rectified.
- Staff fire drills had been undertaken. However, not all staff members had attended recent fire prevention training.
- There was no recent maintenance or testing information available for one piece of equipment in one of the consulting rooms.
- A number of the Sharps bins used for the disposal of needles were not dated and signed. This had been rectified by the end of the visit.

The above matters were discussed with the manager on the day of the visit. The manager has confirmed that action will be taken with reference to the areas above.

The inspection manager would like to thank the manager and staff for their time and co-operation during the announced inspection.

Achievements and Compliance

Two outstanding requirements from 2010-2011:

- All specified documentation as listed in Regulation 18 Schedule 2 was not available in all personnel files. All information will be available by 25 April 2011.
- Fire training had not been undertaken for all personnel at the hospital. A training date has now been organised.

Registration Types

This registration is granted according to the type of service provided. This report is for the following type of service

Description
Independent Hospital
Independent hospital providing listed service: <ul style="list-style-type: none">• Medical treatment using <u>local</u> anaesthesia or <u>oral</u> sedation only.

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition Number	Condition of Registration	Judgement
1.	The Registered Manager must undertake an accredited management course.	Non/Applicable
2.	No overnight beds to be provided.	Compliant
3.	No General anaesthetic is to be administered.	Compliant
4.	No invasive procedures are to be undertaken.	Compliant
5.	HIW must be consulted prior to the commencement of new services/treatments.	Compliant

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes

a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment.	Standard met
C2	The treatment and care provided are patient – centred.	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard not inspected
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard almost met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard met
C13	Patients and personnel are not infected with blood borne viruses.	Standard met
C14	Children receiving treatment are protected effectively from abuse.	Standard almost met
C15	Adults receiving care are protected effectively from abuse.	Standard almost met
C16	Patients have access to an effective complaints process.	Standard met
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard met

Number	Standard Topic	Assessment
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met
C21	Patients receive appropriate catering services.	Standard not inspected.
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard met
C23	The appropriate health and safety measures are in place.	Standard met
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard not inspected
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard met
C32	Patients are assured of appropriately competed health records.	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects.	Standard not inspected

Service Specific Standards- these are specific to the type of establishment inspected

Number	Private Doctors	Assessment
PD1	Arrangements for the provision of treatment.	Standard met
PD2	Management of patients.	Standard met
PD3	Minor surgery.	Standard met
PD4	Midwifery and ante natal care.	Standard not inspected
PD5	Prescribing.	Standard not inspected
PD6	Pathology services.	Standard met
PD7	Contacting practitioners and Out of Hours services.	Standard not inspected
PD8	Information to GP's.	Standard not inspected

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose.	Standard met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Standard almost met
3 (Part I)	Period for which medical records must be retained.	Standard met
3 (Part II)	Record to be maintained for inspection.	Standard met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Standard not inspected
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Standard not inspected

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C11	Regulation 18 Schedule 2	<p>Findings</p> <p>It was noted that references were not available in one personnel file. Some consultants had no up to date appraisal available and this should be rectified. See recommendations.</p> <p>Action Required</p> <p>The registered person is required to obtain and make available all specified documentation as listed in Regulation 18 Schedule 2.</p>	Confirmation on completion to be forwarded to HIW by 25 April 2011 (Advised on day of visit).
C14&C15	Regulation 15 (4)& 17(2)(A)	<p>Findings</p> <p>Training on the Protection of Vulnerable Adults and Children has not been attended by staff members.</p> <p>Action Required</p> <p>The registered person is required to ensure that training on the Protection of Vulnerable Adults and Children is accessed for staff members.</p>	A training date has been arranged. Confirmation on completion to be forwarded to HIW by 30 April 2011 (Advised on day of visit).
C19	Regulation 24 (4)(d)	<p>Findings</p> <p>Staff fire training has not been undertaken.</p>	A training date is to be organised. Confirmation on completion to be

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure that all staff and personnel and so far as is practicable, patients and medical practitioners to whom practicing privileges have been granted, are aware of the procedure to be followed in case of fire.</p>	forwarded to HIW by 30 April 2011 (Advised on day of visit).
C19	Regulation 14(5)	<p>Findings</p> <p>A number of the Sharps bins used for the disposal of needles were not dated and signed. This had been rectified by the end of the visit.</p> <p>Action Required</p> <p>Appropriate details on the Sharps bins labels must be entered on commencement of usage of a sharps container.</p>	Completed on day of visit.
C20	Regulation 14(2)(b)	<p>Findings</p> <p>No maintenance or testing certificate was available for one piece of equipment.</p> <p>Action Required</p> <p>The registered person is required to ensure that all maintenance or testing certificates are available were applicable for equipment used on the premises.</p>	A maintenance and testing certificate must be available; applicable for all equipment. Confirmation on completion to be forwarded to HIW by 30 April 2011 (Advised on day of visit).

Recommendations

Recommendations may relate to aspects of the standards or to national guidance.

They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
C7	It is advised that a paper copy file of policies and procedures is always in place for reference and back-up system in case of electronic failure.
C11	Where current appraisals are not available it is advised that signed off forms with reference to any restrictions of practice should be made available in the files.
C19	It was advised that a thermostatic mixing valve (TMV) be fitted to the hand basin in the patient toilet.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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