

Independent Healthcare Inspection Report (Announced)

Spire Abergele Consulting Rooms

Inspection date: 18 April 2023

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Spire Abergele Consulting Rooms on 18 April 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector and one Clinical Peer Reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the Spire Consulting Rooms had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

Patients provided positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect. We saw that arrangements were in place to promote and protect patients' privacy and dignity. Arrangements were also in place for patients to provide their views on the services provided at the clinic.

This is what we recommend the service can improve:

- Ensure that patients are offered a chaperone even when they are accompanied by a relative or friend and that a record is made of the offer and of the patient's response
- Consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.

This is what the service did well:

- Quality of the environment
- Patient information and communication
- Maintenance of privacy and dignity

Delivery of Safe and Effective Care

Overall summary:

We found that the staff team were committed to providing patients with safe and effective care.

We found that the clinic had arrangements in place to promote the safety and wellbeing of patients, visitors and staff.

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

There were good medication management processes in place and effective processes for checking the equipment used.

This is what we recommend the service can improve:

- Ensure that handwritten clinical notes and signatures are legible.

This is what the service did well:

- Comprehensive policies and procedures
- Staff training
- Record keeping

Quality of Management and Leadership

Overall summary:

We found good management and leadership at the clinic with staff commenting positively on the support that they received from the manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was effective.

Staff were able to describe their individual roles and responsibilities and told us they had access to the training and guidance that they needed to undertake their duties.

This is what we recommend the service can improve:

- Ensure that there are sufficient staff on duty at all times
- Ensure that staff are consulted when changes are introduced
- Consider ways to make communication between senior managers and staff more effective
- Ensure that swift action is taken to improve the service when this is needed.

This is what the service did well:

- Management overview
- Auditing and reporting
- Staff support and supervision.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

As part of the inspection process, HIW issued a questionnaire to obtain patient views on the care provided at Spire Abergele Consulting Rooms.

In total, we received 13 responses from patients. Patient comments included:

“Very friendly and helpful staff.”

“Friendly staff.”

Health protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing.

Leaflets were available in the waiting room relating to services offered at the clinic. Some of this information was available in both Welsh and English. The service also has a comprehensive website detailing the services offered at the clinic and those offered by the organisation at other facilities.

Dignity and respect

All patients who completed a questionnaire 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.

We found that arrangements were in place to promote patients' privacy and dignity and we saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

We saw that doors to consulting and treatment rooms were closed during use. Disposable curtains were provided around examination couches to maintain patients' privacy and dignity during consultations or when they were receiving treatment.

Information was displayed advising 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. However, on examination of medical notes, we

found that the offer of a chaperone was not always made or recorded when a patient was accompanied by a relative or friend.

The registered person must ensure that patients are offered a chaperone even when they are accompanied by a relative or friend and that a record is made of the offer and of the patient's response.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. Patients who provided comments also told us that staff were always polite and were kind when carrying out care and treatment.

Communicating effectively

Most of the information provided in leaflet form and on the website, was provided in English only. Given that the clinic operates in Wales, further efforts should be made to routinely provide information in both Welsh and English.

There was information on display in the clinic in other languages and formats for patients and visitors to access.

The registered person should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.

There was a hearing loop available to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic.

We saw suitable, bilingual signs displayed to assist patients to find their way around the clinic.

Patient information and consent

As described earlier there was some health promotion material available.

The registered persons had produced a Statement of Purpose and Patients' Guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment. There was also an up-to-date written policy on obtaining valid patient consent. Examination of a sample of patient notes confirmed that clinicians were recording in medical notes when patients gave verbal consent to examination or treatment.

All patients who completed a questionnaire agreed that they were provided with enough information about their treatment, including information about the

different treatment options available and any associated risks, and information about the costs involved.

Care planning and provision

The arrangements for providing care and treatment were set out within the Statement of Purpose.

Generally, access to the clinic's services was through referral by the patient's General Practitioner. For some services, patients could self-refer. Arrangements were described for the assessment of patients by healthcare professionals to identify patients' individual care and treatment needs. We saw evidence that the clinic monitored self-referrals to ensure that they were appropriate and that patients were not being seen by consultants or being treated unnecessarily.

Equality, diversity and human rights

The Statement of Purpose, Patients' Guide and information posted on the clinic's website, clearly sets out that services are provided having due regard to patients' rights.

All the patients who complete the questionnaire told us that they were treated with dignity and respect and that they felt listened to by staff at the clinic. Comments included:

“Professionalism of staff and attention to the needs of the patient.”

There was disabled parking available adjacent to the clinic and good, level access to the main entrance. All facilities, including the reception desk, waiting room, patients' toilet and consulting rooms were located on the ground floor.

Citizen engagement and feedback

Patients had opportunities to comment on their experiences of visiting the clinic with questionnaires available in the waiting area for patients to provide feedback on an ongoing basis. Satisfaction surveys were conducted monthly to seek patients' views. It was evident that the comments received from patients had been considered by the staff team and action taken as a result to make improvements where appropriate.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic environment appeared well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious hazards.

Fire exits and escape routes were clearly identified. We saw records to show that fire drills were conducted on a regular basis. Fire safety equipment and portable electrical appliances had been checked to make sure they were working and safe to use.

General risk assessments were being conducted on a regular basis.

Infection prevention and control (IPC) and decontamination

No concerns were expressed by patients over the cleanliness of the clinic. All the patients who completed a questionnaire agreed that the environment was clean, and that infection and prevention control measures were evident.

Written policies and procedures were available to help guide staff on infection prevention and control and staff had received up to date training on this subject.

We saw that the clinic was clean and tidy. We also saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available.

Minor surgery procedures were performed by some of the clinicians who use the clinic. Instruments used during these procedures were single patient use only. We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal.

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. These included contact details for health board and local authority safeguarding teams. Staff working at the clinic had completed safeguarding training to a level appropriate to their roles. A safeguarding lead nurse was employed to oversee staff training and the management of referrals.

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/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, for example patient collapse, were available and staff had received suitable resuscitation training.

Safe and clinically effective care

There was evidence of very good multi-disciplinary working between the nursing, medical staff and therapy staff.

From our discussions with staff, and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

A range of written policies and procedures were available to support the operation of the clinic. These were being reviewed and updated on a regular basis.

Policies and procedures were in place to ensure that visiting healthcare professionals were practising in line with evidence based clinical guidelines.

We reviewed a sample of patient medical records and found that they were organised and stored securely when not in use. The records viewed contained details of the clinician making the record together with sufficient details of the clinical findings and the care/treatment given to each patient. However, the handwritten notes were not always easy to read, and the clinician's signature was either missing or not clear.

The registered person must ensure that handwritten clinical notes and signatures are legible.

Records management

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We found robust systems in place to ensure that personal information relating to patients and staff was kept securely, both electronically and in paper format.

Medication Management

A written policy was available on the management of medicines used at the clinic.

One of the nurses had responsibility for medicines management. This included overseeing the ordering, obtaining, safe storage and disposal of medicines. A pharmacist, based at Spire Yale Hospital in Wrexham, was also contactable to provide guidance and support to staff if required.

We saw that medicines at the clinic were stored safely and securely. Records were maintained of medicines administered to patients. 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.

Quality of Management and Leadership

Governance and accountability framework

There was a robust management structure in place and clear lines of reporting were described.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

As part of the inspection process, HIW distributed a questionnaire to staff to gain their views on the quality of the service offered at the clinic. We received seven completed questionnaires.

Staff told us that there were good informal, day to day staff supervision and support processes in place and that they felt supported in their work by their manager and colleagues. Comments included:

“Great support from the clinic manager, she makes me feel valued and listened too.”

Four out of the seven staff who completed the questionnaire told us that there were not always enough staff on duty to allow them to do their job properly and one respondent told us that they were not involved in deciding on changes introduced that affect their work area.

The registered person must reflect on staff comments and ensure that there are sufficient staff on duty at all times.

The registered person must reflect on staff comments and ensure that staff are consulted when changes are introduced.

We saw that there were good links with other managers based at Spire Yale Hospital in Wrexham, with telephone conferences being conducted each morning to share information around any emerging issues and safety alerts etc. This information was then disseminated to all staff working in the clinic by means of a huddle type meeting. These meetings also enabled work allocation and planning.

We were told that members of Spire's senior management team visit the clinic on a regular basis as part of their governance responsibilities. Members of the organisation's clinical review team visit regularly, and the Divisional Director visit

every month. Monthly audit reports were presented to the clinic's management board.

Staff who completed the questionnaire told us that they worked well as a team and that communication between staff was good. Comments included:

“Very good teamwork and communication.”

However, one member of staff who completed the questionnaire told us that communication between senior management and staff is not always effective.

The registered person must reflect on the staff comment and consider ways to make communication between senior managers and staff more effective.

Records showed that the responsible individual, or their nominated representative, visited the clinic at least every six months in accordance with the regulations. The purpose of these visits is to consider different aspects relating to the quality of the services provided.

We were satisfied with the level of oversight of the service by members of the senior management team and board.

Dealing with concerns and managing incidents

A written complaints procedure was available and details of how patients could make a complaint were included within the Statement of Purpose, on the website and in leaflet form. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations, the contact details of HIW were also included.

Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and wellbeing. Significant incidents were formally reported through the Datix system. However, two of the staff members who completed the questionnaire told us that the organisation does not always take swift action to improve the service when needed.

The registered person must reflect on staff comments and ensure that they take swift action to improve the service when this is needed.

Workforce planning, training and organisational development

Medical/consulting services were provided by visiting healthcare professionals (with practising privileges) who were not directly employed by the clinic. Practising privileges were being formally reviewed every two years as required.

Information contained within the staff files inspected demonstrated that staff had attended mandatory training and other training relevant to their roles.

We found that all staff had received an appraisal of their work performance within the last 12 months. There were reciprocal arrangements in place between the clinic and health boards to share information relating to the supervision and appraisals of consultants through the clinic's Medical Advisory Committee, which oversees the provision of medical services.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the clinic had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans 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 inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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			

Appendix B - Immediate improvement plan

Service: Spire Abergele Consulting Rooms

Date of inspection: 18 April 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance issues were identified during this inspection.				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Spire Abergele Consulting Rooms

Date of inspection: 18 April 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered person must ensure that patients are offered a chaperone even when they are accompanied by a relative or friend and that a record is made of the offer and of the patient's response.	Regulation 18. (1) (a) and (b).	All staff have been reminded to ensure they record when a chaperone has been offered and the patient's response.	Clinic Manager and Director of Clinical Services	Completed
	Standard 10. Dignity and respect	Staff will liaise directly with Consultants at the start of their clinic to understand chaperoning requirements.		Completed
		The offer of a chaperone and the patient's response will be documented in the patient's notes.		Completed

		<p>To support improvement to documentation the team will propose a new documentation layout to include a larger box for Date & Signature (in bold) and a pre-printed chaperone box at the bottom - which requires signature / boxes ticking rather than a stamp.</p> <p>The team will pilot this initially at Chesney Court Clinic (due to Abergele being closed for refurbishment) and will monitor compliance using weekly audits and will share the results with the teams.</p>		<p>30/09/2023</p> <p>31/07/2023</p>
The registered person should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.	<p>Regulation 18. (1) (b)</p> <p>Standard 18. Communicating effectively</p>	The clinic will consider what additional information can be displayed in other languages and formats to add to the information already on display for patients and visitors.	Clinic Manager	31/07/2023
The registered person must ensure that handwritten clinical notes and signatures are legible.	Regulation 23.	Consultants have been reminded of the importance of legibility	Registered Manager	Completed

	Standard 20. Records Management	<p>and signatures when documenting in hand written notes.</p> <p>We will audit the clinical notes on a weekly and provide live feedback to the Consultant addressing any illegibility.</p> <p>Any continued non-compliance will be escalated to the Registered Manager for inclusion in practicing privileges reviews with the consultants.</p>	<p>Clinic Manager</p> <p>Clinic Manager and Registered Manager</p>	<p>23/07/2023</p> <p>23/07/2023</p>
The registered person must reflect on staff comments and ensure that there are sufficient staff on duty at all times.	Regulation 20. (1) (a)	<p>The management team held a team meeting after receiving the HIW draft report where staff comments were discussed with the team involved in giving feedback on how to improve and asked for their ideas.</p> <p>Staff have been reminded about the use of the daily safe staffing tool, to report any incidents using the red flag staffing category on Datix and the Freedom to Speak</p>	Director of Clinical Services	Completed
	Standard 25. Workforce Planning, Training and Organisational Development		Director of Clinical Services	Completed

		<p>Up Network if they want to raise a concern.</p> <p>The clinic will continue to actively recruit to increase clinical headcount to improve resilience of the workforce.</p> <p>The team will continue to complete the daily safe staffing tool and the escalation of any variances to staffing levels.</p> <p>Daily staffing levels and any variances will be communicated during the daily MDT safety huddle and to the wider team.</p> <p>The clinic will increase the daily clinic huddle to twice per day with safe staffing levels discussed each time.</p>	<p>Registered Manager</p> <p>Clinic Manager</p> <p>Clinic Manager</p> <p>Clinic Manager</p>	<p>30/09/2023</p> <p>Completed</p> <p>Completed</p> <p>30/07/2023</p>
The registered person must reflect on staff comments and ensure that staff are consulted when changes are introduced.	Regulation 18. Standard 18. Communicating Effectively	The management team held a team meeting after receiving the HIW draft report where staff comments were discussed with the team involved in giving	Director of Clinical Services	Completed

		<p>feedback on how to improve and asked for their ideas.</p> <p>The clinic will continue to hold monthly departmental meetings and huddles. Any planned changes will be an agenda item and the opinion of staff members will be minuted.</p>	Clinic Manager	30/08/2023
The registered person must reflect on the staff comment and consider ways to make communication between senior managers and staff more effective.		<p>The management team held a team meeting after receiving the HIW draft report where staff comments were discussed with the team involved in giving feedback on how to improve and asked for their ideas.</p>	Director of Clinical Services	Completed
		<p>We will ensure that the Senior Management Team regularly visit the clinic to increase visibility and will speak to staff on duty during their visit.</p>	Registered Manager	30/09/2023
		<p>We will develop a staff newsletter/bulletin for improved communications.</p>	Registered Manager	30/09/2023

The registered person must reflect on staff comments and ensure that they take swift action to improve the service when this is needed.	Regulation 19. (2) (e) Standard 6. Participating in Quality Improvement Activities	The management team held a team meeting after receiving the HIW draft report where staff comments were discussed with the team involved in giving feedback on how to improve and asked for their ideas. During the meeting it was identified that this feedback was in relation to the incident reported system used at the clinic.	Director of Clinical Services	Completed
		We will continue to discuss incidents raised in the previous 24hrs at the daily hospital safety huddle which includes those reported at the clinic.	Registered Manager	30/08/2023
		We will meet with staff to explain and manage expectations of the incident reporting system and provide reassurance that appropriate actions are taken through evidenced learnings and feedback documents.	Clinic Manager	30/08/2023

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): Sue Jones

Job role: Registered Manager

Date: 12 July 2023