



Independent Healthcare Inspection (Announced)

Innermost Secrets, Cardiff

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2017

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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 are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Innermost Secrets, Ash Tree Private Medical Centre, Woodsy Close, Cardiff Gate Business Park, Cardiff, CF23 8RW on the 6 December 2017.

Our team, for the inspection comprised of two HIW inspectors and a clinical peer reviewer.

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 the service was providing safe and effective care. We found that staff were committed to providing a welcoming environment and positive patient experience.

We found that the service needed to improve some elements of staff management, including training and appraisals.

This is what we found the service did well:

- We observed warm, positive and professional interactions between staff and patients
- Information for patients was up to date and reflected national guidance
- Patient records were detailed and of a high standard
- A clear management structure was demonstrated, and staff told us they were supported in their roles by senior staff.

This is what we recommend the service could improve:

- Written consent must be obtained from patients for all procedures
- Arrangements for staff appraisals, staff validation and a programme of staff training required strengthening
- A wider programme of documented audit activity.

We identified regulatory breaches during this inspection regarding updates to the statement of purpose and patients' guide, including updates to HIW contact details and a summary of patient feedback. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Innermost Secrets is registered to provide obstetric, gynaecology, maternal, fetal medicine and infertility services at Ash Tree Private Medical Centre, Woodsy Close, Cardiff Gate Business Park, Cardiff, CF23 8RW.

The service was first registered on 10 February 2012.

The service employs a staff team which includes a doctor, four part time sonographers, four part time maternity care assistants, an office manager and three administrative staff

A range of services are provided which include:

- Private antenatal care.
- Early pregnancy scans.
- Tests for Downs Syndrome.
- 3D/4D baby bonding scans.
- Screening for pre-eclampsia, premature labour and group B streptococcus.
- Newborn baby and newborn heart checks for infants aged six weeks and older.
- Women's health screening for women aged 16 years and older.
- General gynaecology services including infertility investigations and non-HFEA¹ treatments.
- Issuing of private prescriptions

¹ Human Fertilisation and Embryology Authority

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 service was committed to providing a positive experience for patients in a safe and effective manner.

Patients were provided with detailed information that was specific to their own individual needs.

The service must ensure written consent to treatment is obtained from every patient.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 32 completed questionnaires were returned. Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments included the following:

"The clinic is run in a professional manner, offering empathy and support. I have always received exemplary care, information and advice. Staff are friendly and knowledgeable and the environment is pleasant and calming. It is an excellent example of what care and support can look like if everything is focussed on patient centred care."

"From the initial phone call, all staff have been professional, polite and attentive to the situation."

"Excellent clinic, staff very helpful and provided me with the support and advice I needed at exactly the right time I needed it. Fantastic treatment. Thank you."

"Excellent service provided. Extremely professional and informative but more than that the staff showed care and warmth towards me and my partner. I wouldn't hesitate to recommend this healthcare service to anyone."

Health promotion, protection and improvement

We found there was a variety of information available within the waiting area which was appropriate to the services being provided by the clinic. In a sample of patient records, we found evidence of detailed and specific information that was provided to patients, depending upon the individual need of the patient.

Dignity and respect

We observed patients being spoken to in a professional, polite and respectful manner. Almost all of the patients that completed a questionnaire told us that staff were always polite, kind and sensitive when carrying out care and treatment. Consultations were held in a private consultation room, to ensure all discussions maintained patient privacy. We found that treatment rooms were locked whilst in use to prevent unauthorised access.

Patient information and consent

A sample of patient records we reviewed showed that detailed information was provided to patients, depending on their own individual needs. We found this information to be relevant, up to date and reflective of national guidance. Patients that completed a questionnaire also agreed that they felt they had been given enough information about their treatment.

Whilst we found that verbal consent to treatment and procedures was obtained from patients, the service must ensure that written consent is obtained and documented from every patient where appropriate. The registered manager agreed to address this on the day of inspection.

Improvement needed

Written consent to treatment and procedures must be obtained and documented for each patient where appropriate

Communicating effectively

There were posters and information leaflets available regarding the treatment offered at the clinic. However this information was only available in English.

Care planning and provision

Staff we spoke to during the inspection told us that appointment times are adjusted to meet the needs of each individual, dependent upon treatment or

procedure being offered. We were also told, and we observed, that the service has enough staff to meet the needs of the patients, to help ensure that care and treatment is provided in a safe and effective way to patients.

Equality, diversity and human rights

We found that the service had an equal opportunities policy in place. The waiting area and treatment rooms were located on the first floor of the building with access via stairs or a lift, meaning patients with mobility difficulties could access the service. The service was able to offer toilet facilities for wheelchair users.

Citizen engagement and feedback

We saw that the service actively tried to obtain feedback from patients on the services provided to them, through electronic questionnaires. We were told however that the return rate was very low, and they considered a return to paper questionnaires in order to obtain a greater response rate. We saw that an analysis of patient feedback had been produced, but was not included within the patients' guide. A recommendation is made about this later in the report.

Delivery of safe and effective care

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

We were satisfied that patients received care and treatment in a focussed way and that patient records were thorough and comprehensive.

We recommended that a wider programme of clinical quality improvement activities should be introduced.

Managing risk and health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the service. We found the service to be well maintained both inside and out, and the two treatment rooms were clean, tidy and organised.

We discussed with the registered manager the consideration of having access to an emergency kit, in the event of a patient collapse. The registered manager told us that the need for an emergency kit, including an automated external defibrillator (AED), had been considered, but not deemed essential at that time. We recommended that the registered manager may wish to seek some further advice on the need and requirements of emergency equipment suitable for the service from the Resuscitation Council (UK)² and the Health and Safety Executive³. The registered manager agreed to do this.

Infection prevention and control (IPC) and decontamination

We found that the service practised good infection prevention and control techniques. This included the appropriate use of personal protective equipment

² <https://www.resus.org.uk/resuscitation-guidelines/>

³ <http://www.hse.gov.uk/firstaid/index.htm>

(PPE), staff practised 'bare below the elbow'⁴ to enable effective hand washing, we saw evidence of good hand hygiene and the use of single use medical equipment where appropriate. Where re-useable equipment was in use, we saw appropriate processes in place for cleaning and decontamination. Ultrasound probes were decontaminated prior to the first use of the day, between patients and following the last patient using a sequential multi-wipes system. The decontamination process was tracked and traceable with staff recording the date, time, serial numbers of products used and whom performed the task.

Staff described in detail the cleaning protocol in place between patients, which promoted effective infection prevention and control arrangements. All patients who completed a questionnaire told us they either agreed or strongly agreed that the environment was clean and tidy.

Safeguarding children and safeguarding vulnerable adults

The service had not reported any safeguarding issues. There was an appropriate safeguarding adults policy and procedure in place to support staff in the case of need. We considered the recruitment process in place for new staff and found the required checks as required by the regulations had been completed prior to commencing work.

We also found that the service used an appropriate chaperone, in order to act as a safeguard for patients and staff during all treatments and procedures.

We were unable to see certification to show that staff had completed safeguarding training. We were told that clinical staff complete this training as part of their on-going Continuing Professional Development (CPD) training within the NHS, where they were also employed. A recommendation is made later in the report with regards to training.

Blood management

We found that the service had appropriate arrangements in place to ensure that blood taken from patients for testing is transported safely and securely.

⁴ Recognised good practice enabling staff to effectively wash their hands and wrists

Medical devices, equipment and diagnostic systems

The service had the use of an obstetric ultrasound machine⁵ which was under an annual maintenance contract and we saw evidence of it being appropriately maintained to help show it was safe to use.

Safe and clinically effective care

We considered a sample of 13 patient records, and found them to be detailed and thorough providing comprehensive details of the care and treatment provided to patients.

The registered manager described how the service followed-up patient outcomes for certain treatments offered, as a way of measuring the effectiveness of the care provided. We recognised this as an area of good practice.

Participating in quality improvement activities

Through discussions with the registered manager, we identified that the service currently undertakes a limited range of quality improvement activities. This included a weekly health and safety check of the environment to help identify any hazards or potential areas for improvement, and conducting patient questionnaires.

We saw that the registered manager had recently created a governance action plan to monitor a range of areas within the service. This included Portable Appliance Testing, staff training, Display Screen Equipment (DSE) assessments, staff appraisals, staff files and patient feedback. These had been graded in priority order to address in the near future. We discussed with the registered manager to also include a range of clinical audit and improvement activities, to help monitor the care and treatment provided to patients. The registered manager was open to suggestions provided, and agreed to implement a wider programme of audit activity.

⁵ A diagnostic imaging technique based on the use of ultrasound

Improvement needed

The registered manager should introduce a wider range of quality improvement activities and develop action plans as a result of any improvements identified.

Information management and communications technology

We found that the service used a remote electronic communications system, allowing clinical staff to securely access patient information and results away from the site. This meant clinical staff were able to interpret information quickly and support staff within the service without being physically present. We were told that this has resulted in staff feeling supported on site even when senior clinical staff were not physically present.

Records management

We found that patient records were stored securely to prevent unauthorised access. Paper records were located in a lockable cabinet, and electronic records were password protected.

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 that there staff were aware of their roles and responsibilities, and were supported by a clear management structure.

We recommended that training for all staff needed to be identified and developed which was specific to the needs of the service.

We found that staff appraisals needed to be implemented, and arrangements for confirming the professional registration status of staff needed to be strengthened.

Governance and accountability framework

The team at Innermost Secrets presented as a small, well established team and they demonstrated clear lines of responsibility. Staff were aware of their roles and responsibilities. We found that the support offered to staff and the availability of the registered manager was positive.

We reviewed the service's Statement of Purpose and Patients' Guide. We found these needed minor updates to include the correct contact details for HIW and a summary of patient feedback needed to be included within the patient guide. The registered manager agreed to do this. Both the Statement of Purpose and Patients' Guide were displayed within the patient waiting area, for patients to have ease of access to, meaning that patients had access to information on the services provided.

We found that there was a comprehensive range of policies and procedures in place, providing detailed information to both staff and patients. We found that these were reviewed and updated on a regular basis to help ensure that staff had and patients had access to the most up to date information.

Improvement needed

The Statement of Purpose and Patients' Guide must be updated in line with regulations.

A copy of the updated Statement of Purpose and Patients' Guide must be provided to HIW.

Dealing with concerns and managing incidents

We saw that the service had a complaints policy in place, outlining the process for patients should they wish to raise a concern. This information was also included within the Patients' Guide, which was displayed in the waiting area for patients to read. We found that the service had a suitable process in place for dealing with complaints, and we also found evidence that the service had demonstrated learning and made changes as a result of a complaint being made. The complaints policy was in need of updating to ensure the correct contact details for HIW are included.

Improvement needed

The registered manager must update the complaints procedure to include the correct contact details for HIW.

Workforce planning, training and organisational development

We were told that the service had been affected by recent absences of some members of staff. We found that whilst the service was able to manage and cover absences in the short term, for the benefit of all staff, we recommended that the service consider how to address the issue in the long term. The registered manager agreed to do this.

The service did not have a defined programme of training for both clinical and non-clinical staff. Clinical staff were also employed within the NHS, and we were told that there was understanding that CPD and professional training is undertaken within that arena. In order to ensure that staff employed to work within the service are suitably trained and competent, we recommended that a defined programme of training for clinical and non-clinical staff should be introduced. The registered manager told us that this had been recognised prior to the inspection, and agreed to implement a suitable training plan.

Improvement needed

The registered manager should introduce a training programme for both clinical and non-clinical staff employed within the service.

Workforce recruitment and employment practices

We looked at a sample of staff files and found there to be varying degrees of information held within them. We found, where appropriate, staff had contracts of employment, a job description and a Disclosure and Barring Service report. Where clinical staff were contracted on a self employed basis, we found evidence of self employed practitioner agreements, which also outlined roles and responsibilities. These were renewed on an annual basis. Whilst we saw evidence of confirmation of professional registration status and qualifications for the initial employment, we were unable to see confirmation that the professional registration status of staff had been confirmed on an ongoing basis. The registered manager must ensure that checks are undertaken on clinical staff to ensure they continue to be registered with the relevant professional body to practise. The registered manager agreed to strengthen the process.

We were told that staff appraisals were not currently being undertaken. The registered manager must ensure that all staff receive a regular appraisal of their work.

Improvement needed

The registered manager must ensure that checks are carried out on a regular basis to confirm that clinical staff are registered with their appropriate professional body to allow them to practise.

The registered manager must ensure that a process for staff appraisal is introduced.

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, measureable, 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: Innermost Secrets

Date of inspection: 6 December 2017

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				
Written consent to treatment and procedures must be obtained and documented for each patient where appropriate.	Regulation 17 (1) (3)	Written consent protocol introduced with immediate effect, supported by relevant staff and practitioner training	Dr RB Beattie	Immediate NOW COMPLETED
Delivery of safe and effective care				
The registered manager should introduce a wider range of quality improvement activities and develop action plans as a result of any improvements identified.	Regulation 19 (1) (a)	An Annual 'Quality Improvement and Clinical Audit Plan' to be developed, for implementation and reporting throughout 2018	Dr RB Beattie	28 February 2018 – implementation on throughout 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The Statement of Purpose and Patients' Guide must be updated in line with regulations.</p> <p>A copy of the updated Statement of Purpose and Patients' Guide must be provided to HIW.</p>	<p>Regulation 6 (1) (2) Schedule 1</p> <p>Regulation 7 (1) (e) (f)</p>	<p>Statement of Purpose and Patient Guide updated to include the correct location address for HIW and patient feedback.</p> <p>Copies of the updated documents provided to HIW.</p>	Dr RB Beattie	<p>Immediate</p> <p>NOW COMPLETED</p>
<p>The registered manager must update the complaints procedure to include the correct contact details for HIW.</p>	Regulation 24 (4) (a)	<p>Complaints Procedure updated to include the correct location address for HIW.</p>	Dr RB Beattie	<p>Immediate</p> <p>NOW COMPLETED</p>
<p>The registered manager should introduce a training programme for both clinical and non-clinical staff employed within the service.</p>	Regulation 20 (1) (a)	<p>Training programme to be developed and introduced, including the certified recording of all training on personnel files.</p>	Dr RB Beattie	<p>31 March 2018</p> <p>- implementation throughout 2018</p>
<p>The registered manager must ensure that checks are carried out on a regular basis to confirm that clinical staff are registered with their appropriate professional body to allow them to</p>	<p>Regulation (9) (1) (h) (i)</p> <p>Regulation 20</p>	<p>Staff and Practitioner checklist to be introduced including an annual confirmation of registration to practise</p>	Dr RB Beattie	<p>31 January 2018</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>practise.</p> <p>The registered manager must ensure that a process for staff appraisal is introduced.</p>	(2) (a)	<p>with the relevant professional body.</p> <p>Appraisal template to be introduced with 2017 appraisals completed by end March 2018</p>		<p>31 March 2018</p>

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 Robert Bryan Beattie

Job role: Founder and Director of Innermost Secrets Limited

Consultant Obstetrician / Consultant in Fetal Medicine

Date: 29 January 2018