

# Quality Check Summary

## Innermost Secrets

Activity date: 10 November 2021

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# Quality Check Summary

## Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Innermost secrets as part of its programme of assurance work. The clinic offers personalised pregnancy care for mums-to-be and a range of health services for women and men. The clinic offers private antenatal care, early scans, tests for Down Syndrome, 3D/4D baby bonding scans, screening for pre-eclampsia, premature labour and group B Strep, new-born heart checks, general gynaecology services, women's and men's health screening and hereditary cancer genetic screening.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011.

Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to Registered Manager, who is also the Responsible Individual, on Wednesday 10 November 2021, who provided us with information and evidence about their service. We used the following key lines of enquiry:

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

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## Environment

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

The key documents we reviewed included:

- Emergency Lighting Test Certificate
- Fire alarm test certificate
- Fire extinguishers test certificate
- Fixed wiring inspection certificate
- Portable appliances test certificate

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

### **The following positive evidence was received:**

We were told that the clinic is accessible to people with mobility problems and wheelchair users, with parking immediately adjacent to the main entrance and flat access to the building and internal rooms. There is also a lift available.

We were told that toilet facilities were accessible and dedicated as single-use, gender neutral.

A hydraulic, adjustable couch is available to assist with ultrasound scanning.

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

We saw that a general health and safety risk assessment had been undertaken which included assessments of the environment, equipment and the health, safety and well-being of staff and patients visiting the clinic.

We were told that there was an equal opportunities and dignity policy in place and that the clinic's equality statement sets out a commitment to removing barriers to accessing services. The clinic is registered with Stonewall<sup>1</sup> as part of their Workplace Equality and Diversity programme so that they can participate in their 2022 Workplace Equality Index Assessment. Staff have also undertaken training in equality and diversity.

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<sup>1</sup> <https://www.stonewall.org.uk>

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The we were told that the clinic pays specific attention to diverse cultural and religious beliefs and provides an inclusive approach to LGBTQ+ family planning, pregnancy and parenthood. Patients are also signposted to other organisations who can offer help and support

Patients are able to be accompanied by a support partner or friend (currently limited to one attendee in line with COVID-19 guidance). Unaccompanied patients are offered a chaperone.

We were told that the clinic has access to translation services to support a range of different languages.

**No areas for improvements were identified.**

## Infection prevention and control

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

The key documents we reviewed included:

- Cleaning contract
- Cleaning schedules
- Waste management policy
- Guidance on good infection prevention practice using ultrasound gel
- Needle-stick injury procedure
- COVID-19 risk assessment
- COVID-19 workforce risk assessment tool
- Infection prevention control policy and procedures
- COVID-19 specific infection prevention and control policy
- Staff risk assessments

**The following positive evidence was received:**

We found that there were comprehensive infection prevention and control policies and procedures in place supported by robust risk assessments. The All-Wales COVID-19 Risk Assessment Tool<sup>2</sup> is used and we were told that four COVID-specific risk assessments have been undertaken during the pandemic in line with updated guidance. An intranet page had been set up so that any changes can be quickly communicated to staff. This also enables staff to review updated documents and amended procedures to ensure that they are kept up to date. The intranet page also contains a feedback form which enables staff to quickly communicate any areas of concern they may have or areas of non-compliance to the registered manager.

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<sup>2</sup> <https://gov.wales/covid-19-workforce-risk-assessment-tool>

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The registered manager told us that, in order to protect staff and patients, any patients who need to attend the clinic do so by pre-booked appointment only. We were told that all patients are screened for symptoms of COVID-19 during the initial telephone booking and on arrival at the clinic. Patients are asked to wait in their car until advised that it is clear for them to enter the building and then a staff member will take their temperature and assist them with hand sanitising and the use of a facemask. Patients are reminded to maintain social distancing where appropriate.

We were told that online consultations have been introduced, where clinically appropriate, using the HeyDoc<sup>3</sup> and secure Zoom<sup>4</sup> systems, with robust patient identification processes set in place. Midwife-led services are also conducted remotely where appropriate for example, providing advice around preparing for birth and breastfeeding. All non-essential services, such as non-essential scans have been suspended.

We were told that all non-essential furniture and literature etc has been removed and that the seating within the waiting area has been reduced to a minimum.

Cleaning of the clinic is undertaken by an external company with a formal contract in place. We were told that, in addition to the routine cleaning schedule, and routine disinfection of non-single use items, additional cleaning sessions have been introduced and a virucidal fogging<sup>5</sup> system used for wide-scale environmental infection control.

The registered manager has also introduced an additional weekly COVID-19 check to ensure routine compliance and oversight of the clinical environment. This is undertaken by the registered manager on a Saturday morning and any issues highlighted are fed back to the clinic manager for action.

The registered manager told us that obtaining sufficient supplies of PPE has been very challenging at times, particularly so at the outset of the pandemic. However, the weekly checks and audits are a way of ensuring that there are adequate stocks of PPE available in the clinic at all times.

**No areas for improvements were identified.**

## Governance / Staffing

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

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<sup>3</sup> HeyDoc! is a global and award-winning health communications platform that connects patients, anywhere with doctors, globally for the purpose of a non-urgent medical advisory.

<sup>4</sup> <https://zoom.us/>

<sup>5</sup> Virucidal Disinfectant Fogging is a method of **disinfecting a room** or building to eliminate viruses and bacteria on all surfaces. This is usually done with a biocide and virucide solution pumped through a powerful fogging machine, filling either an entire room or building.

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The key documents we reviewed included:

- Statement of purpose
- Patient guide
- Reg 28 responsible individual report
- Company outline and staff roles
- Medicines Policy
- Informed Consent Policy
- NHS information certificate
- Incident report
- Annual staff training programme and staff training data
- Staff appraisal template

**The following positive evidence was received:**

The owner of Innermost Secrets, who is a consultant in obstetrics and fetal medicine, is the nominated responsible individual and registered manager. He is supported in his role by the clinic manager, four sonographers<sup>6</sup>, three midwives and clinical specialists, four maternity care assistants and two office administrators. We were told that there were no current vacancies and that staff sickness levels were very low.

We were also told that all the staff at the clinic were able to work throughout the pandemic and that none were placed on furlough. This has been made possible by staff working flexibly with some working from home, although home-working has been limited given the nature of the service.

We saw evidence to show that staff had undertaken training relevant to their roles. A number of the staff employed at the clinic also work within the NHS and are able to access training through their NHS employer as well as through Innermost Secrets.

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

The registered manager has implemented a routine monthly governance checklist process to monitor fire safety, lighting, contents of the first aid box, standard of cleaning, ensuring that the policy file is in place at reception, ensuring regular maintenance is undertaken, cleaning of equipment and PPE stock levels.

**The following areas for improvement were identified:**

We found that there was a formal staff support and appraisal system in place for those staff members employed solely by the clinic. In the case of those staff members who are also

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<sup>6</sup> A sonographer is a healthcare professional who specialises in the use of ultrasonic imaging devices to produce diagnostic images, scans, videos or three-dimensional volumes of anatomy and diagnostic data.

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employed by the NHS, the registered manager told us that they rely on the appraisal arrangements in place within the NHS. However, the registered manager added that they were experiencing difficulties in gaining access to the completed NHS appraisal documentation. We advised the registered manager to set up their own appraisal process for those staff members who are also employed by the NHS.

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# What next?

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

Where an improvement plan is required, it should:

- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

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

# Improvement Plan

Setting: Innermost Secrets Limited trading as Innermost Healthcare

Date of Activity: 10 November 2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas. Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager must set up their own, internal appraisal process for those staff members who are also employed by the NHS.	Independent Healthcare (Wales) Regulations 2011 Regulation 20. (2) (a)	Staff and Independent Contractors also employed by the NHS are already required to (a) complete a self-declaration to us that their NHS appraisal and mandatory training are satisfactory and up-to-date and (b) to participate in our internal clinical observation process. <b>Action 1</b> To strengthen the above, we will revise our appraisal documentation and publish a new policy and appraisal pro-forma. <b>Action 2</b> We will ensure that each member of staff and each independent contractor completes an appraisal using the new documentation by 10 February 2022.	Dr RB Beattie	10/02/2022

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

Name: Dr Robert Bryan Beattie  
Date: 07 December 2021