

**Albany Medical Centre
1st Floor
Albany Chambers
Skinner Street
Newport
NP20 1HD**

Inspection 2010-2011

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk



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21 March 2011	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

An announced inspection was undertaken to the Albany Medical Centre, Newport on the 21 March 2011 by an Inspection Manager. The clinic was first registered on the 29 December 2008 and is registered to provide weight management and reduction advice and treatment by medical practitioners to patients who are eighteen years or over.

Prior to the inspection visits the registered provider submitted a completed pre-inspection questionnaire. The inspection focused upon the analysis of a range of documentation, discussion with the registered manager and clinical director, examination of a range of documentation and a tour of the premises was also undertaken. The Inspection Manager also had the opportunity to talk with a patient and staff during the visit.

Discussions regarding information, quality of care, patient participation in service provision, dignity and privacy were undertaken with the patient and recorded.

The patient who was interviewed during the inspection expressed high levels of satisfaction with all aspects of the service provision.

In respect of the inspection findings the registered person had in place:

- A statement of purpose, including a patient guide.
- A range of policies and procedures, staff had signed to state that they were aware and understood the policies.
- Comprehensive information for patients including healthy lifestyles and heart disease guidance was available.
- A system of obtaining patient views was available and viewed. The results for 2010 indicated a high level of satisfaction with regard to service provision.
- Staff employment files were available. Confirmation that the practitioners were registered with an appropriate professional body, references, training records and an enhanced Criminal Record Bureau check were available. However, it was noted that references were not available for two members of staff.
- A protection of vulnerable adult's policy was in place and staff had undertaken training in this area. However, it was noted that this training was due to be updated.
- In terms of confidentiality a policy/procedure was available. Staff had signed to state they were aware of this policy.
- Fire training had been undertaken.

- There was a current British National Formulary available.
- A written error and near miss procedure was present. Review date 01 April 2011 which was accessible to staff. There was a statement in the policy about error recording. An informal written error reporting system was in place. This needs to be formalised and to include a statement to enhance clarity of the system.
- A treatment protocol was present and reference was made to The National Institute for Health and Clinical Excellence (NICE) guidance.
- There were also records of medicines issued to individual patients. The doctor signed the patient's records and the stock book. However, it was noted that not all checks had been signed off by the doctor undertaking the audit. It was stated that the doctor's checks the stock books, so should sign these to take responsibility for the balances. This was discussed with the clinical director and registered manager during the visit.
- No appropriate kits for the disposal of unwanted medicines were present. The clinical director and registered manager stated that there was very rarely any medication to dispose off. Patients dispose of any medication via the local pharmacy service. However, the policy stated that the manager would arrange a third party disposal contract but this was not in place. The clinical director and registered manager will need to review the policy with regard to current arrangements and inform Healthcare Inspectorate Wales (HIW) of any changes.
- The registered manager received and acted upon Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- There was information regarding off license prescribing policy available and in the doctor's clinical guidance.
- The temperature of storage area was evidenced. A thermometer for the rooms where medicines were kept was available and outcomes recorded.
- In relation to patients being given information regarding the medications that were prescribed for them. The doctor stated that he discussed medicines with the patients and patient information leaflets were provided to patients with their medicines.

- Batch numbers were present on the stock sheets and could be tracked for each patient.
- Copies of obesity management guidelines were made available for patients. e.g. The National Institute for Health and Clinical Excellence (NICE) guidance.

However, the following was noted;

- Staff supervision and appraisal was informal and not recorded.
- Prior to the announced inspection, water damage had been sustained in an area of the clinic entrance corridor ceiling and affected the ceiling of the female toilet area. It was noted that the door to the female toilet could not be closed. This was brought to the attention of registered manager during the visit. An additional toilet facility was available on the premises.
- No provider reports were available at the time of the visit. However, it was noted that the responsible individual visits the clinic on a weekly basis.

The Inspection Manager would like to thank the patient, senior management team and staff for their time and co-operation during the inspection visit.

Achievements and Compliance

The senior management had been pro-active in actioning and completing the 2009-2010 inspection cycle requirements.

Registration Types

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

Description
Independent Clinic

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. The registered person must not provide medical or psychiatric services of any kind nor any "listed services" as defined by section 2(7) of the Care Standards Act 2000 other than weight management /reduction advice and treatment provided by medical practitioners to patients who are eighteen years old or over.	Compliant
2.	Advice and treatment must only be provided by registered medical practitioners.	Compliant
3.	Patients must be aged eighteen years old or over.	Compliant
4.	Overnight accommodation must not be provided to patients.	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 not inspected
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard almost 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 not inspected
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met

Number	Standard Topic	Assessment
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
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 not inspected
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 almost met
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 not inspected
C29	Patients are resuscitated appropriately and effectively	Standard not inspected
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 not inspected
PD4	Midwifery and ante natal care	Standard not inspected
PD5	Prescribing	Standard met
PD6	Pathology services	Standard not inspected
PD7	Contacting practitioners and Out of Hours services	Standard met
PD8	Information to GP's	Standard met

Schedules of Information

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

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	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	Met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

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
C8 & C11	Regulation 18 Schedule 2	<p>Findings</p> <p>It was noted that references were not available in two personnel files.</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>	<p>Confirmation on completion to be forwarded to HIW by 25 April 2011. (Advised on day of visit)</p>
C9	Regulation 17(2)	<p>Findings</p> <p>Staff appraisal and supervision was informal and not recorded.</p> <p>Action Required</p> <p>Staff appraisal and supervision needs to be formalised and recorded.</p>	<p>Two months from receipt of report. (Advised on day of visit)</p>
C24, C25 & PD5	Regulation 14 (5)	<p>Findings</p> <p>It was noted that not all medication balance checks had been signed off by the doctor undertaking the audit.</p> <p>Action Required</p> <p>Ensure that doctor signs stock books on each occasion when the balances of medication are checked.</p>	<p>Immediate Confirmation on completion to be forwarded to HIW by 10 April 2011 (Advised on day of visit)</p>

Standard	Regulation	Requirement	Time scale
		<p>Findings</p> <p>No appropriate kits for the disposal of unwanted medicines were available. Current policy for the disposal of medication will need to be reviewed in line with current practice.</p> <p>Action Required</p> <p>Manager to put in place a legal process for disposal of stock medicines waste and review policy if applicable.</p>	<p>Confirmation on completion to be forwarded to HIW by 15 April 2011 (Advised on day of visit)</p>
	Regulation 25(3)(c)	<p>Findings</p> <p>No written reports were available by the registered provider.</p> <p>Action Required</p> <p>A written report to be forwarded to HIW within agreed timescale. Written reports must also be available when requested and in line with regulation 25 of the Private and Voluntary Health Care (Wales) Regulations 2002.</p>	<p>A written report to be forwarded to HIW by 25 April 2011. (Advised on day of visit)</p>

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
C 8	Staff meetings need to be formalised and recorded.
C22	It is advised that the error reporting system be reviewed, formalised and to include a statement to enhance clarity of the system.

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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