

Dr Sharif
Albany Medical Centre
1st floor 13 Market Street
Pontypridd
CF37 2ST

Telephone: 0300 062 8163
Fax: 0300 062 8388
E-mail: HIWinspections@wales.gsi.gov.uk

9th July 2014

Dear Dr Sharif

Re: Healthcare Inspectorate Wales unannounced visit to Albany Medical Centre Pontypridd on the 7th July 2014.

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Albany Medical Centre Pontypridd on the 7th July 2014.

Background

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

The clinic was first registered on the 29th December 2008 and is registered to provide weight management and reduction advice and treatment provided by medical practitioners to patients who are eighteen years or over.

The Statement of Purpose and Patients Guide were available in the waiting room and contained most relevant information. However, both documents required the date of review and the new address of HIW to be inserted. Healthcare Inspectorate Wales received copies of amended documents on the 8th July 2014.

There was a variety of patient information available in the waiting areas and every patient was given information about healthy eating and weight reduction as part of their treatment plan.

Client satisfaction with regard to service provision, information was available and the reviewers were informed that clients were very satisfied with the care received. An analysis of these patient questionnaires was undertaken annually and the results of

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Rhydycar Business Park • Parc Busnes Rhydycar
Merthyr Tydfil • Merthyr Tudful
CF48 1UZ
Tel • Ffôn 0300 062 8163
Fax • Ffacs 0300 062 8387
www.hiw.org.uk

these were seen to be good. There was also a comments box in the waiting room and patients were encouraged to give feedback verbally at the time of clinic contact. There had been some comments about pricing and opening times and an action plan to improve the latter has been developed. The reviewers were informed that there had been no complaints received over the past year.

Client records were viewed and contained information with reference to medical history, consent forms and treatment regimes which were updated at each visit. However, it was noted that one form was missing Body Mass Index (BMI) information. This information forms part of the treatment plan and the need for complete records was discussed at the time of the inspection.

All policies were present and there was evidence that non medical staff had signed to say that they had read and would abide by these. The need for medical staff to do likewise was discussed at the time of the inspection.

Records of mandatory education including Fire, data management, POVA, health and safety, infection control and manual handling and handling adverse incidents were seen for medical staff and the reviewers were informed that other staff had received mandatory training but no records were kept. The reviewers discussed the need for maintaining these records at the time of the visit.

Staff files were reviewed and found to be missing adequate staff photographs and Criminal Records Bureau/ Disclosure and Barring Service (CRB/DBS) checks. There was a system for annual appraisal and continuous professional development information.

There was a clinical audit plan which was linked to national outcome surveys and these take place annually. The results of the plan were reviewed at the time of the inspection. Evidence based practice was in place following the NICE guidance for weight management.

Risk assessments were in place. There was a system for medicines management which included the recording of stock balances and patient prescriptions. An audit of these processes was undertaken every two weeks.

Premises, Facilities and Environment

The registered premises were located within two rooms situated to the front of the first floor of a four storey building situated in the centre of Pontypridd.

Various parts of the building were leased to different tenants.

The registered rooms were satisfactorily maintained, but concerns were expressed over the adequacy of low level areas of window glazing in the reception area, that could potentially be accessed by children.

Current approved documents (building regulations) required that work on an existing building, must comply with the applicable requirements of the building regulations. The replacement timber bay window should have had the lower panes glazed in safety glass, and not all panes of glass, within 800mm of floor level appear to have the necessary manifestations etched on the glass. In addition, the safety of other low level areas of glazing should be risk assessed and any additional safety measures put into place, particularly if young children were in the vicinity.

Other facilities such as the toilet and kitchen areas were located within communal areas managed by the landlord. Comments were made over the general cleanliness of these areas, and the lack of any artificial lighting in the kitchen area.

The building had been constructed with a single central staircase area, and the current tenant was not aware of any alternative means of escape in the event of a fire. This single staircase arrangement means that in the event of any fire occurring, this appeared to be the only exit from the building.

Apart from a single green arrow sign, no current escape signage was on display, nor any fire evacuation notices, giving details of any assembly points external to the building. It was observed the fire break glass point adjacent to the final point of exit was not operable.

Health and Safety guidance and the Regulatory Reform (fire safety) Order advises that employers (and/or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. This shares the same approach as health and safety risk assessments and can be carried out either as part of an overall risk assessment or as a separate exercise.

In the interests of the safety of the registered accommodation, within the overall building, a copy of a current Fire Risk Assessment for the whole building should be produced, or a copy of the last inspection report from the Local Fire Service produced. The landlord may also wish to consider the flammable goods and cylinders currently being stored on the second floor landing. Written confirmation from the registered manager was sent to HIW with regard to actioning the fire risk assessment and storage review.

Whilst it was accepted that the Albany Slimming Clinic had an internal Fire Policy in place for their accommodation, this required modification to reflect a single staircase situation, and the lack of any emergency lighting provision.

The Periodic Re-Inspection certificate for the electrical wiring installation had expired on 13th December 2013, and the installation was in need of re-testing.

No records were available for the testing of Portable Appliance Testing (PAT). Although there is no legal requirement to keep records of PAT activities, records and/or labelling can be an effective management tool for monitoring the effectiveness of such a maintenance scheme. Recommendations are given by the Health and Safety Executive (HSE) for appropriate testing of class1 and class 2 appliances.

There were no records available of adequate weekly testing and regular servicing of the Fire Alarm Installation. Fire extinguishers within the registered accommodation were regularly tested, but of the two extinguishers located within the toilet lobby area, one was condemned, and the other had not been tested since 2008.

A current gas safety certificate was available for servicing and testing of the boiler.

Positive Areas

The visit highlighted areas that are noteworthy and include:

- Care is person centred with privacy, dignity and individuality considered
- There was a system for clinical audit in place and evidence that changes results from patient and audit feedback

Concerns:

- Staff files require updating with the correct information
- One patient record was found to be missing information
- Lack of Fire Risk Assessment or Fire Officers report for the whole building complex
- Safety of glazing in reception area
- No current copy of an electrical wiring certificate

New requirements from this inspection:

Action Required	Regulation Number
Staff personnel files require updating with staff photographs and CRB status,.	Regulation 20(1)(a)(b) and 20 (2) (a) (b)
There were no clear records of mandatory training delivered for non medical staff	Regulation 20(1)(a)(b) and 20 (2) (a) (b)
Statement of Purpose requires reviewing and updating.	Regulation 8 Completed 8.7.14
Review Patient Guide	Regulation 7 Completed 8.7.14
Patient records to be completed	Regulation 23 (1)(a) 1.2.3
Staff signatures required for policy reading and compliance	Regulation 9 (1) (g)
Ensure that replacement glazing complies with relevant standards, and risk assess all other lower areas of glazing	Regulation 26(2)(a)
Review fire escape safety measures within the building	Regulation 26(4)(a)(b)(e)
Re-test electrical wiring installation	Regulation 26(2)(a) Actioned 8.7.14

Action Required	Regulation Number
Carry out weekly tests of the fire alarm, and appropriate servicing according to the system requirements	Regulation 26(4)(a)
Review PAT testing methods in accordance with HSE Guidance, and produce a policy for testing regime	Regulation 26(2)(a)

Good practice Recommendations:

To maintain a folder of services testing cycles within premises.

Healthcare Inspectorate Wales would like to thank all members of staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

Yours sincerely



Phil Price
Inspection Manager