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1<sup>st</sup> August 2014

Dear Dr Sharif,

**Re: Healthcare Inspectorate Wales announced visit to Albany Medical Centre, Newport on the 7<sup>th</sup> July 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to Albany Medical Centre, Newport on the 7<sup>th</sup> July 2014.

**Background**

An announced inspection was undertaken at Albany Medical Centre, Newport on the 7<sup>th</sup> July 2014. The inspection visit focused upon the analysis of a range of documentation, discussion with the Registered Manager and a tour of the premises. The clinic is registered to provide weight management and reduction advice and treatment by medical practitioners to patients who are eighteen years or over.

The clinic is situated in an old building which is in need of attention to cleaning and decor. The lift was out of order and had been for the previous twelve months. The landlord is aware of the facilities and environmental issues. The reviewers were informed that patients, who had mobility difficulties and were unable to climb the stairs, would be offered a home visit. Patients with children in pushchairs would be helped up the stairs by clinic staff. All patients would be informed that access to the clinic was by stairs only, at the time of initial telephone contact.

The Statement of Purpose and Patients Guide were available in the waiting room and contained the relevant information. However, both of these documents required a version number, date of issue, and the new contact details of HIW to be inserted. HIW received confirmation that both documents had been updated on the 8<sup>th</sup> July 2014.

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

Patient satisfaction information was available and the reviewers were informed that patients were very satisfied with the care received. A survey of patient satisfaction questionnaires was undertaken annually and the results of these surveys showed high levels of patient satisfaction with the service provision.

In addition, there was 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 had been developed. The reviewers were informed that there had been no complaints received over the past twelve months.

Patient records were viewed and contained information about medical history, consent forms, and treatment regimes which were updated at each visit. There was a clinical audit plan which was linked to national outcomes surveys. This was undertaken annually and the results of this were reviewed at the time of the inspection. Evidence based practice was in place and care following the National Institute for Health and Care Excellence (NICE) guidance for weight management.

All appropriate policies were available and there was evidence that non-medical staff had signed to say that they had read and would comply with the organisational policies. The need for medical staff to sign the policies statement record form was discussed at the time of the inspection.

Records of mandatory education including fire, data management, Protection of Vulnerable Adults (POVA), health and safety, infection control, manual handling, and handling adverse incidents were reviewed for medical staff. The reviewers were informed that other staff had received mandatory training, however no records were kept. The need for maintaining these records was discussed at the time of the visit.

Staff files were reviewed and a number of adequate staff photographs and Criminal Records Bureau/Disclosure Barring Scheme (CRB/DBS) checks were not available. There was a system for annual appraisal and continuous professional development information.

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

### **Premises, Environment and Facilities**

The registered premises were on the first floor of a three storey building, situated in the centre of Newport, the upper floors and part of the first floor were un-occupied. As noted above, the passenger lift had been out of operation for the previous year but the gates could be easily opened at the first floor level. The registered manager advised that a chain would be provided to secure the gates, to prevent any accidental access into the lift car.

An alternative fire escape route to the main access staircase was available, with suitable escape signage, but it was noted that the area had no emergency lighting. This will need to be reflected within the current fire risk assessment and appropriate measures put into place.

The electrical wiring installation certificate had expired in June 2013, and had not been renewed. No records were available of 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 were given by the Health and Safety Executive (HSE) for appropriate testing of class 1 and class 2 appliances.

The fire alarm installation had been serviced on 10<sup>th</sup> March 2014, but was qualified in that certain areas could not be accessed. It was advised that the telephone shop on the ground floor had a repeater panel for the building fire alarm, and that they tested the system each week, in accordance with their services maintenance contract with Mitie. No hard copies of records were maintained, as these were sent electronically to Mitie, on their completion weekly. Fire extinguishers had been serviced in December 2013. The internal Fire Risk Assessment was overdue an annual review, and required updating in Section J to reflect the absence of emergency lighting on the fire escape route.

The kitchen area was noted to be in need of a general tidying, and redecoration following rainwater leaks. Separate male and female toilets were provided, and there were no paper towels within the dispensers. Instead there was a kitchen roll provided in each of the toilets, which was not considered to be hygienically appropriate. Furthermore, the inner door of the male toilet cubicle could not be closed and locked effectively.

### **The Visit Highlighted the Noteworthy Areas**

- Care is person centred, privacy, dignity and individuality are 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
- Lack of a current electrical wiring test certificate, and emergency lighting provision on the fire escape staircase

Verbal feedback was given throughout and at the end of the inspection.

**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)&20 (2) (a) (b)
There were no clear records of mandatory training delivered for non medical staff	Regulation 20(1)(a)(b)&20 (2) (a) (b)
Statement of Purpose requires reviewing and updating.	Regulation 8
Review Patient Guide	Regulation 7
Staff signatures required for policy reading and compliance	Regulation 9 (1) (g)
Provide secure chain to lift entrance gates	Regulation 26(2)(b)
Re-test electrical wiring installation	Regulation 26(2)(a)
Review PAT testing methods in accordance with HSE Guidance, and produce a policy for testing regime	Regulation 26(2)(a)
Review internal Fire Risk Assessment	Regulation 26(4)(f)
Attend to maintenance within kitchen and toilet areas.	Regulation 26(2)(b)

**Good Practice Recommendations:**

To maintain a folder of services testing cycles within premises.

Healthcare Inspectorate Wales would like to thank the staff members 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