

Independent Healthcare Inspection (Announced)

Albany Medical Centre
(Pontypridd)

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2017

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Albany Medical Centre, 1st floor, 13 Market Street, Pontypridd CF37 2ST on the 21 September 2017.

Our team, for the inspection comprised of 1 HIW inspector and 1 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

The service was registered with Healthcare Inspectorate Wales to provide weight management and reduction advice and treatment provided by medical practitioner to patients who are eighteen years or over. Arrangements were seen for providing patients with sufficient information about their health needs which also took account of their individual requirements.

No patients were attending the clinic at the time of our inspection, so it was not possible to directly obtain patients' views on the care they had received. The service, however, used patient questionnaires to obtain patients' feedback and the sample we saw included positive comments about the care provided at the service.

This is what we found the service did well:

- Staff we spoke with were very happy in their roles
- Patient feedback was positive regarding the treatment received
- Information was offered regarding all aspects of weight control
- Patient records were not as detailed as they should be, however they were stored in a safe environment
- There was evidence of safe administration of medication
- The clinic undertook internal audits to improve standards

This is what we recommend the service could improve:

- It would be advisable if there was a staff identification board in the waiting area so that patients were advised of the clinicians working at the clinic
- The detail in the patient records needs improvement

3. What we found

Background of the service

Albany Medical Centre (Pontypridd) is registered to provide independent weight management and reduction advice and treatment at 1st floor,13 Market Street, Pontypridd CF37 2ST.

The service was first registered on 29 December 2008.

The service employs a staff team which includes 2 part time doctors and two part time administration / receptionists.

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 clinic offered a service which met the needs of the patient in a safe and professional manner.

Patients were well informed prior to any consultation and their views on the service provided was important and recognised.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 19 were completed:

"Friendly, approachable staff. I've been listened to and given constructive advice in a sensitive manner. Staff have always been discreet and I know that all information shared has been confidential. Staff take into consideration individual needs and provide advice accordingly. Good, honest and knowledgeable staff."

"Lovely, lovely staff who have made me feel comfortable, motivated and that they genuinely care about my progress."

"I am amazed with the results it has changed my life. I have lost 3 stones in 6 months and I am a changed person. The staff are great and always listen and fit me in when needed, even when it has been last minute. It has been fabulous."

Although the environment was old and dated, most patients stated that it was clean and tidy. All agreed that staff were polite, listened and offered enough information regarding the treatment. The premises were not easily accessible for people with mobility issues.

There was a complaint procedure on the wall in the waiting area which met with the required standard. Almost every respondent in completed HIW questionnaires stated they would know how to raise a concern. There had been no complaints or concerns since the last inspection.

All questionnaire respondents rated the care and treatment between average and excellent.

Health promotion, protection and improvement

We saw posters advising patients on food portion control, exercise and healthy eating. Patient records also showed that doctors discussed a healthy lifestyle choice combined with any prescribed treatment.

We saw that there was a strict patient criteria before the clinic agreed an appointment with a prospective patient. This ensured that only patients who required treatment received an appointment.

Dignity and respect

Patients received their consultations with the doctors in a private room away from the waiting area.

Patient information and consent

We saw in the patient records and were given a blank form to read, which showed that patients were given clear information and consented to treatment prior to any consultation with the doctors.

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

We looked at a random sample of five patient records and found that they lacked detail. For instance we saw a list of current medication but not the reason for taking it. The information was clear but would benefit from an audit to identify areas for improvement.

Citizen engagement and feedback

We saw evidence of patient feedback from questionnaires distributed to patient by the service where the information had been collated into graph format and was easy to understand. This was on display in the main waiting area.

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 the clinic offered safe and sensitive treatment tailored to meet individual patient needs.

Medication was stored and administered safely.

Staff were appropriately trained for the service they provided.

Managing risk and health and safety

We looked at a random sample of five patient records and were not fully satisfied that the clinical content offered enough detailed information (as stated above). The registered manager told us that this would be addressed with the doctors immediately.

Infection prevention and control (IPC) and decontamination

Due to the nature of the clinic there was very little need for infection control and prevention intervention although hand gel was available. However, we noticed that there were no hand washing facilities in the consultation rooms. The registered manager indicated that this would be a consideration when leasing new premises.

Medicines management

We looked at the process for managing medicines and were satisfied that it was safe. We discussed how any out of date medication would be disposed of and were told that all unwanted medication was taken to the local pharmacy or patients were advised to take them to their local pharmacy for disposal.

Safeguarding children and safeguarding vulnerable adults

There had been no safeguarding issues. All staff were trained to identify and report any safeguarding concerns. Local contact details were held in a safeguarding folder Recruitment processes were looked at and staff had received the required checks prior to commencing work.

Medical devices, equipment and diagnostic systems

There were two blood pressure machines available one manual and one digital. The digital machine had been calibrated¹.

Safe and clinically effective care

We saw, in patient records, that past medical histories and any current medication were recorded.

Up to date certificates for fire evacuation, weighing scales calibration and premises risk assessments were seen. Gas and electric inspections were the responsibility of the owner of the premises.

Records management

We saw that records were stored in a safe and secure environment.

¹ Blood Pressure Monitor Calibration keeps the monitor in good condition. This will ensure that results are accurate and the machine is operating as the manufacturer intended.

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 were satisfied that there was clear management and leadership. Staff had been employed by the company for long periods of time and were fully aware of what was required of them and who to report to for advice and support.

Staff were friendly and had built good working relations with their returning patients.

Governance and accountability framework

There were clear lines of responsibility and staff were aware of how to report any untoward incidents. All staff stated that they could approach senior management with any concerns they may have.

Staff stated that they had recently had annual appraisals and were confident that any identified training would be offered, if required.

Written reports of visits undertaken by the Responsible Individual² (May 2017) were available for us to read.

The Statement of Purpose³ had been reviewed in July 2015 and the Patients Guide had been reviewed in July 2017.

² The Responsible Individual is the representative of the organisation or company.

³ A Statement of Purpose is a document which sets out the aims and objectives of the organisation or company.

Dealing with concerns and managing incidents

There had been no concerns since the last inspection. Any medication concerns would be reported as required by the Medicines and Healthcare products Regulatory Agency.

Workforce planning, training and organisational development

Staff stated that they received cover from the sister practice in Newport to assist when required. This was usually, to cover annual leave or unexpected sickness. Staff received appropriate training in the areas where they worked. We saw evidence of current updating and training in the doctors files.

Workforce recruitment and employment practices

We looked at staff files and were satisfied that all documents were up to date. There was evidence of doctors revalidation⁴ and annual registration. All staff had a current disclosure and barring services report.

⁴ Revalidation is the process for doctors to positively affirm to the General Medical Council (GMC) that they are up to date and fit to practice.

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: Albany Slimming Clinic (Newport)

Date of inspection: 21 September 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				
No Improvements identified.				
Delivery of safe and effective care				
No improvement identified				
Quality of management and leadership				
No improvements identified	1			

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):

Job role:

Date: