

Independent Healthcare Inspection (Announced)

Infiniti Healthcare

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2017

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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 Infiniti Healthcare on the 5 December 2017.

Our team, for the inspection comprised of two HIW inspectors and one clinical peer reviewer. The inspection was led by a HIW inspector.

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

Overall, we found evidence that the service provided safe and effective care in a clean and welcoming environment.

Patient records were comprehensive and information was provided to a patient that was specific for their treatment/condition.

We found staff were friendly and professional; ensuring patients' privacy and dignity was not compromised.

We have made some recommendations regarding the need for in-house training and appraisals for staff and the development of a wider programme of audit.

This is what we found the service did well:

- The environment was clean, welcoming and well maintained
- We saw professional and polite staff-patient interactions
- Systems were in place for patients to provide feedback regarding the service provided. Results are analysed and published on the clinic's website
- Patient records were comprehensive and supplementary information provided to patients regarding their condition and/or treatment
- A suite of policies and procedures were in place which are regularly reviewed to ensure staff are aware of their roles and responsibilities

This is what we recommend the service could improve:

- All patient records must evidence the presence of a chaperone during intimate examinations
- A wider programme of documented audit activity is needed
- Improved provisions for staff appraisals and a programme of staff training

3. What we found

Background of the service

Infiniti Healthcare is registered to provide an independent clinic at 3 Ash Tree Court, Woodsy Close, Cardiff Gate Business Park, CF23 8RW.

The service has no overnight beds and treats patients 18 years of age and older.

The service was first registered with HIW on 30 May 2014.

The service employs a staff team which includes one Consultant/Registered Manager, one Nurse/Personal Assistant, one Nurse Practitioner and one Physiotherapist.

A range of services are provided which include:

- Private antenatal care
- Early pregnancy scans
- General gynaecology services
- Urogynaecology¹
- Fertility services
- Relevant private prescriptions are issued

¹ Urogynaecology is the treatment of women with incontinence and/or prolapse.

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 patients in a safe and professional manner.

Patients were provided with specific information regarding their condition and/or their treatment.

Systems to capture patient feedback were available and patients told us they had received enough information about their treatment.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 92 questionnaires were completed. We also spoke to one patient during the inspection. Patient comments included the following:

"I have received amazing service and great customer care"

"I wish this service was available in the 1980s. The treatment I have received has enabled me to avoid more surgery"

"I am treated as an individual and with respect"

"The appointment service is fast and efficient and all the staff and doctors are there for any question or doubt I had"

Health promotion, protection and improvement

There were various posters and leaflets displayed in the waiting area. The information was relevant to the services offered by the clinic. Specific information was provided to individual patients by staff regarding their condition and treatment and we saw examples of this in the patient files we reviewed.

Dignity and respect

We heard a patient being spoken to in a professional, polite and respectful manner. Consultations were held in a private room to ensure all discussions maintained patient privacy. Staff told us that treatment rooms were locked to prevent unauthorised access.

Closed circuit television was being used at the clinic and one camera was situated in the waiting area. At the time of our visit there was no visible notice when entering the waiting area notifying patients of the CCTV. We advised staff that this should be visible for patients. From our observations, we were satisfied that the location of the camera would not compromise privacy and dignity. The CCTV monitor was located in a room which could only be accessed by staff.

Patient information and consent

The patient records we reviewed evidenced that detailed information was provided to patients, which was specific for their individual needs and treatment. The information provided was best evidence based and followed national guidelines. There was also evidence of written and verbal consent recorded in the patient records we reviewed.

The majority of patients who completed a HIW questionnaire said that they agreed, or strongly agreed, that they had been given enough information about their treatment.

A Patient's Guide² and Statement of Purpose³ were available in the waiting area and on the clinic's website. These documents include information about the service and the treatments provided the staff structure, complaint

² Every service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a patient guide and it should provide information for patients on the service they are to receive. The guide should be provided to every patient and any person acting on behalf of a patient.

³ Every service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. By law, the Statement of Purpose must include the information listed in Schedule 1 of the Independent Health Care (Wales) Regulations 2011.

information and seeking patient feedback. The documents contained all the information in accordance with the regulations.

Communicating effectively

Staff told us that if required, translation services could be provided to assist patients (whose first language was not English), to understand what was being discussed with them.

Patients were copied into letters and results to ensure they had full information about their treatment. Written information regarding aftercare was also provided, to support verbal conversations between staff and patients.

Care planning and provision

We saw a patient receiving help from staff in a timely way, which included the patient being brought into the waiting area and greeted in a professional and friendly manner by a member of staff, before being taken into a treatment room.

Staff told us that any delays were verbally communicated to patients. Appointments were scheduled to avoid delays as much as possible. The clinic had enough staff to meet the needs of the patients and to ensure that care and treatment was provided in a safe, professional and timely way.

Equality, diversity and human rights

During the visit we did not identify any issues or procedures that would affect an individual's equality, diversity and human rights.

Citizen engagement and feedback

The clinic had methods of obtaining patient views and feedback. For example, patients were given the opportunity to complete a feedback form following any received treatments/services. The results of completed patient feedback is analysed and we saw results from 2016, which highlighted positive feedback about the service, clinic and staff. Staff told us that views of patients are actively sought and used where applicable to inform service improvement and development.

The clinic's website had a facility, for patients to submit feedback and the annual report about patient feedback can be accessed via the website.

A complaints and compliments policy and procedure was in place. We asked that the HIW contact details in the policy were updated to reflect the correct

address; however this information was accurate in the clinic's Statement of Purpose and Patient's Guide.

The clinic did not clearly display information on how patients could provide feedback and make a complaint; however, the Statement of Purpose and Patient Guide were available which included this information. The website also contained information on how feedback could be provided and/or complaints made.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, there were arrangements in place to ensure that patients received care and treatment in a safe and effective way.

The clinic was clean and well maintained and provided a welcoming and relaxing environment for patients.

The patient records we reviewed were comprehensive and patients were provided with specific information regarding their condition/treatment. All records were securely stored and password protected.

We recommended that a wider programme of audit was introduced to continuously review and improve services.

Managing risk and health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at and people visiting the service. Access to the building was via an intercom system and there was a lift available for anyone with mobility difficulties. Parking was available directly outside the building.

We found the service to be well maintained and free from clutter and tripping hazards. The environment was in a good state of repair, with clean, tidy and well organised treatment rooms and a waiting area, providing a comfortable, welcoming and suitable clinic for the services and treatments provided.

A weekly governance checklist covering regular checking of items such as fire extinguishers and first aid box was due to be implemented.

The majority of patients that completed HIW questionnaires said they strongly agreed that the environment was clean and tidy.

Infection prevention and control (IPC) and decontamination

We found that the service had an infection control policy in place and staff knew how to access it. There were suitable processes in place to help ensure the prevention of infections, which included the availability and use of personal protective equipment (PPE). Staff were practising a bare below the elbow⁴ approach to their dress code and we saw evidence of good hand hygiene, with sanitizer and instructions available in every room.

The equipment used in the treatment room was stored and decontaminated (cleaned) appropriately. We were told that the equipment was cleaned at the start and end of the day as well as in between patients. The decontamination process was performed in a sequence of steps and recorded by staff when completed. The records provided evidence of those times when cleaning took place, including the date, member of staff concerned, and equipment serial numbers.

Safeguarding children and safeguarding vulnerable adults

A safeguarding of vulnerable adult's policy and procedure was in place and staff were able to tell us of their duties and responsibilities in this regard

Medical devices, equipment and diagnostic systems

The service had the use of two scanners which were under an annual maintenance contract and we saw evidence that the equipment was appropriately maintained and safe to use.

Safe and clinically effective care

Discussions with staff confirmed that they had enough time to provide care safely and knew how to access relevant clinical policies and procedures.

Our review of six sets of patient notes identified that none of the records documented whether chaperones had been present. The clinic had a chaperone policy in place and we recommended that the policy is adhered to, with records clearly recording the presence of a chaperone. The presence of a

⁴ Recognised good practice enabling staff to effectively wash their hands and wrists

chaperone should be in keeping with General Medical Council (GMC) guidance, (which means that the chaperone should not be a family member or friend of the patient).

Improvement needed

All patient records should clearly record the presence of a chaperone during intimate examinations

Participating in quality improvement activities

The clinic produced an annual patient satisfaction report which was used to improve services (if and where applicable). There were no other internal audit and monitoring activities being undertaken. During the feedback meeting with the registered manager, we discussed the benefit of introducing some documented audits to help in future quality improvement activities (see the next chapter for the recommendation).

Information management and communications technology

We found that the clinic used information systems which were appropriate and compatible with the provision of safe and secure patient care. All staff had their own passwords and systems were backed-up to ensure records were safe.

Records management

We found that patient records, both electronic and paper copies, were securely stored and password protected to prevent unauthorised access.

We reviewed six patient records and found them to be comprehensive, in chronological order, with evidence of previous care, investigations and treatment to date included. All the records reviewed were legible, including the handwritten and typed notes. This ensured that clear accountability and evidence of how decisions relating to patient care were made. Patients were copied into correspondence to GPs and other clinicians.

Records reviewed had evidence of obtained consent. Consent forms listed risks associated with specific procedures. However complication rates did not feature on either the forms or the records. When presenting information on risk, there should be reference to the likelihood of complication occurrence, be it numerically, or in other terms, (for example 5 women in every 100). Women

were given procedure-specific information leaflets for each procedure. We found that these were easily downloaded from the clinic computer.

Improvement needed

Complication rates and risks associated with a procedure need to be evidenced on consent forms.

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.

Through discussions with staff and observations at the clinic, we concluded that there was good team working taking place. Staff were committed to providing patient care to high standards and said they felt supported by senior management.

The staff we spoke to were able to describe the process for reporting incidents and/or concerns and lessons learnt were communicated to staff as a means of improving patient care.

We have recommended that systems are put in place and/or strengthened to ensure staff training and appraisals are compliant with the Regulations.

Governance and accountability framework

Infiniti Healthcare shares premises with another healthcare service which has the responsibility of the building maintenance and any clinical waste. Both services share the waiting room, but have their own treatment room and staff team.

There was dedicated and passionate leadership from the registered manager who was supported by a committed staff team. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the registered manager. We observed clear lines of responsibility and staff were aware of how to report any untoward incidents or concerns.

Both the Statement of Purpose and Patients' Guide were displayed within the patient waiting area. Our review of these documents indicated that the content was compliant with the Regulations.

The clinic had a suite of policies and procedures in place which had the version number, issue and review date visible. This provided reassurance that policies and procedures were regularly reviewed and staff were kept up to date of any changes.

We recommended that the service review and introduce an audit programme to ensure that there is a focus on continuously improve its services and/or patient outcomes.

It was positive that throughout the inspection, the staff team were receptive to our views, findings and recommendations.

Improvement needed

The registered provider should devise a programme of relevant audit activity to continuously review and improve services.

Dealing with concerns and managing incidents

The clinic had policies and procedures in place to ensure any concerns and/or incidents are dealt with appropriately.

We saw that one complaint had been received and observed that it had been dealt with promptly. Sufficient information was available to evidence the process and outcome and lessons learnt was documented.

Workforce planning, training and organisational development

All staff who worked at the clinic completed their mandatory training through their main healthcare employer (not Infiniti Healthcare). Their certificates were presented to the registered manager to show compliance and competence.

Whilst it was acknowledged that there was no formal training programme in place at the clinic, we were told that a system would be developed for the future.

Staff stated they received cover from the other healthcare provider that shared the same building at times of unforeseen sickness/absence, as required.

Improvement needed

The registered manager should introduce a training programme for staff working within the clinic.

Workforce recruitment and employment practices

We were able to confirm that there was sufficient and experienced staff working at Infiniti Healthcare. The staff files we reviewed contained evidence of a curriculum vitae (CV), self-employed agreement, terms and conditions and disclosure and barring service (DBS) check. Staff provided copies of their certificates to confirm their professional registration was valid.

Discussions with staff confirmed that there had been no new recruitment since the service registered with HIW in 2014. However, we were told about the pre-employment checks that would be undertaken for any new staff.

Those staff who worked for other organisations shared their annual appraisal with the registered manager. However, we recommended that a formal system for Infiniti Healthcare staff was introduced.

Improvement needed

A formal appraisal system needs to be developed for all staff working at the clinic.

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: Infiniti Healthcare

Date of inspection: 5 December 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 recommendations identified.				
Delivery of safe and effective care				
All patient records should clearly record the presence of a chaperone for intimate examinations.	Regulation 15 (1) (b) & 23 (1) (a) (i)	All patient's records will have documented evidence of a chaperone being present for intimate examinations and this will be documented in the company's chaperoning and policy procedure	Kiron Bhal Director	Immediate
Complication rates and risks associated with clinical procedures need to be evidenced on consent forms.	Regulation 15 (1) (c) & 23 (1) (a) (i)	Infiniti Healthcare will provide information leaflets for all clinical procedures done on site at Ash tree clinic and those done elsewhere with	Kiron Bhal Director	Immediate

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		complications rates and risks documented in those leaflets and where applicable on consent forms or at least referring to those rate in the leaflets documented on consent forms		
Quality of management and leadership				
The registered provider should devise a programme of relevant audit activity to continuously review and improve services.	Regulation 19 (1) (a)	A programme of relevant audit activity will be devised as a measure of assessing continuous improvement in various aspects of the care provided within the clinic and shared with team involved.	Kiron Bhal Director	Within 3 months
The registered manager should introduce a training programme for staff working within the clinic.	Regulation 20 (1) (a)	A training programme for staff working in the clinic will be devised jointly with the team in Innermost as we share the same premises to aid the development of staff within the clinic	Kiron Bhal Director (in discussions Mr Bryan Beattie for Innermost secrets)	Within 3 month
A formal appraisal system needs to be developed for all staff working at the clinic.	Regulation 20 (2) (a)	We already have an annual appraisal system in place for staff in the clinic however we aim to make the process	Kiron Bhal Director	Within 3 month

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		more robust and formalised. All staff having their annual appraisals elsewhere will be asked to provide evidence of those appraisals as part of their whole practice appraisal annually		

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): Kiron Bhal

Job role: Director of Infiniti Healthcare Ltd

Date: 16.01.18