

Quality Check Summary

Albany Medical Clinic (Pontypridd)

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Albany Medical Centre as part of its programme of assurance work. The clinic is based in Pontypridd and provides weight management services to patients aged 18 years old and over.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the registered manager¹ on 04 February 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely? In your answer please refer to both the practice environment and processes to enable patients to access appointments
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How has the clinic and the services it provides adapted during this period of COVID-19?

¹ A registered manager means a person appointed under the Independent Health Care (Wales) Regulations 2011 as the manager of an establishment.

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safety and patient dignity.

The following positive evidence was received:

The registered manager described how the clinic has adapted to meet the challenges presented by COVID-19. The clinic in Pontypridd was initially closed between March 2020 and May 2020. We were told that during this time changes had been made inside the clinic to help mitigate cross-infection and allow for safe social distancing upon re-opening. This included stickers and posters displayed on the floor and walls to remind patients about social distancing guidelines and the installation of a clear screen on the reception desk. The registered manager explained that because the premises are small, only one patient is allowed into the clinic at a time to help social distancing, and face masks must be worn by patients and staff at all times. We were also told that a new automatic blood pressure machine had been purchased for the clinic which allows patients to take their own blood pressure measurements during consultations while maintaining social distancing with clinical staff.

We saw that these arrangements had been documented in a COVID-19 Secure Risk Assessment that had been completed in May 2020. The risk assessment highlighted potential risks to patients and staff on the transmission of COVID-19 and outlined the actions that had been put in place at the clinic to help mitigate each risk.

We were told that attendance at the clinic is by appointment only. New patients are informed about the COVID-19 procedures in place at the clinic via telephone before attending for their appointment. Patients are also reminded not to attend the clinic if they are experiencing symptoms of COVID-19 and further checks for symptoms are undertaken when the patient arrives at the clinic.

The registered manager explained that existing patients continued to receive their check-up appointments with clinical staff remotely while the clinic was closed. Any prescribed medication was sent securely to patients via recorded delivery.

No improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, cleaning and hygiene regimes and access to training.

The following positive evidence was received:

We saw that the infection control and housekeeping arrangements in place at the clinic were outlined in a Universal Infection Prevention and Control policy. We noted that the policy had been created in April 2020 and reflected national guidance on reducing the transmission of COVID-19 through effective handwashing and the use of Personal Protective Equipment (PPE). The registered manager described suitable cleaning arrangements in line with the policy and we were provided with completed cleaning schedules over the last three months that outlined the cleaning tasks that were undertaken in specific areas of the clinic.

We saw that an Infection Control Inspection Checklist had been completed in December 2020. The checklist acted as an audit to ensure the arrangements detailed in the Universal Infection Prevention and Control policy were in place. We noted that no issues were identified.

We were told that a hand sanitiser station is located at the entrance to the clinic and that appropriate PPE is available for staff. Due to the social distancing arrangements in place at the clinic all staff and patients are only required to wear a face mask. The registered manager confirmed that there have been no issues with acquiring sufficient stocks of PPE throughout the pandemic.

We saw evidence that all staff at the clinic had completed training on infection prevention and control as part of their continuing professional development² (CPD).

We discussed whether staff at the clinic had received additional training or support to ensure they understood their responsibilities in relation to delivering care during COVID-19. The registered manager told us that all staff had been shown guidance videos on effective hand washing techniques and how to don and doff PPE appropriately. Staff were also provided with a copy of the COVID-19 Secure Risk Assessment to ensure they understood the changes in place at the clinic. We saw evidence of staff signatures that confirmed they had undertaken the training and read the risk assessment.

No improvements were identified.

² Continuing professional development (CPD) is the process of documenting skills, knowledge and experience gained formally and informally to help improve the safety and quality of care provided to patients.

Governance / Staffing

As part of this standard, HIW explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safe practices.

The following positive evidence was received:

We were provided with a Human Resource Medical staff policy and found it set out suitable procedures to follow to recruit new clinical members of staff. It described the pre-employment checks the clinic would undertake to ensure clinical staff are suitably qualified and protected to work with patients. We saw that all current members of staff had completed training relevant to their roles, such as safeguarding, health and safety and basic life support. We were informed that learning and updates on COVID-19 are communicated to staff through team meetings, information sheets and via email.

The registered manager told us that a COVID-19 safety policy had been developed to inform staff of the rules to follow to mitigate against the spread of infection. We saw that it outlined what staff should do if they experience symptoms, and described the self-isolation arrangements required before staff can return to work. We were told that the registered manager had carried out a risk assessment and discussed the risks associated with COVID-19 with each member of staff; this led to one member of staff changing their working pattern to undertake administrative tasks only on days the clinic was closed to avoid the risk of transmission from patients. The registered manager confirmed that no members of staff have been absent during the pandemic which has meant there has not been an impact on the delivery of services to patients.

We looked at the processes in place to maintain safe working practices and ensure care is delivered to patients safely. We saw that a Drug Storage and Accountability policy was in place that detailed the procedures and arrangements in place at the clinic in relation to the handling, safe-keeping and disposal of medicines. We looked at the Assessment, Diagnosis and Treatment of Patients policy and found that it provided a comprehensive account of the arrangements in place at the clinic. We were assured that the process described by the policy would allow patients to understand the risk and benefits associated with their weight loss treatment before providing their consent to start the programme.

A patients' guide and a statement of purpose³ was provided to us by the registered manager and both documents contained the essential information required by the regulations.

No improvements were identified.

³ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, 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.