



## **Independent Healthcare Inspection (Announced)**

Spire Abergele Consulting Rooms

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In writing:

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

Or via

**Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://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 Spire Abergele Consulting Rooms on 23 October 2018.

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

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 that the Spire Consulting Rooms had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Environment and facilities
- Patient Information and communication
- Policies and procedures
- Record keeping
- Management overview
- Auditing and reporting

This is what we recommend the service could improve:

- Record patients' past medical history
- Record patients' consent to treatment
- Record the offer of chaperone
- Update the Statement of Purpose

There were no areas of non compliance identified at this inspection.

## 3. What we found

### **Background of the service**

Abergele Consulting Rooms, Priory House, North Wales Business Park, Abergele is operated by Spire Healthcare Limited. The consulting rooms were first registered on 28th August 2009.

The service employs a staff team which includes 3 nurses, 1 healthcare assistant, 3 reception/admin staff and 1 clinic manager. The service also employs 5 bank nurses, 1 bank healthcare assistant and 1 bank admin/reception staff member.

The Abergele Consulting Rooms provided a range of private hospital services including x-ray and minor procedures for adults and outpatient consultation only for children.

The Abergele Consulting Rooms will be referred to as the clinic in the body of this report.

## 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.*

Patients provided positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect. We saw that arrangements were in place to promote and protect patients' privacy and dignity. Arrangements were also in place for patients to provide their views on the services provided at the clinic.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. 10 questionnaires were completed. Overall, patient feedback was positive, and patients rated the care and treatment that they were provided with as excellent.

### Health promotion, protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing.

Leaflets were freely available in the waiting room relating to services offered at the clinic. Some of this information was available in both Welsh and English. The service also has a comprehensive website detailing the services offered at the clinic and those offered by the organisation at other facilities.

### Dignity and respect

All patients who completed a questionnaire agreed that staff were always polite and listened to them. Patients also told us that staff were kind and sensitive when carrying out their care and treatment.

We found that arrangements were in place to promote patients' privacy and dignity and we saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

The clinic had six separate, spacious and well equipped consulting rooms. We saw that doors were closed during consultations. Disposable curtains were



provided around examination couches to maintain patients' privacy and dignity during consultations or when they were receiving treatment.

Information was displayed informing patients of their right to have a chaperone present when being seen by healthcare staff. The use of chaperones aims to protect both the healthcare professional and patient when the patient is examined by the healthcare professional. However, on examination of medical notes, we found that the offer of a chaperone was not always being recorded.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. Patients who provided comments also told us that staff were always polite and were kind when carrying out care and treatment.

#### Improvement needed

Clinicians should record the offer of a chaperone in patients' medical notes.

#### Patient information and consent

As described earlier there was some health promotion material available.

The registered persons had produced a Statement of Purpose and Patients' Guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment. There was also an up to date written policy on obtaining valid patient consent. However, we found that clinicians were not always recording in medical notes when patients gave verbal consent to examination or treatment.

The Statement of Purpose requires updating to reflect the current management arrangements and to reflect that cosmetic laser treatments are no longer offered.

All patients who completed a questionnaire agreed that they were provided with enough information about their treatment, including information about the different treatment options available and any associated risks, and information about the costs involved.

### Improvement needed

Clinicians should record in care notes when patients give verbal consent to examination or treatment.

The statement of purpose must be updated to reflect the current management arrangements and to reflect that cosmetic laser treatments are no longer offered at the clinic.

### Communicating effectively

The majority of information provided in leaflet form and on the website, was provided in English only. Given that the clinic operates in Wales, further efforts should be made to routinely provide information in both Welsh and English.

Efforts should also be made to provide information in other languages and formats, taking into consideration the communication needs and wishes of patients using the service.

There was a hearing loop available to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic.

We saw suitable, bilingual signs displayed to assist patients to find their way around the clinic.

### Improvement needed

Further efforts should be made to routinely provide information in both Welsh and English.

### Care planning and provision

The arrangements for providing care and treatment were set out within the Statement of Purpose.

Generally, access to the clinic's services was through referral by the patient's General Practitioner. For some services, patients could self refer. Arrangements were described for the assessment of patients by healthcare professionals to identify patients' individual care and treatment needs. We saw evidence that the clinic monitored self referrals to ensure that they were appropriate and that patients were not being seen by consultants or being treated unnecessarily.

We found that General Practitioners, when referring patients to the clinic, usually provided comprehensive background information about past medical histories, prescribed medication, allergies etc. However, on inspection of a sample of patient medical files, we found that this was not always the case and, with regards those patients who referred themselves to the clinic, there was very little background information recorded on file. It is important that this information is requested prior to consultation or sought and recorded during consultation to ensure that the patient receives safe and effective treatment.

#### Improvement needed

Where this is not provided in the referral documentation, clinicians working at the clinic must gather and record information about patients' past medical histories, prescribed medication, allergies etc. to ensure that the patient receives safe and effective care.

#### Equality, diversity and human rights

The Statement of Purpose, Patients' Guide and information posted on the clinic's website, clearly sets out that services are provided having due regard to patients rights.

There was disabled parking available adjacent to the clinic and good, level access to the main entrance. All facilities, including the reception desk, waiting room, patients' toilet and consulting rooms were located on the ground floor. Access to the first floor was by means of a stairway and a lift. This area was being used to provide audiology services and staff training at the time of the inspection.

#### Citizen engagement and feedback

Patients had opportunities to comment on their experiences of visiting the clinic with questionnaires available in the waiting area for patients to provide feedback on an ongoing basis. Satisfaction surveys were conducted on a monthly basis to seek patients' views. It was evident that the comments received from patients had been considered by the staff team and action taken as a result to make improvements where appropriate.

## **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 found that the staff team were committed to providing patients with safe and effective care.

We found that the clinic had arrangements in place to promote the safety and wellbeing of patients, visitors and staff.

The clinic was clean and tidy and arrangements were in place to reduce cross infection.

There were good medication management processes in place and effective processes for checking the equipment used.

### **Managing risk and health and safety**

The clinic environment appeared well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious hazards.

Fire exits and escape routes were clearly identified. We saw records to show that fire drills were conducted on a regular basis. Fire safety equipment and portable electrical appliances had been checked to make sure they were working and safe to use.

General risk assessments were being conducted on a regular basis.

### **Infection prevention and control (IPC) and decontamination**

No concerns were expressed by patients over the cleanliness of the clinic. All the patients who completed a questionnaire strongly agreed that the environment was both clean and tidy.

Written policies and procedures were available to help guide staff on infection prevention and control. One of the health care assistants assumed lead responsibility for infection prevention and control within the clinic. All staff had received up to date training on this subject.

We saw that the clinic was clean and tidy. We also saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available. Effective hand washing is important to promote infection prevention and control.

Minor surgery procedures were performed by some of the clinicians who use the clinic. Instruments used during these procedures were single patient use only. This meant that instruments did not have to be decontaminated and so promoted effective infection prevention and control. We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helps reduce the risk of injury (to staff and patients) and cross infection from used sharps.

### **Medicines management**

A written policy was available on the management of medicines used at the clinic.

One of the nurses had responsibility for medicines management. This included overseeing the ordering, obtaining, safe storage and disposal of medicines. A pharmacist, based at Spire Yale Hospital in Wrexham, was also contactable to provide guidance and support to staff if required.

We saw that medicines at the clinic were stored safely and securely. Records were maintained of medicines administered to patients. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed/administered as part of their care and treatment.

### **Safeguarding children and safeguarding vulnerable adults**

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. These included contact details for health board and local authority safeguarding teams. Staff working at the clinic had completed safeguarding training to a level appropriate to their roles. A safeguarding lead nurse was employed to oversee staff training and the management of referrals.

### **Medical devices, equipment and diagnostic systems**

A range of equipment was available at the clinic to support the provision of care and treatment to patients. We saw evidence that this equipment was being tested/calibrated on a regular basis to ensure that they were safe to use and providing accurate readings.

Equipment and drugs for use in the event of a patient emergency (collapse) were available and staff had received suitable resuscitation training.

### **Safe and clinically effective care**

There was evidence of very good multi disciplinary working between the nursing, medical staff and therapy staff.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

A range of written policies and procedures were available to support the operation of the clinic. These were being reviewed and updated on a regular basis.

Policies and procedures were in place to ensure that visiting healthcare professionals were practising in line with evidence based clinical guidelines.

We reviewed a sample of patient medical records and found that they were organised and legible. The records viewed contained details of the clinician making the record together with sufficient details of the clinical findings and the care/treatment given to each patient. One record viewed did not contain the clinician's signature or the date of the consultation. We saw that these records were stored securely when not being used.

#### **Improvement needed**

Clinicians must ensure that they sign and date patient care records following every consultation.

### **Information management and communications technology**

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

#### **Records management**

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely, both electronically and in paper format.

## 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 found good management and leadership at the clinic with staff commenting positively on the support that they received from the manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Staff were able to describe their individual roles and responsibilities and told us they had access to the training and guidance that they needed to undertake their duties.

## Governance and accountability framework

There was a robust management structure in place and clear lines of reporting were described.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. Staff we spoke with during our inspection confirmed that they felt supported in their work by their manager and colleagues.

We saw that there were good links with other managers based at Spire Yale Hospital in Wrexham, with telephone conferences being conducted each morning in order to share information around any emerging issues and safety alerts etc. This information was then disseminated to all staff working in the clinic by means of a huddle type meeting. These meetings also enabled work allocation and planning.

We were told that members of Spire's senior management team visit the clinic on a regular basis as part of their governance responsibilities. Members of the organisation's clinical review team visit regularly and the Operational Directors visit every month. Monthly audit reports were presented to the clinic's management board.

Records showed that the responsible individual, or their nominated representative, visited the clinic at least every six months in accordance with the regulations. The purpose of these visits is to consider different aspects relating to the quality of the services provided.

We were satisfied with the level of oversight of the service by members of the senior management team and board. However, we highlighted the need for the registered person to ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the clinic and the production and sharing of reports following such visits.

#### Improvement needed

The registered person must ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the clinic and the production of reports following such visits.

#### Dealing with concerns and managing incidents

Just under half of the patients who completed a questionnaire told us that they would not know how to make a complaint if they were unhappy with the service provided at the clinic.

However, we found that a written complaints procedure was available and that details of how patients could make a complaint were included within the Statement of Purpose, on the website and in leaflet form. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations, the contact details of HIW were also included.



Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and well being. Significant incidents were formally reported through the Datix<sup>1</sup> system.

### **Workforce planning, training and organisational development**

At the time of our inspection, a team of thirteen staff were employed at the clinic. We spoke with a number of staff working on the day of our inspection. All were able to describe their roles and how they contributed to the overall operation of the clinic. At the time of our inspection, a registered nurse post was vacant. Senior staff confirmed that the position had been recruited to and a person was due to take up post in the near future.

Medical/consulting services were provided by visiting healthcare professionals (with practising privileges<sup>2</sup>) who were not directly employed by the clinic. Practising privileges were being formally reviewed every two years as required.

Information contained within the staff files inspected demonstrated that staff had attended mandatory training and other training relevant to their roles.

We found that all staff had received an appraisal of their work performance within the last 12 months. There were reciprocal arrangements in place between the clinic and health boards to share information relating to the supervision and appraisals of consultants through the clinic's Medical Advisory Committee, which oversees the provision of medical services.

### **Workforce recruitment and employment practices**

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<sup>1</sup> Datix is a web-based patient safety incident reporting and risk management software for healthcare and social care organizations.

<sup>2</sup> The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the clinic had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

Each member of staff had a Disclosure and Barring Service (DBS) certificate available as required by the regulations.

## 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, measurable, 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 summarizes 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 during this inspection.			

## Appendix B – Improvement plan

**Service:** Spire Abergele Consulting Rooms

**Date of inspection:** 23 October 2018

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
<b>Quality of the patient experience</b>				
Clinicians should record the offer of a chaperone in patients' medical notes.	Regulation 18. (1) (a) and (b). Standard 10. Dignity and respect	All consultants at Abergele have been reminded to ensure that they record the offer of a Chaperone in the patients medical notes. This will be monitored daily by the staff member in attendance  Compliance will be monitored through an audit tool and reported on Monthly to the Hospital Director.  Any non-compliance will be communicated to the responsible person and an action plan will be developed to address non-compliance. Staff have been reminded through the	Clinic Manager	7 December 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		staff huddle.		
Clinicians should record in care notes when patients' give verbal consent to examination or treatment.	Regulation 40. (2) and Regulation 6. Schedule 1 Standard 9. Patient information and consent	<p>All consultants at Abergele have been reminded to ensure that they record the offer of a Chaperone in the patients medical notes. This will be monitored daily by the staff member in attendance</p> <p>Compliance will be monitored through an audit tool and reported on Monthly to the Hospital Director.</p> <p>Any non-compliance will be communicated to the responsible person and an action plan will be developed to address non-compliance.</p> <p>Staff have been reminded through the staff huddle.</p>	Clinic Manager	7 December 2018
The statement of purpose must be updated to reflect the current management arrangements and to reflect that cosmetic laser treatments are no longer offered at the clinic.		Statement of Purpose has been updated to reflect current management arrangements and that laser treatments are no longer offered at the Clinic.	Clinic Manager	Immediate
Further efforts should be made to routinely	Regulation 18. (1) (b)	Spire Healthcare have a contract with The Big Word interpretation services.	Clinic Manager	Jan 2019

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
provide information in both Welsh and English.	Standard 18. Communicating effectively	<p>Staff contact The Big Word on behalf of the patients for interpreter services as and when necessary.</p> <p>Providers of National awareness patient information publications have been contacted to provide information in Welsh.</p> <p>Clinic Manager to contact local trust to obtain their publication company details</p>		
Where this is not provided in the referral documentation, clinicians working at the clinic must gather and record information about patients' past medical histories, prescribed medication, allergies etc. so as to ensure that the patient receives safe and effective care.	Regulation 15. (1) Standard 8. Care planning and provision	<p>Consultants have been reminded to record patients past medical history.</p> <p>A new Patient History document has been developed to capture this information and actions are in progress to implement it. The information will be captured for every new patient on first consultation in conjunction with the Registration Form. In addition, copies of the assessment template will be distributed to the local GP's and will also be available in the consultation room for the consultants to complete.</p> <p>Compliance will be monitored with</p>	Clinic Manager	End Jan 2019



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		regular audits.		
<b>Delivery of safe and effective care</b>				
Clinicians must ensure that they sign and date patient care records following every consultation.	7. Safe and clinically effective care	<p>All consultants at Abergele have been reminded to ensure that they sign and date patient care records in the patient's medical notes. This will be monitored daily by the staff member in attendance.</p> <p>Compliance will be monitored through an audit tool and reported on Monthly to the Hospital Director. Any non-compliance will be communicated to the responsible person and an action plan will be developed to address non-compliance.</p> <p>Staff have been reminded through the staff huddle.</p>	Clinic Manager	7 December 2018
<b>Quality of management and leadership</b>				
The registered person must ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to	Regulation 28.1 Governance and accountability	A provider inspection in respect of visits to the clinic was performed just prior to the announced HIW Inspection and an action plan was in progress to address	Registered Manager	Immediate

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
the clinic and the production of reports following such visits.	framework	any short comings. However the report following this provider inspection was not available at the time of the HIW Inspection. The Registered Manager has discussed this with the organisation to ensure that going forward reports are made available.		

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): Sue Jones**

**Job role: Hospital Director**

**Date: 06-12-2018**