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Dear Dr De Gorter,

RE: Healthcare Inspectorate Wales unannounced visit to Abergele Consulting Rooms on the 15th May 2014 and an announced visit on the 4th July 2014

As you are aware, Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Abergele Consulting Rooms on the 15th May 2014 and an announced visit on the 4th July 2014.

Background

Abergele Consulting Rooms, operated by Spire Healthcare Limited, was first registered on 28th August 2009 and is situated on the ground floor in new, purpose-built premises on the North Wales Business Park Abergele. The building was sign posted and relatively easy to find and there was ample parking for patients and visitors. The central entrance and foyer gave access to the ground floor and first floor accommodation. Currently, the consulting rooms were located only on the ground floor, but the lease of the first floor accommodation had been recently acquired by Spire Healthcare. Alteration works were in progress, with a view to registering the additional accommodation in September.

The Abergele Consulting Rooms provided a range of private hospital services including x-ray and minor procedures for adults and children. The environment was welcoming and the staff were friendly and efficient.

The visit highlighted the following noteworthy areas:

- The paperwork for clinical governance and clinical audit meetings was informative and took into account the meetings and previous actions and outcomes
- The number and range of staff on duty were appropriate and there were systems for ensuring that staff remain up-to-date with practice development
- A wide range of clinical equipment is available and the premises are purpose built, clean and of a high quality

Quality of Treatment and Care

Patient information was located in the waiting areas and a Statement of Purpose and Patients Guide were in place. Age appropriate information about relevant services, health promotion, and support agencies was available.

It was clear that patients were involved in decision making and there was a policy available for patient consent. The single consulting rooms and radiography facilities provided an environment in which patients could be managed with privacy dignity and respect.

Patient Feedback and Complaints

Patients' views were considered by means of a satisfaction survey the results of which were reviewed by the management team and action plans developed when required. Opportunities for feedback were available to patients.

There was a system of review and audit available and a complaints procedure. The results of audits, complaints, and patient satisfaction were combined with those of Spire Yale Hospital, which made assessment of individual organisational issues difficult. This was discussed with the Registered Manager at the time of the visit. There is a need to separate this information for clarity with regard to each individual setting.

Patient Views

The reviewers had opportunities to engage with a number of patients. All patients expressed high levels of satisfaction with the service provision. This included involvement in choice and decision making with regard to appointments, consultations and referral for follow on treatment, were applicable.

Clinical Governance and Risk Management

There were clinical governance arrangements in place. The reviewers were able to see minutes of recent meetings which showed evidence of discussion and action plans to improve and monitor quality of care.

Current and appropriate policies and procedures including those for the Protection of Vulnerable Adults/Children (POVC/POVA) were reviewed.

Risk Management

Clinically, there were systems in place to reduce risks to both staff and patients. The policies and procedures took into account, recognised good practice and health and safety requirements and laws.

Life support algorithms were clearly displayed by the resuscitation equipment which was found to have been regularly checked and maintained. There was a clear

clinical governance strategy within the Spire organisation and its local implementation was observed to provide a clear structure.

Health and Safety

Health and Safety policies/procedures were in place. A record of patient, visitors, and staff accidents was maintained. Records were stored securely and were audited to analyse trends.

Requirements in relation to Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) were undertaken. A communication policy was in place regarding responsibilities for informing HIW of serious incidents.

Staff Fire Training

There was a current Fire Risk Assessment in place and there was a nominated person responsible for fire safety of the premises. Staff had attended fire training.

Infection Control

Policies/procedures were in place regarding systems for decontamination processes, health and safety, and infection control.

There was adequate equipment for staff. Risk assessments in clinical departments were in place and there was evidence of regular review of these.

The patient treatment areas (clinical room and theatre) were cluttered with equipment which potentially presents infection control and health and safety risks. This was discussed at the time of inspection. The reviewers were informed that all equipment was needed but there were plans to extend the facilities which will improve the situation. In the interim period, a risk assessment would be undertaken when the rooms were in use and any excess equipment would be removed when the rooms were in use for patients.

Management and Human Resources

Staff files were reviewed and showed that mandatory training had taken place. There was a Spire human resources central system for ensuring that all staff have up to date Criminal Record Bureau/Disclosure Barring Scheme (CRB/DBS) check, are currently on the professional register, and have medical liability insurance in place, were appropriate. However, it was noted that the electronic records for two of the consultant staff were missing this information. This was discussed with the Registered Manager at the time of inspection.

Recent changes of staff had improved the skill mix within the team. It was noted that it can be difficult to find nursing staff with appropriate skills who want to work in this environment, which can be less challenging than National Health Service (NHS)

organisations, but, nevertheless requires a high level of skills particularly in theatre management. There were training and development plans in place to ensure that staff can undertake the roles required and there is a positive work environment to encourage staff to remain in post.

Child Protection

There was a child protection policy and records to demonstrate that child protection training has been provided.

Adult Protection

There was an adult protection policy and records to demonstrate that adult protection training has been provided.

Whistle Blowing

Policies and procedures were in place in relation to (whistle-blowing) and staff said that they were comfortable with reporting concerns on poor care practices to senior staff. There was evidence of open communication on the day of inspection.

Facilities

The hospital is purpose built with modern facilities and a good range of equipment. There were processes in place for the cleaning, disinfection, and sterilisation of theatre instrumentation. Specialist equipment was hired as needed.

Records Management

All records required by legislation in place and all documentation was maintained securely in line with the principles of the Data Protection Act. All data protection and Caldicott guidance was followed and the management of information was observed to be satisfactory.

A sample of care plans, assessments, and other relevant care documentation were reviewed and found to be missing a variety of information. In some cases there was no referral letter, in others no account of the consultation and any treatment. In all cases of documentation reviewed there was no evidence of correspondence with the General Practitioner (GP). Furthermore, there was no evidence of audits in record keeping. The Registered Manager had recently implemented an action plan for ensure that all consultants complete this information and this being audited.

Premises Environment and Facilities

The announced inspection was primarily to follow up on outstanding points from the last inspection on 15th May 2014. Issues around water supplies and the digital door lock had all been resolved and the clinic's utility room was well organised.

The electrical wiring certificate had been renewed, and was valid for five years, until June 2014. Servicing of the gas installation, fire alarm servicing and the action plan for the last fire risk assessment were all outstanding. In relation to the latter, it was advised that another risk assessment was due to take place on 10th July 2014.

It is noted that much of the day to day maintenance was carried out by facilities staff from Spire Yale Hospital, Wrexham. Within the estates department, there were a number of robust computerised Planned Preventative Maintenance (PPM) systems in place. It was recommended that the 'stand-alone' service contracts for the consulting rooms may be better served from the existing PPM systems.

The following situation in relation to the Intense Pulse Laser (IPL) and Laser machines was discussed, and clarified. On the latest Registration Certificate HIW 00171, consent was granted for Endovenous Laser Therapy (EVLT) treatments, although the laser machine to perform this treatment was not currently on site. It was advised that it was proposed to use the Vari-Lase class 4 laser, that was currently kept at Spire Hospital Wrexham, for these treatments. The machine would be transported and set up by the Vari-Lase representative, on a sessional basis. Clinical Protocols and Local Rules had been drawn up for the EVLT treatments, and current versions were present on site.

In respect of the other two machines present, one was a Lynton Lumina IPL machine and the other a Lumenis Vasculite IPL/Laser machine. Medical protocols for both machines were available. The ones for the Lynton Lumina Machine had been produced in June 2011, and required to be reviewed in June 2014. The protocols for the Lumenis Vasculite were produced in April 2013, and valid until April 2016. The Local Rules produced in June 2013, were for both machines, and reflected their use in the new first floor accommodation, rooms one and two. These Local Rules were to be reviewed following any changes in facilities or equipment.

As the first floor accommodation has yet to be registered, the IPL machine will remain in storage, and the Lumenis Vasculite will operate in consulting room six on the ground floor. The Local Rules specify the protective eyewear to be worn by the operator to be shade 3 or 4, and shade 5 for the patient. It was assumed that this will apply to both machines.

The machines were key operated, and the keys kept in a safe, with a list of authorised users present. Currently, records of treatments were being kept in a diary,

and separate treatment registers needed to be provided, with the machine type, and serial number endorsed on the cover of the register. The Lynton Lumina machine was serviced in June 2014, and it was noted that the touch screen was in-operative. The system would have to be used with a mouse controller, until a new screen is obtained. The Lumenis machine was serviced satisfactorily in May 2014.

A CO2 fire extinguisher was available in the adjacent corridor area.

A Laser Safety Adviser had been appointed until March 2015, and a visit had been made to site. It was advised that it was proposed to engage another two staff to use the two machines, and they would require specific training before doing so.

The visit highlighted the issues below and these were provided in a verbal overview to the Registered Manager at the end of the visit.

New Requirements from this Inspection

Action Required	Regulation Number
Staff files showed that there was some missing information for CRB/DBS, current registration and medical liability insurance	Regulation 20 (1) (a) Regulation 21 (2) (d) Completed. Confirmed by RM
Patient records were missing required information	Regulation 23 (1)(a) (I)(ii)(iii) On-going action plan
Storage of equipment in treatment areas requires ongoing risk assessment	Regulation 9(1)(n) & 15(8)(a) & 26(2)(a) On-going action plan
Service gas appliances and provide a copy of safety inspection certificate	Regulation 26(2)(a) Completed. Confirmed by RM
Carry out overdue service for Fire Alarm Installation, and provide copy of certificate.	Regulation 26(4)(a) Completed. Confirmed by RM
Provide new action plan arising from updated Fire Risk Assessment	Regulation 26(4)(f) Awaited. Action ongoing
Provide treatment registers for each IPL/Laser machine	Regulation 45(2) Completed. Confirmed by RM

Good Practice Recommendations:

Medicines management training annually for all members of staff involved in

Good Practice Recommendations:

medicines management.

Regular record keeping audits should be undertaken.

To make use of existing computerised PPM facilities at Spire Wrexham, to improve maintenance records.

HIW would like to thank all patients and members of staff for their time and co-operation during both visits.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

Yours sincerely



Phil Price
Inspection Manager