

**Spire Abergele Consulting Rooms
Ground Floor
Priory House
North Wales Business Park
Abergele
LL22 8LJ**

Inspection 2010-2011

Healthcare Inspectorate Wales

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15 November 2010	Ms P Price

Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards*,' which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at:

www.hiw.org.uk

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An announced inspection was undertaken at Spire Abergele Consulting Rooms on 15 November 2010 by an Inspection Manager. The hospital was first registered on 28 August 2009.

The Spire Abergele Consulting Rooms are situated on the ground floor in a new, purpose-built premises on the North Wales Business Park Abergele. The building is reasonably sign posted and relatively easy to find and there is ample parking for

patients and visitors. The entrance and foyer were shared with another separate, non connected business sited on the first floor. There was signage to identify each business and to indicate the relevant doorbell.

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

A successful application for variation of services had been made for a variation to provide services for children aged from four years to receive consultation and be assessed for Ear, Nose and Throat conditions and for Audiology assessments. Children's consultations and assessments take place only in Consulting Rooms 2 and 3. Provision for Baby Changing and Breast Feeding Facilities were available, however, it is recommended that a paper towel dispenser be installed in the room.

Statement of purpose, patient information and hand hygiene advice were evident. Age appropriate information about relevant services, health promotion and support agencies were available.

Current, appropriate policies and procedures including those for child and vulnerable adult protection were seen at the Spire Abergele Consulting Rooms.

Life support algorithms were clearly displayed by the resuscitation equipment.

The pre-inspection questionnaire was unavailable at the time of the visit. However, a completed questionnaire has now been submitted. The inspection visit focused upon the analysis of a range of documentation, discussion with patients, the manager and other staff members, examination of patient records and a tour of the premises.

The inspection manager had opportunities to converse with patients during the visit. Patients expressed satisfaction with regard to service provision within the hospital. It was noted by the inspection manager that patients may wish to have the opportunity for privacy to complete financial aspects with regard to services provided. This was discussed with the manager and a private area has now been organised.

In respect of the main inspection findings, the registered person had in place:

- A statement of purpose and patient guide and copies of the patient guide were made available to patients. Additional information sheets were available and accessible to all potential patients. Translation services were available when required.
- Patients' views were considered by means of a satisfaction survey the results of which would be reviewed by the management team.
- Comprehensive patient records.
- Clinical Governance strategy within the Spire organisation and its local implementation was observed to provide a clear structure.
- Comprehensive policies and procedures fulfilling statutory requirements were seen to be in place.
- There was a system of review and audit available and a complaints procedure.
- Training and education records were available and a system for monitoring performance management was in place. Qualified staff were supported in maintaining their professional registration with ongoing access to education within and outside the organisation.
- Protection of Vulnerable Adults (POVA) and Protection of Vulnerable Children (POVC) arrangements were also reviewed and there appeared to be robust systems of staff training and awareness, monitoring and audit within the hospital. The e-system learning modules is to be implemented. It is anticipated that all staff will participate in this educational system.

- Registered Health Professionals. Essentially only radiographers were engaged within the consulting rooms, all were Health Professional Council (HPC) registered and there was good evidence of opportunities for staff development and Continued Professional Development (CPD). Other therapies were offered off site by contracted practices. The radiography facilities provided an environment in which patients could be managed with privacy dignity and respect.

However, during the visit the following was noted:

- Female toilet, high water pressure in taps of the hand-wash basin and splashing out on patients/visitors.
- No current British National Formulary (BNF) guide was available.
- Specimen signature for audit trail with reference to medication audits/check unavailable.
- Current test label unavailable on one item of equipment.
- X-ray supervisory sign not displayed.

All of the above factors were discussed with the registered manager during the inspection.

The inspection manager would like to thank the patients, manager and staff team for their time, assistance and co-operation during the inspection.

Achievements and Compliance

The management and staff have successfully actioned requirements arising from the 2009-2010 inspection visit. It is noted that the majority of requirements arising from the 2010-2011 visit were action and/or completed during the visit.

Registration Types

This registration is granted according to the type of service provided. This report is for the following type of service:

Description
Independent Hospital:
Independent hospital providing listed service: Medical treatment using <u>local</u> anaesthesia or <u>oral</u> sedation only.

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	The registered person is registered to provide only the medical services set out in Schedule 2 of this notice.	Compliant
2.	Consultation and treatment of persons below the age of 16 is prohibited.	Compliant
3.	The following medical services can only be provided to persons aged 18 years or over: <ul style="list-style-type: none"> • Bariatric weight loss clinic – assessment and advice. • Collagen injections – assessment and injections into the skin. • Gynaecology Services. 	Compliant
4.	Use of general anaesthetic is prohibited.	Compliant
5.	All treatment is to be undertaken/supervised by appropriately qualified/trained and registered medical practitioners. All post-operative care must be supervised by medical practitioners.	Compliant
6.	An appropriate number of suitably qualified, skilled and experienced employees are in attendance before, during and after each procedure- treatments.	Compliant
7.	Overnight accommodation must not be provided at the establishment.	Compliant

Condition number	Condition of Registration	Judgement
<p>Schedule 2 of 2 (please refer to condition 1)</p>	<p>Audio logical assessment, Assessment Hearing test, Hearing clinic, Back Pain clinic, Assessment, Injection into joints/ muscle/skin.</p> <p>Bariatric weight loss clinic, Assessment and advice.</p> <p>Biochemistry Chemical pathology, Clinical haematology, Assessment Phlebotomy, Clinical immunology and allergy testing clinic, Skin and allergy tests Dermatology, Assessment, removal of minor skin lesions, cryotherapy, Use of liquid nitrogen Collagen injections, Assessment, injections into skin Clinical oncology: Assessment, Counselling service and Psychotherapy: Assessment, counselling.</p> <p>Endocrinology clinic, Assessment.</p> <p>Cardiology, Assessment Electro-cardiogram – heart tests (ECG), 24hr tapes, BP monitoring, Exercise test.</p> <p>ENT consultations, Assessment, Laryngoscopies, Tilt test, Tympanogram. Syringing of ear, Nasal Cautery, Removal of minor lesions.</p> <p>Gastroenterology clinic, Assessment General Medicine clinic, Assessment General surgery.</p> <p>Colorectal Assessment, Sigmoidoscopies, Proctoscopies, Banding of haemorrhoids, Urology Assessment. Flow rate, Bladder scans, genito urinary medicine, Cystoscopies, Gynaecology clinics - excluding ante natal care: Assessment, Cervical smear testing, endometrial biopsy, Microbiology, Colposcopy, Hormone implants, Mirena coil insertion.</p> <p>Hysteroscopies, insertion of pessaries, Male sexual health: Assessment, Ophthalmology clinics: Assessment, Removal of skin lesions, Avastin/Lucentis injection.</p> <p>Orthopaedic consultations: Assessment. Sports injury Injection in to joints, Aspiration fluid in knee joint, Application and Removal of Plaster.</p> <p>Physiotherapy : Assessment, treatments.</p> <p>Plastic and cosmetic clinics : Assessment, Collagen injections. Botox injections.</p>	<p>Compliant</p>

Condition number	Condition of Registration	Judgement
	<p>Rheumatology clinics: Assessment Injection into joints.</p> <p>Speech Therapy: Assessment and treatment sessions.</p> <p>Ultrasound: Routine, including Abdomen, pelvic, breast and small parts, Orthopaedic, Aorta and Carotid, Sexing of unborn baby, Nuchal fold screening.</p> <p>Radiology dept: Plain x rays of all body areas including Orthopaedics, chest, abdomen.</p> <p>Breast clinic: Assessment, Breast biopsy. Vascular clinic: Examination using Doppler Ultrasound, Sclerotherapy.</p> <p>Minor procedures: Removal of sutures/clips, Change of dressings, Phlebotomy.</p>	

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation

may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment.	Standard met
C2	The treatment and care provided are patient – centred.	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place.	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard met
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff.	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard met
C13	Patients and personnel are not infected with blood borne viruses.	Standard met
C14	Children receiving treatment are protected effectively from abuse.	Standard met
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process.	Standard met
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard met

Number	Standard Topic	Assessment
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met
C21	Patients receive appropriate catering services.	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard met
C23	The appropriate health and safety measures are in place.	Standard met
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard almost met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard met
C32	Patients are assured of appropriately competed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects.	Standard not inspected

Service Specific Standards- these are specific to the type of establishment inspected

Number	Acute Hospital Standards	Assessment
A1	Patients received clear information about their treatment.	Standard met
A2	Patients are not mislead by adverts about the hospital and the treatments it provides.	Standard met
A3	Patients receive treatment from appropriately trained, qualified and insured medical practitioners.	Standard met
A4	Medical practitioners who work independently in private practice are competent in the procedures they undertake and the treatment and services they provide.	Standard met
A5	Patients receive treatment from medical consultants who have the appropriate expertise.	Standard met
A6	Patients have an appropriately skilled and trained doctor available to them at all times within the hospital.	Standard met
A7	Patients receive treatment from appropriately skilled and qualified members of the allied health professionals.	Standard met
A8	Patients receive treatment from appropriately qualified and trained staff.	Standard met
A9	Health and safety	Standard met
A10	Infection control.	Standard met
A11	Decontamination.	Standard met
A12	Resuscitation.	Standard met
A13	Resuscitation equipment.	Standard met
A14	Meeting the psychological and social needs of children.	Not applicable
A15	Staff qualifications, training and availability to meet the needs of children.	Not applicable
A16	Facilities and equipment to meet the needs of children.	Not applicable
A17	Valid consent of children.	Not applicable
A18	Meeting children's needs during surgery.	Not applicable
A19	Pain management for children.	Not applicable
A20	Transfer of children.	Not applicable
A21	Documented procedures for surgery – general.	Standard met
A22	Documented pre-operative procedures.	Standard met
A23	Anaesthesia and recovery	Standard met
A24	Procedures and facilities specific to dental treatment under general anaesthesia facilities	Standard not inspected
A25	Operating Theatres equipment, staffing.	Standard not inspected
A26	Procedures specific to dental treatment under general anaesthesia.	Standard not inspected
A27	Cardiac Surgery.	Standard not applicable
A28	Cosmetic Surgery.	Standard not inspected
A29	Day Surgery.	Standard met

A30	Transplantation.	Standard not inspected
A31	Arrangements for Immediate Critical Care.	Standard met
A32	Level 2 or Level 3 Critical Care within the Hospital.	Standard not inspected
A33	Published guidance for the conduct of radiology.	Standard not inspected
A34	Training and qualifications of staff providing radiology services.	Standard not inspected
A36	Ordering, storage, use and disposal of medicines.	Standard met
A37	Administration of medicines.	Standard met
A38	Self administration of medicines.	Standard not inspected
A39	Medicines management.	Standard almost met
A40	Management of Pathology Services.	Standard met
A41	Pathology Services Process.	Standard met
A42	Quality Control of Pathology services.	Standard met
A43	Facilities and Equipment for Pathology Services.	Standard met
A44	Chemotherapy.	Standard not inspected
A45	Radiotherapy.	Standard not inspected

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose.	Standard met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Standard met
3 (Part I)	Period for which medical records must be retained.	Standard met
3 (Part II)	Record to be maintained for inspection.	Standard met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Standard not inspected
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Standard not inspected

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C19	Regulation 24(2)(d)	<p>Findings:</p> <p>Female toilet, high water pressure in taps of hand-wash basin, splashing out on patients/visitors.</p> <p>Action Required:</p> <p>The registered person is required to ensure that all parts of the establishment to which patients have access are so far as reasonably practicable free from hazards to their safety.</p>	One Week (Advised on day of visit). Completed November 2010.
C20	Regulation 24(2)(b)	<p>Findings:</p> <p>Current test label unavailable on one item of equipment.</p> <p>Action Required:</p> <p>The registered person is required to ensure that records are kept of the maintenance and servicing of all equipment.</p>	One Week (Advised on day of visit). Completed November 2010.
C25 & A36	Regulation 14(5)	<p>Findings:</p> <p>Specimen signature for audit trail with reference to medication audits/check unavailable.</p>	One Week (Advised on day of visit). Completed November 2010.

Standard	Regulation	Requirement	Time scale
		<p>Action Required:</p> <p>The registered person is required to make suitable arrangements for the ordering, recording, handling, safe keeping, safe administration and disposal of drugs used in or for the purposes of the establishment.</p>	
A33-34	Regulation 14(1)(b)	<p>Findings:</p> <p>X-ray supervisory sign not displayed.</p> <p>Action Required:</p> <p>The registered person shall ensure that appropriate and necessary signage is displayed as required.</p>	Immediate (Advised on day of visit). Completed November 2010.

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
A14	A recommendation was made to provide a paper towel dispenser in Baby Changing and Breast Feeding Facilities within the hospital.
C24.2	A recommendation was made to provide a current British National Formulary guide within the hospital.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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