

Independent Healthcare Inspection Report (Announced)

Albany Medical Centre, Newport

Inspection date: 6 September 2023

Publication date: 7 December 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-237-9

© Crown copyright 2023

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care	11
• Quality of Management and Leadership	14
4. Next steps	16
Appendix A - Summary of concerns resolved during the inspection	17
Appendix B - Immediate improvement plan.....	18
Appendix C - Improvement plan	19

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Albany Medical Centre, Newport on 6 September 2023.

Our team for the inspection comprised of two Senior HIW Healthcare Inspectors and a clinical peer reviewer. The inspection was led by a Senior HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 36 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Feedback from patients who completed a HIW questionnaire showed they were very satisfied with the service they had received at the clinic.

From our observations during the inspection, staff treated patients with dignity and respect. We saw 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 and the results of those reviews were displayed.

Patients were seen in a timely manner and would be informed if there was a delay.

This is what the service did well:

- Displaying information on how patients could help their health and wellbeing
- Patient feedback was positive.

Delivery of Safe and Effective Care

Overall summary:

The clinic had suitable arrangements in place to provide safe and effective care to patients. These arrangements were supplemented by a range of up to date and relevant written policies and procedures.

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

Evidence of available infection prevention and control and safeguarding arrangements at the clinic.

Some issues were identified during the inspection that were highlighted to management. These included additional entries on patients' medical records and receipt of goods by a clinician.

This is what we recommend the service can improve

- Information supplied to patients about the medication provided
- Recording additional information on the patient medical records

- Informing patients in advance on the restrictions at the clinic for patients with mobility issues.

This is what the service did well:

- Having a no contact blood pressure cuff
- Safeguarding and IPC arrangements to ensure safety of the patients
- Maintenance of equipment.

Quality of Management and Leadership

Overall summary:

There were clear lines of reporting and accountability in place and governance arrangements described and demonstrated were effective.

Staff were clear and confident in their ability to deal with any concerns.

Mandatory training, appraisals and recruitment arrangements at the clinic were good and ensured that the relevant staff were employed and developed.

All policies and procedures viewed were up to date, with a review date and who was responsible for the review.

There were areas that required improvement in relation to the statement of purpose and patient guide.

This is what we recommend the service can improve

- Reviewing the statement of purpose annually
- Including the relevant sections with information in the patient guide.

This is what the service did well:

- All mandatory training and appraisals up to date
- In date policies and procedures
- Recruitment policies were followed when recruiting staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 36 completed questionnaires (23 from patients who completed the 2022/23 questionnaire and 13 from the 2023/24 questionnaire.). Overall, the respondents' comments were positive, all patients rated the service as 'very good' or 'good'. Some of the comments provided by patients on the questionnaires included:

"Used the service for 12 years, fab, home from home."

"Always helpful, informative and supportive."

Health protection and improvement

There was information displayed about how patients could help their health and wellbeing. This included health promotional information on display in the waiting area on diabetes, cholesterol, slimming, smoking cessation and healthy eating. Information was also available on the clinic website on healthy eating with sample menus

We also noted that there was a no contact blood pressure cuff in the reception area that patients used to record their blood pressure before seeing the clinician.

Dignity and respect

During our time at the clinic we saw staff treating the patients with respect and kindness, patients we spoke to were also happy about the service provided. Staff were seen to be discrete and sensitive when speaking to patients. Patient would be seen by the clinician in a private room with lockable doors. The conversations in the consulting room could not be heard in the reception area. There were no problems with the environment which could affect patient dignity.

All patients agreed that measures were taken to protect their privacy, that they were treated with dignity and respect and that their questions were answered and they felt listened too.

Communicating effectively

Patients were able to book initial appointments both by phone and through the clinic website.

There was a sign at the entrance to the clinic that stated that Welsh speakers could opt to speak in Welsh if they wished to do so. As there were no Welsh speaking staff at the clinic a translator would then be provided. In total three patients, who completed the questionnaire, said that their preferred language was Welsh. However, they said that they were not actively offered the opportunity to speak Welsh throughout their patient journey, but that healthcare information was available to them in Welsh.

All patients stated that there was adequate seating in the waiting area and that there were adequate toilet / washroom facilities within a reasonable distance of the waiting area.

Patient information and consent

There was clear information on display for patients and their relatives on the operation of the clinic. Treatments would be explained at the consultations as well as information supplied on weight loss. We were told that large print versions of the information supplied were available.

There was a consent policy in place that detailed the importance of obtaining consent from patients and that they had the capacity to consent.

All patients said that they were involved as much as they wanted to be in making decisions about their healthcare.

Care planning and provision

Patients were seen on an appointment only basis and were seen in a timely manner during the inspection. We noted that patients were told of any waiting times and any reason for the delay in seeing the clinician. Should patients not be able to wait, we were told that they would be given an opportunity to re-book the appointment.

In total, over 91% of patients who responded, said that they waited less than 15 minutes for their appointment. All patients agreed that they were informed of how long they would have to wait. Patients who answered the question said that they had received enough information to understand the treatment options and the risks and benefits and were given adequate aftercare instructions. We received the following comments on patient care:

“Made to feel really comfy and at ease. Very nice setting”

“Very kind and professional receptionist and doctor. Lots of praise and encouragement to achieve goals that are set out from staff.”

All patients ‘strongly agreed’ that prior to treatment:

- The cost was made clear to them
- Their medical history was checked
- They signed a consent form before receiving new treatment.

Equality, diversity and human rights

Equality and diversity was promoted within the organisation through treating everyone fairly. There were equality, diversity and human rights policies in place as well as a freedom of speech policy, all of which were in date. Staff were also in date with equality and diversity training. All patients, including transgender patients were asked what pronouns they preferred and how they wished to be addressed.

There was also a staff guidance document seen relating to assisting patients with disabilities that included guidance on how to communicate with patients with sensory difficulties.

All patients felt they could access the right healthcare at the right time, regardless of any protected characteristic and that they hadn’t faced discrimination when accessing or using this health service.

Citizen engagement and feedback

Views of service users were sought and actively used to inform the service of improvements and developments through a comments book and a suggestion box that was seen in the reception. The results of a recent survey were also displayed on the notice board in reception. Additionally, there was also information on the feedback supplied in the annual report on the setting.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic occupied two rooms in a rented area of a multi-occupancy, multi-story building. The building appears dated and in need of refurbishment. However, the rooms inspected were clean and fit for the purpose it provided. The building was secure and there was an intercom to request access to the clinic.

The fitness and maintenance of the premises policy was seen and reviewed and included information on the maintenance of equipment and the environment. This included information on portable appliance testing, gas boiler and water supplies. We were informed that a new landlord had recently taken ownership of the premises and would be refurbishing the premises.

The clinic was not easily accessible to patients with mobility issues, patients had to climb two steps to access the building. Additionally, the male toilet was on the first floor of the building with no lift. Whilst patients were made aware of this in the patient guide, the clinic should also ensure this is included on the practice website. Patients we spoke with said that they would be helped to access the clinic if required. Not all respondents to the questionnaire found the building accessible, with 38% of patients stating that the building was only partially accessible.

The registered provider is to ensure that the lack of access to the clinic is clearly communicated to patients on the clinic website.

Whilst there was not a defibrillator on site, there was one available within 100 metres of the premises that staff could use if needed. There were no invasive procedures undertaken at the premises.

Infection prevention and control (IPC) and decontamination

The IPC risks at the clinic had been adequately mitigated through cleaning records and schedules which were seen, staff training on IPC and an in-date IPC policy.

The environment appeared visibly clean, with no immediate repairs noted.

All respondents felt that the setting was clean and that IPC measures were being followed.

Safeguarding children and safeguarding vulnerable adults

There was a safeguarding policy in place that had been recently reviewed and the policy included safeguarding details of the local safeguarding teams. The practice

manager was the safeguarding lead and they had completed the relevant training, they also had access to the All Wales Safeguarding application to ensure that they were aware of national policy and legislation, as well as local area procedures. All other staff had received training to the relevant level, at least level two, in safeguarding.

The safeguarding lead was aware of what to do if a safeguarding concern was noted or reported to them.

Medical devices, equipment and diagnostic systems

The clinic had the relevant equipment and medical devices to meet the needs of the patients. The practice manager was responsible for ensuring the maintenance of the equipment. Whilst there were calibrated sphygmomanometers and digital scales, the relevant test and calibration certificates were seen, the height measurement method used was not calibrated.

The registered provider must ensure that the height measurement is calibrated regularly to ensure there is an accurate method of obtaining the Body Mass Index (BMI).

Safe and clinically effective care

Evidence was provided of quality indicators and audits used to monitor patient care. This included evidence provided that showed that the majority of those surveyed had lost weight. There was also an audit of the monitoring of records and record keeping.

There were no challenges with staffing and their training. The clinicians we spoke with were fully conversant with the medication used and had been involved in prescribing this medication for some time. The clinicians specialised in endocrinology encompassing obesity management and diabetes.

Medicines Management

There were arrangements in place to control medication at the clinic. This included, ordering, receiving, and accounting for the medicines as well as disposing of any out of date medication. Medicines prescribed were clearly annotated on the patient medical records and included all relevant information. Where medication was stopped, the reasons for this were also recorded on the patient medical records.

There were adequate storage arrangements for medicines used at the clinic, they were held in a locked cabinet, compliant with controlled drug requirements. However, deliveries were normally received when there was not a clinician present and a key was held by the administrative staff. During the inspection the key was

taken from the administrative staff so that only a clinician had the key and that deliveries would only be made when there was a clinician present plus a witness.

This issue is dealt with at Appendix A, which summarises the concern identified during our inspection. Due to the potential impact on patient care and treatment this concern needed to be addressed straight away, during the inspection.

Records management

We checked a sample of five patient medical records and noted that they were clear, accurate and legible. There was evidence on the initial consultation and subsequent consultation that the necessary checks were in place. Patients were given a patient information leaflet, prepared in 2007 and reviewed in 2008 to accompany the medication issued. This leaflet needs to be reviewed with improvement in formatting, on a single sheet of paper, and also the terminology needs simplification and clarification. Additionally, a patient signed copy of the leaflet needs to be kept with the clinical records, to ensure that the patients have signed to understand the contents of the leaflet.

The registered provider must ensure that:

- **The patient information leaflet, is updated, formatted, with terminology explained and clarified, to accompany the medication issued**
- **A patient signed copy of the leaflet needs to be kept with the clinical records, to ensure that the patients has signed to understand the contents of the leaflet.**

The medical records were kept at the clinic in a secure location.

We noted that the clinic had introduced a process to ensure that the patient medical record card was signed on each visit to confirm the patients' medical history. The record card did not include a column with the patients' BMI, to ensure that the record showed that the patient was within the BMI range that treatment could be provided.

The registered provider must ensure that the BMI of the patient is recorded on each visit, on the patient record card.

The clinic also required a printout of the patients medical history prior to starting treatment to ensure that they were not taking any medication that would prevent them receiving the medication prescribed at the clinic.

Quality of Management and Leadership

Governance and accountability framework

The statement of purpose was clearly displayed in the reception area. Services were provided in accordance with the statement. Whilst it contained all the relevant areas required. It had not been reviewed since 2020.

The registered provider must ensure that the statement of purpose is reviewed annually and this is evidenced by a signature on the statement.

The patient guide was available in reception for patients to view, but it did not contain all the information required by the regulations. A link to a suggested HIW template was sent to the setting for them to complete in full.

The registered provider must ensure that the patient guide is completed in full, with all the relevant sections completed.

There was evidence of governance in place at the clinic. This included, a clear management and reporting structure and evidence of audits completed. The practice manager visited the setting weekly and the responsible individual, or their deputy, would visit the clinic at least every six months to complete the six monthly written report on the setting. As there were not many staff employed at the clinic, information would normally be passed by word of mouth as well as by email or by an online application.

Dealing with concerns and managing incidents

There was a complaints policy on display at the clinic that included details of HIW and the policy was also included in the clinic statement of purpose. We were told that all complaints would be dealt with internally, but if necessary, should patients require assistance in raising concerns, a manager from another clinic in the group would help the patient. The only issue raised by patients was that the clinic was only open for seven hours a week. Staff stated that they would consider remote consultations in the future.

Both verbal and informal concerns and complaints would be captured and recorded by the practice manager. Information from any complaints would be shared via an online application with other staff members. Whilst formal staff meetings would be held six monthly, informal meetings would be held as and when required.

Staff we spoke with stated that they would not have a problem in reporting a concern. There was an in-date whistleblowing policy available for staff to follow.

Workforce planning, training and organisational development

The clinic was open for approximately seven hours over two days per week. Patients would be booked in when staff were to attend these sessions and the number and skill mix of staff was therefore appropriate for the service provided to the patients. Patients would only be booked in for a consultation when there was a clinician present. The bookings allowed sufficient time for the clinician to speak to the patient and deal with any concerns.

Staff also had access to training and development opportunities should they wish to develop their roles and senior staff we spoke with said that staff were encouraged to complete additional training.

Management tracked staff mandatory training through dates being recorded on an online calendar. Staff training certificates were seen for all mandatory training required including fire safety, manual handling, equality and diversity, safeguarding and IPC. We saw evidence of annual appraisals for all staff at the clinic, to ensure that their performance was being recorded.

Workforce recruitment and employment practices

The necessary Human Resource (HR) policy was followed as regards pre-employment checks of staff. We noted that the HR policy for medical and non-medical staff was in-date and included information on recruitment and verifying credentials.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans 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 inspection.

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](#).

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
The key to the controlled drugs cabinet was held by a member of the administrative staff. This key must only be held by a qualified and authorised clinician.	Unauthorised access to the CD cabinet.	Practice Manager informed.	The key was taken from the administrative staff and will only be held by a clinician in the future.

Appendix B - Immediate improvement plan

Service: Albany Medical Centre

Date of inspection: 6 September 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No further immediate assurance issues were identified.				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Albany Medical Centre

Date of inspection: 6 September 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider is to ensure that the lack of access to the clinic is clearly communicated to patients on the clinic website.	National Minimum Standards (NMS) Standard 22 Managing Risk and Health and Safety and Standard 2, Equality, Diversity and Human Rights.			
The registered provider must ensure that the height measurement is calibrated regularly to ensure there is an accurate method of obtaining the Body Mass Index (BMI).	NMS Standard 16, Medical Devices, Equipment and Diagnostic Services			

<p>The registered provider must ensure that:</p> <ul style="list-style-type: none"> • The patient information leaflet, is updated, formatted, with terminology explained and clarified, to accompany the medication issued • A patient signed copy of the leaflet needs to be kept with the clinical records, to ensure that the patients has signed to understand the contents of the leaflet. 	<p>NMS Standard 15, Medicines Management</p>			
<p>The registered provider must ensure that the BMI of the patient is recorded on each visit, on the patient record card.</p>	<p>Independent Health Care (Wales) Regulations 2011, Regulation 23</p>			
<p>The registered provider must ensure that the statement of purpose is reviewed annually and</p>	<p>Independent Health Care (Wales)</p>			

this is evidenced by a signature on the statement.	Regulations 2011, Regulation 8			
The registered provider must ensure that the patient guide is completed in full, with all the relevant sections completed.	Independent Health Care (Wales) Regulations 2011, Regulation 7			

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Albany Medical Centre

Date of inspection: 6 September 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider is to ensure that the lack of access to the clinic is clearly communicated to patients on the clinic website.	National Minimum Standards (NMS) Standard 22 Managing Risk and Health and Safety and Standard 2, Equality, Diversity and Human Rights.	We have updated our website with an accessibility statement to inform visitors that we do not have step free access into our clinic and facilities, so for any patients with mobility issues access could be difficult	John Sutton	Completed 5 th November 2023
The registered provider must ensure that the height measurement is calibrated regularly to ensure there is an accurate method of obtaining the Body Mass Index (BMI).	NMS Standard 16, Medical Devices, Equipment and Diagnostic Services	We have purchased a new calibrated standalone medical grade height measure that can offer imperial and metric measurements . This will be calibrated annually	John Sutton	Completed 10 th November 2023

<p>The registered provider must ensure that:</p> <ul style="list-style-type: none"> • The patient information leaflet, is updated, formatted, with terminology explained and clarified, to accompany the medication issued • A patient signed copy of the leaflet needs to be kept with the clinical records, to ensure that the patients has signed to understand the contents of the leaflet. 	<p>NMS Standard 15, Medicines Management</p>	<p>The wording, terminology & formatting of the patient information leaflet for the medication issued has been reviewed to ensure it is clearer and easier for patients to understand</p> <p>During the consultation with the Doctor patients will be asked to sign a statement to confirm that they understand the contents of the patient information leaflet that they have been given which will be retained along with the clinical records</p>	<p>Dr Ala Sharif</p>	<p>Completed 13th November 2023</p>
<p>The registered provider must ensure that the BMI of the patient is recorded on each visit, on the patient record card.</p>	<p>Independent Health Care (Wales) Regulations 2011, Regulation 23</p>	<p>The BMI of the patients will be recorded at each visit on their patient record card</p>	<p>John Sutton</p>	<p>Completed 13th November 2023</p>

The registered provider must ensure that the statement of purpose is reviewed annually and this is evidenced by a signature on the statement.	Independent Health Care (Wales) Regulations 2011, Regulation 8	The statement of purpose has been reviewed and this has been evidenced by a signature on the statement , the statement of purpose will be reviewed annually	John Sutton	Completed 11 th November 2023
The registered provider must ensure that the patient guide is completed in full, with all the relevant sections completed.	Independent Health Care (Wales) Regulations 2011, Regulation 7	The patient guide has been completed in full using the Healthcare Inspectorate Wales patient guide template with all relevant sections completed	John Sutton	Completed 13 th November 2023

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): John Sutton

Job role: Manager

Date: 13th November 2023