

**Abergele Consulting Rooms
Spire Healthcare
Building 5375
North Wales Business Park
Abergele
LL22 8JL**

Inspection 2009/2010

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk

Inspection Date:	Inspection Manager and Reviewers:
25 January 2010	Ms P Price Mr P Frowen Mrs J A Davies

Introduction

Independent healthcare providers in Wales must be registered with the 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. The 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 the 25 January 2010 led by an Inspection Manager, which also included reviewers. The hospital was first registered on the 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 could be clearer signage to identify each business and to indicate the relevant doorbell. There was a shower room within the entrance area that was currently not being used for that purpose but to store small items, the reviewers recommended that the room should not be used for storage, should be locked and that the suitability and use of this room should be reconsidered. There was a small seating area under the staircase which belonged to the other occupants of the building and was not used by patients or visitors of The Spire Abergele Consulting Rooms.

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.

An application for variation of services had been made for a variation to provide services for children aged less than 16 years to receive consultation and be assessed for Ear, Nose and Throat conditions and for Audiology assessments. The

Children's Services Reviewer was informed that children would be seen in separate sessions to adults by suitably trained staff and would wait in an appropriately equipped, child friendly waiting area. Children's consultations and assessments would take place only in Consulting Rooms 2 and 3 whose plain décor would be enhanced by the inclusion of bright artwork or posters and which would contain distraction materials. A recommendation was made to provide Baby Changing and Breast Feeding Facilities and the manager identified a room suitable for this purpose.

Statement of purpose, patient information and Hand Hygiene advice were evident. Age appropriate information about relevant services, health promotion and children's support agencies such as Childline and the Children's Commissioner should be available for children and in other formats for those with communication difficulties.

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. A documented pathway to address any medical emergency relating to children should also be displayed in the clinical areas Rooms 2 and 3 and at the Reception Desk.

Prior to the inspection visit the registered provider submitted a completed pre-inspection questionnaire. The inspection visit focused upon the analysis of a range of documentation, discussion with the manager and other staff members, examination of patient records and a tour of the premises.

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.
- Patient views were considered by means of a satisfaction survey the results of which would be reviewed by the management team. However, no responses have yet been received with regard to the questionnaires.
- 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. The setting had received no complaints prior to inspection.
- 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) were also reviewed and there appeared to be robust systems of staff training and awareness, monitoring and audit within the hospital.
- 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.

Whilst it was apparent that audit processes for treatments and outcomes were in place at the consulting rooms the manner in which this was assured within contractor's premises was less well understood.

The radiography facilities were well equipped and provided an environment in which patients could be managed with privacy dignity and respect.

Unfortunately there were no radiographers on duty on the day of the visit so there was no opportunity to discuss the service with staff.

However, during the visit the following was noted

- Disabled toilet, high water pressure in taps of hand-wash basin, splashing out on patients/visitors. Light switch needs resiting.
- Female toilet tap water tepid.
- Male toilet, high water pressure in taps of hand-wash basin, splashing out on patients/visitors. Toilet seat required readjusting.
- Storage room shelving should be eye level height.
- Inappropriate storage of items in electrical systems room.
- No maintenance or cleaning protocol for hospital wheelchair.
- No gloves available in room 5.
- Office with access to documentation left unlocked.
- No responsible individual visits had taken place since registration of the establishment.
- Clarity regarding the transportation of specimens was required.
- The prescription pads in the consulting rooms were stamped Yale hospital.
- Inspection team unable to follow audit trail with regard to receipt of ordered medication.

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

It is noted that the registered manager had been pro-active and responsive in actioning requirements, arising from this inspection. Some requirements were completed during the visit.

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

Achievements and compliance

This is the hospital's first inspection. Therefore there were no outstanding regulatory requirements.

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
Schedule 2 of 2 (please refer to condition 1)	<p>Audio logical assessment, Assessment Hearing test, Hearing clinic, Back Pain clinic, Assessment, Injection into joints/ muscle/skin bariatric weight loss clinic, Assessment and advice 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 Endocrinology clinic, Assessment Cardiology, Assessment Electro-cardiogram – heart tests (ECG), 24hr tapes, BP monitoring, Exercise test. ENT consultations, Assessment, Laryngoscopies, Tilt test, Tympanogram. Syringing of ear, Nasal Cautery, Removal of minor lesions Gastroenterology clinic, Assessment General Medicine clinic, Assessment General surgery 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 Hysteroscopies, insertion of pessaries, Male sexual health : Assessment, Ophthalmology clinics : Assessment, Removal of skin lesions, Avastin/Lucentis injection Orthopaedic consultations : Assessment. Sports injury Injection in to joints, Aspiration fluid in knee joint, Application and Removal of Plaster Physiotherapy : Assessment,</p>	Compliant

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

Assessments

The 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. The 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, the 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
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 almost met See A14-22
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 almost met

Number	Standard Topic	Assessment
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 almost 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 almost 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 for Adult patients
A2	Patients are not misled 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 almost met
A10	Infection control	Standard met
A11	Decontamination	Standard met
A12	Resuscitation	Standard almost 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 almost met
A37	Administration of medicines	Standard almost met
A38	Self administration of medicines	Standard not inspected

A39	Medicines management	Standard almost met
A40	Management of Pathology Services	Standard almost met
A41	Pathology Services Process	Standard met
A42	Quality Control of Pathology services	Standard met
A43	Facilities and Equipment for Pathology Services	Standard almost 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. The 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> <ul style="list-style-type: none"> • Disabled toilet, high water pressure in taps of hand-wash basin, splashing out on patients/visitors. • Light switch pull cord needs resiting. • Female toilet tap water tepid. • Male toilet, high water pressure in taps of hand-wash basin, splashing out on patients/visitors. Toilet seat requires readjusting. <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>	<p>One week (Advised on day of visit) Completed January 2010</p>
C22	Regulation 24(2)(d)	<p>Findings:</p> <p>Storage room shelving should be eye level height.</p> <p>Action Required</p> <p>The registered person is required to ensure that the size and layout of rooms are suitable for the purposes for which they are to be used and are suitably equipped and furnished.</p>	<p>One week (Advised on day of visit) Completed January 2010</p>
C33	Regulation 8(1)(f)	<p>Findings:</p> <p>Office with access to documentation left unlocked.</p> <p>Action Required</p> <p>The registered person is required to ensure that all documentation is secure and locked up, when not required.</p>	<p>Immediate action (Advised on day of visit) Completed 26 January 2010</p>

Standard	Regulation	Requirement	Time scale
	Regulation 25(2)(a)(b)(c)	<p>Findings:</p> <p>No visits by the responsible individual to the establishment had been undertaken since registration of the establishment.</p> <p>Action Required</p> <p>The registered provider is required to ensure visits shall take place at least every three months and may be unannounced.</p>	<p>Two weeks (Advised on day of visit) Completed January 2010</p>
C19	Regulation 24(4)(a)	<p>Findings:</p> <p>Inappropriate storage of items in electrical systems room.</p> <p>Action Required</p> <p>The registered person shall take adequate precautions against the risk of fire, including the provision and maintenance of adequate fire prevention and detection equipment.</p>	<p>Immediate action (Advised on day of visit) Completed 26 January 2010</p>
C27	Regulation 24(2)(c)	<p>Findings:</p> <p>No maintenance or cleaning protocol for hospital wheelchair.</p> <p>Action Required</p> <p>The registered person is required to ensure that all parts of the establishment are kept clean and meet appropriate standards of hygiene.</p>	<p>Two weeks (Advised on day of visit) Completed January 2010</p>
	Regulation 14(6)	<p>Findings:</p> <p>No gloves available in room 5.</p> <p>Action Required</p> <p>The registered person is required to make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff (including medical practitioners with practising privileges)</p>	<p>Immediate action (Advised on day of visit)</p>

Standard	Regulation	Requirement	Time scale
A43	Regulation 33(c)	<p>Findings:</p> <p>Clarity regarding the transportation of specimens was required.</p> <p>Action Required</p> <p>The registered person is required to ensure that appropriate arrangements are made for the collection, and (where pathology services are provided outside the hospital) transportation of pathology specimens.</p>	<p>Immediate action (Advised on day of visit) Completed 25 January 2010</p>
C25& A36	Regulation 14(5)	<p>Findings:</p> <p>The prescription pads in the consulting rooms were stamped Yale hospital.</p> <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>	<p>Immediate action (Advised on day of visit) Completed 15 March 2010</p>
C25 & A36	Regulation 14(5)	<p>Findings:</p> <p>Inspection team unable to follow audit trail with regard to receipt of ordered medication.</p> <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>	<p>Immediate action (Advised on day of visit) Completed January 2010</p>

Standard	Regulation	Requirement	Time scale
C29	Regulation 34(1)	<p>Findings:</p> <p>A documented pathway to address any medical emergency relating to children should also be displayed in the clinical areas Rooms 2 and 3 and at the Reception Desk.</p> <p>Action Required</p> <p>The registered person shall prepare and implement a written statement of the policies to be applied and the procedures to be followed in the hospital in relation to resuscitation of patients and shall review such statements annually.</p>	<p>Four weeks (Advised on day of visit) Completed 22 February 2010</p>

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	<p>A recommendation was made to provide Baby Changing and Breast Feeding Facilities within the hospital.</p> <p>It is anticipated that the above recommendation will be completed by September 2010.</p>

The 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.

This document may be reproduced free of charge in any format or medium, provided that it is not for commercial resale. You may reproduce this Report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of the Healthcare Inspectorate Wales. This consent is subject to the material being reproduced accurately and provided that it is not used in a derogatory manner or misleading context. The material should be acknowledged as © 2009 Healthcare Inspectorate Wales and the title of the document specified. Applications for reproduction should be made in writing to: The Chief Executive, Healthcare Inspectorate Wales, Bevan House, Caerphilly Business Park, Caerphilly, CF83 3ED