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29 April 2014

Dear Ms Harrowing,

**Re: Healthcare Inspectorate Wales (HIW) unannounced visit to Vale Hospital, Hensol on 22 April 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Vale Hospital, Hensol on the 22 April 2014. The visit highlighted areas that are noteworthy and include:

- The patient group was positive in their feedback about the staff and care received.
- The paperwork for clinical governance and clinical audit meetings were informative and took into account the meetings and previous actions.
- The number and range of staff on duty 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 were purpose built, clean and of a high quality.
- Patients and family members spoken to reported a very positive experience preoperatively and during their stay. They felt the quality of care, including the information and support they had received following their surgery or

procedure and after care was excellent. They felt that all staff were attentive, professional, caring and very helpful.

- All staff appeared enthusiastic about their work, felt valued and were wholly committed to the provision of high standards of care to their patient group. There was evidence of a real sense of team spirit and good humour amongst the team members.

## **OVERALL VIEW OF THE HEALTHCARE SETTING**

### **Quality of treatment and care**

Vale Healthcare is owned and operated by Nuffield Health, a registered charity and had access to a wide range of policies and procedures. Governance arrangements were in place and all Nuffield Health policies and procedures were available electronically with relevant staff having access. A wide range of governance, audit and performance information was available, again electronically. However, the policies and procedures were those of Nuffield Health and had not been customised to local activities and this should be undertaken. Policies and procedures were currently being reviewed as the hospital was in the process of becoming more aligned to Nuffield Health and as a result policies and procedures required both adapting for local use and to be available within all departments in paper form which they were not on the day of inspection.

There was clear evidence of audits in record keeping and infection control and complaints and clinical incidents were logged on a central database and discussed at relevant meetings. Action plans developed as a result of audits, complaints and incidents were not seen, however discussions with the CEO revealed that this is current practice to record these. It is recommended that all action plans are included in the record keeping for these types of events. Risk assessments in clinical departments had not been reviewed since 2010 but we were told that reviews had taken place and were available on the intranet. Up to date risk assessments need to be available in all departments for staff to access as needed.

Patient views were regularly captured throughout the year by means of patient satisfaction questionnaires, which are reviewed on an on-going basis by the registered manager, who immediately addressed any issues of concern. The areas surveyed included cleanliness and facilities, booking appointments and procedures, clinical care and catering services. There is an infection control link person and links to the Nuffield Health infection control teams.

On the day of inspection there were found to be missing signatures in the theatre controlled drugs records and this was discussed at the time. It was also recommended that all clinical staff involved in drug administration undertake annual medicines management education to ensure that their knowledge and practice is up to date.

The Statement of Purpose and Patient Guide was in the process of being updated and consequently was not available within the hospital. This was discussed at the

time and arrangements to ensure that this information was available were in progress and an interim copy was made available to the review team before the completion of the visit.

## **Management and Personnel**

At the time of our visit staff numbers appeared appropriate and a bank staff arrangement was in place to cover any planned and unexpected staffing absence. Vale Hospital were currently recruiting more bank nurses especially in the specialty of paediatrics and theatres.

Training and education records were well documented and performance management processes and records were in place covering staff appraisal and supervision. All staff had received a comprehensive induction and were provided with opportunities for ongoing education. Clinical staff were supported in maintaining their professional registration with ongoing access to continuing professional development.

Individual Performance Reviews systems were currently being reviewed.

## **Premises, environment and 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 and specialist equipment was hired as needed. Some storage areas were found to be overfull with items being stored on high shelves which are a health and safety risk. The need to rectify this was discussed on the day of the visit.

## **Records Management**

All records required by legislation were 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. Care plans and related assessments were well documented and there was clear evidence of patients being engaged in the care planning process.

The visit highlighted the issues below and these were provided in a verbal overview to the hospital director (registered manager, (designate). It must be noted that the senior management team were proactive in their responses to required action outcomes.

## **New requirements from this inspection:**

Action Required	Timescale for	Regulation Number
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	<b>completion</b>	
1. Policies in use are those of Nuffield Health and have not been adapted for local use, some policies also required timescale review.	48 Hours	Regulation 9 (1)
2. The Child Protection Policy was not available on the Nuffield Health intranet.	48 Hours	Regulation 16(1)(a)(b) &3
3. There were missing signatures found in the Controlled Drugs Records Book which has three lines of required signatures for when drugs are supplied, administered and disposed of and not all signatures in place for these.	Immediate and on-going	Regulation 9(m) and 15 (5) (a) (b)

**Good practice Recommendations:**

- Medicines management training annually for all members of staff involved in medicines management.
- Clinical supervision systems need to be formalised.

Healthcare Inspectorate Wales (HIW) would like to thank all members of staff for their time and co-operation during the visit.

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

A copy of this letter is being sent to Mr Simon Rogers Chief Executive and Hospitals Director at Vale Hospital, Hensol.

Yours sincerely



**Phil Price**  
Inspection Manager