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2 July 2014

Dear Dr deGorter,

Re: Healthcare Inspectorate Wales unannounced visit to Spire Yale Hospital, Wrexham, on the 9 March 2014 and a further unannounced visit on the 17 and 18 March 2014

As you are aware Healthcare Inspectorate Wales' (HIW) undertook unannounced visit to Spire Yale Hospital, Wrexham, on the 9 March 2014 and further unannounced visits on the 17 and 18 March 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 meeting's was 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.

- Policies and procedures were reviewed at intervals of not more than three years in line with the corporate policy. All Spire operational polices were validated corporately by relevant Directorates and special advisors, which specialise in particular fields, to ensure adherence to current national guidance and legislation. Robust clinical and corporate strategy implemented through scorecard system that monitors performance, sets targets and shares best practice.

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- There was a system in place to ensure that all medical liability insurance remains in date. All medical staff give consent for administrators to check directly with insurance companies and a flag up system is in place so that this occurs on time. This is to be commended as good practice.

Background

Spire Yale Hospital Wrexham was first registered in May 1997 and had an announced inspection on the 15 November 2010. Spire Yale Hospital Wrexham is part of the Spire Healthcare group. The hospital is easily located on the Wrexham Technology Park in Wrexham. The hospital is a modern single storey building. It is accessible by car and public transport and there are ample parking facilities. There is adequate disabled access.

Overall View of the Healthcare Setting

Quality of Patient Care

All patients and their families spoke of their care and treatment being of a high standard. One patient spoke of this being his first hospital admission and despite being very scared, he had found his stay a very positive experience. He said that staff were professional, welcoming and reassuring and explained everything that was to happen to him and the family. He and his family had found written pre admission information very helpful and had found the food of very good quality, fresh, with lots of choices and nicely presented.

Other patients spoke of being seen by their Consultant within days of initial referral, minor procedures, scans or x rays, being carried out promptly and early diagnosis and subsequent treatment provided in a timely manner that suited their needs.

All patients stated that their key nurse introduced themselves and all staff were very respectful, provided good information and explanations about what was to happen.

Privacy and Dignity

During the inspection, patients and families were observed to be treated with the utmost respect. Areas of privacy and dignity were noted to be paramount and integrated within every patient and staff interaction and clinical interventions.

Patient Confidentiality

Health records were stored in the ward office, patients were observed to be spoken to in private and staff were observed to make every effort to ensure patient confidentiality was integral to all aspects of their practice and care delivery.

Communications and Information

There was access to local interpreters, welsh speaking members of staff and language line if needed. There was a wide range of good quality, helpful, relevant, up to date information available in English and Welsh.

A British National Formulary (BNF) specifically for Children was available.

Patients said their key nurse introduced themselves and all staff provided good information and explanations about what was to happen.

Patients and families were clear about how to complain if necessary.

Staff meetings were held quarterly. A new template for all meetings will ensure a more standardised approach to recording of meetings and forums.

Clinical, Organisational and Personnel Policies

There was a clear expectation for all staff to read both corporate and local policies and sign to indicate they have been seen and understood.

Clinical Leadership and the Multidisciplinary Team (MDT)

There was evidence of strong and inspired clinical leadership and collaborative and effective multidisciplinary teamwork. All staff spoken with felt valued and that their views were equally respected within the team.

There was a real sense of team spirit and camaraderie and communications and relationships within the teams and with other departments were noted to be well established, all working together to ensure the delivery of high standards of care and treatment to their patient group. Staff also spoke of a highly supportive, approachable and hands on management team.

Clinical Governance

Patient satisfaction surveys were submitted to the Clinical Governance group and senior management teams and necessary actions, or areas for improvement were identified and followed up where relevant. There had been general improvements in quality in a number of areas across the hospital, including pain management and healthcare record keeping.

Consultant surveys were also reviewed to determine the level of satisfaction they experienced when using services and practicing within the hospital. The majority of responses indicated that they felt the service was excellent, results were above average across the Spire hospitals and many areas identified as needing improvements, including relationships in outpatients departments had improved.

An ethos of Continuous Quality Improvement was evident. Areas for improvement in patient care and clinical practice were identified through audit outcomes, including pain management and Consultant documentation audits, complaints, reflective practice discussions and up to date national clinical guidelines and standards. Actions required and improvements were noted, integrated in to practice and monitored.

There were clear measurement processes to determine Clinical Outcomes and Performance and records showed that these were discussed as part of the Clinical Governance Strategy.

A systematic process for professional development, which includes objectives to achieve, identification of training needs and opportunities for extended roles was in place for staff using an "Enabling Excellence "(EE) model.

A wide programme of both mandatory and vocational training is available to all staff and includes specific training in areas to meet identified needs of patients, basic and advanced life support, fire, customer service, manual handling, protection of information.

Core Competencies were assessed and training provided in areas of Administration of Heparin, Injection of Medicines, Electro Cardio Graph (ECG) and Aseptic Techniques.

Unexpected, true to life "Resuscitation Scenarios " were created and used as learning opportunities for all staff.

There was a systematic approach to Clinical Supervision and Performance Reviews.
All staff had their own individual training folder and training compliance was monitored.

Care pathways reflected up to date and evidence based practice. New initiatives to improve patient care are encouraged and supported by managers.

A 'Clinical Governance Leads' day was planned for the 26th March 2014.

Risk Management

Individual risk assessments for patients and more general risk assessments were undertaken and were part of the ongoing clinical audit programme. There was evidence that where patient safety issues are identified, actions for improvement are seen as a matter of priority.

There was a clear and robust Infection Control policy and regular audits, including hand hygiene were undertaken.

Fire Procedures were clearly visible. First Aid Information was visible, with first - contact people and their locations clearly outlined.

Health Records

Health records seen were generally of a good standard and stored appropriately, well organised and audited regularly.

Medication Management

Regular medication audits were undertaken. Staff spoken with were aware of the Nursing and Midwifery Council's (NMC) Administration of Medicine Guidelines. There appeared to be an open and transparent approach to drug errors, all of which are reported to the Matron recorded and monitored and appropriate actions taken. A local pharmacist provides three sessions a week, sees patients, and checks pharmacy stocks, prescription charts and Control Drug (CD) books.

Premises, Environment and Facilities

On an initial walk around the premises, they were observed to be very clean and well decorated. The hospital buildings are all single storey and suitable wheelchair access was available throughout the building, together with an assisted toilet area located just off the main reception area. There was good disability access, baby changing facilities and assisted bathing equipment and facilities were of a good standard.

The hospital was clean, bright, well decorated, and public areas and patients rooms have good facilities and are comfortably furnished. Housekeeping audits were undertaken and reported on regularly.

Comment was made regarding some gaps in the perimeter of the bedroom floors, where silicone sealant had been previously applied. Some further work was required on this method of sealing and provision of a cover mould beneath the bath panel in the en-suite areas, to provide an effective seal.

Theatre 1 and 2 were inspected and generally found to be adequately maintained. It was noted that some of the floor covering had been replaced since the last inspection, but there were some small remedial works required in the recovery area, and these are noted under 'concerns' below.

Some impact damage had been caused to the wall linings, and it was recommended that consideration be given to the provision of suitable impact rails/sheets, where this was occurring.

It was advised that there was a possible change of the x-ray equipment being programmed for later this year, and there would be a closure of the department for 2-

4 weeks, whilst the works were undertaken. On completion, suitable certificates and validations will be required.

One of the bedrooms was out of use, being used for the temporary storage of ophthalmic equipment.

Service and testing documentation in relation to fire safety, and testing of portable electrical appliances were all carried out at appropriate intervals. The stand-by generator had been serviced and tested in November 2013, and UPS systems to the two theatres were regularly tested each month.

A Legionella Risk Assessment had been made in March 2013, and this would shortly be due for review. The four items noted on the action report had all been completed, and an audit report in October 2013 had resulted in a high score of 16 out of 16.

Concerns

The Statement of Purpose provided for the use of a Class 4 Diomed laser (Delta EVLT) for the treatment of face veins. It was found that this laser had not been used for some while, and an alternative laser, a Vari-Lase 15w console, had been provided by Aquilant on a sessional basis since November 2013.

Local Rules for the alternative laser had been provided by Lasersafe, but the authorised users and assistants had not signed up to these Rules.

The Laser Protection Adviser was named as Simon Wharmby, an optical radiation safety consultant to Lasersafe. The letter of appointment for this service expired on 1st March 2014, and together with the LPA appointment for the previous laser, means that the Hospital is currently without an appointment for a Laser Safety Adviser.

A decision therefore needs to be made as to which laser is to continue in use, and service, calibration, operator training and laser protection advice put into place. Also the Local Rules and Medical Protocols need to be validated.

The periodic re-inspection certificate for the electrical wiring installation was issued on 15th June 2012, and was shown to be valid for six months only. It was verbally advised that all of the code 1 and code 2 requirements had been completed, but the issue of a new certificate was still awaited. This matter requires progressing as a matter of urgency.

A porcelain cleaners bucket sink, in a storeroom off the kitchen corridor, was badly chipped and crazed. As this is also used for mops and buckets from the kitchen, it should be replaced, possibly as a stainless steel unit.

The visit highlighted the issues below and these were provided in a verbal overview to the registered manager and other members of the management team at the end of the visit.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
Review perimeter of bedroom floors, and provide flexible sealants where required. Also, suitable trim/seal to exposed timber beneath bath panels.	4 Weeks Completed	Regulation 26(2)(b)
The floor coverings of the theatre accommodation are laid over a timber sub-floor. Some cracks are beginning to appear in the recover area, above joints of the sub-floor, and these should be suitably seam welded to maintain the integrity of the floor.	2 Weeks Completed	Regulation 26(2)(b)
A decision needs to be made on the equipment used for Laser Treatments, and appropriate service, calibration, operator training and laser protection advice put into place. Also. the Local Rules and Medical Protocols to be validated	2 Weeks Completed	Regulation 45 (1)(2)(3) Completed
Pursue the validation of the current electrical periodic re-inspection certificate.	2 Weeks Completed	Regulation 26(2)(a)
Replace defective porcelain bucket sink in cleaner's store.	4 Weeks	Regulation 26(2)(b)

Good practice Recommendations:
Medicines management training annually for all members of staff involved in medicines management.
Signatures of all staff involve in transfer of care between departments required on patients records.
There is an apparent shortage of Consulting rooms. The hospital senior management team may wish to review room availability.
Storage space was limited. Review of current storage facilities was advised.

Please would you forward an action plan to HIW by 21st July 2014.

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

A copy of this letter is being sent to:
Mrs Linda Jones Registered Manager Spire Yale Hospital

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

Yours sincerely

Phil Price
Inspection Manager