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Dear Ms Harrowing,

**Re: Healthcare Inspectorate Wales Vale Hospital Hensol announced inspection
9th May 2014**

As you are aware, Healthcare Inspectorate Wales undertook an announced visit to Vale Hospital, Hensol on the 9th May 2014.

Quality of Treatment and Care

Vale Healthcare is owned and operated by Nuffield Health, a registered charity, and the Vale Hospital 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. However, the policies and procedures were those of Nuffield Health and not all had been customised to local activities and this should be undertaken. All policies and procedures were being reviewed and these were available. Staff had been made aware of changes and reminded about accessing policies on the hospital intranet.

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 were developed as a result of audits. Complaints and incidents were reviewed and most issues were recorded on SharePoint. However, we were informed that some incidents/complaints which were immediately dealt with and resolved may not be recorded, although actions would have been undertaken. It is recommended that all action plans are included in the record keeping for these types of events.

Risk assessments have been reviewed and were seen on inspection. The Statement of Purpose and Patient Guide has been updated and was available within the hospital.

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

Medicines management was undertaken by a pharmacist who worked part time within the hospital and undertakes clinical pharmacy as well as ensuring that medication practices were in line with relevant legislation. The pharmacist undertakes audits of drug administration quarterly and there was a monthly medicines management meeting which included relevant Heads of Department, and where any medication incidents were discussed and reviewed. A selection of prescription charts were examined and found to be correctly completed. There was a discussion with the Chief Executive Officer CEO, pharmacist, and acting Matron about anaesthetists giving controlled drugs unwitnessed and it was agreed that controlled drugs administration need to be witnessed and signed by two members of staff at all times. Medicines management was discussed and staff education and training updates will be taking place over the coming weeks.

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.

Training and education records were well documented. 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 review 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 is hired as needed. Storage areas had been reviewed recently and this process was ongoing.

The hospital accommodation was all found to be well maintained, and it was noted that a rolling programme of decoration was in place, with a regime for bedroom redecoration of two rooms a month.

It was noted that a former bathroom on the first floor had been converted into a physiotherapy office, and the door seals needed to be upgraded to maintain suitable fire protection.

The fire door on the ground floor dirty utility room was in need of easing, as it was binding on the floor, and not self closing. A copy of the last report from an inspection from the South Wales Fire Service could not be located. The last Fire Risk Assessment in September 2013 noted some points in need of action, and these should be addressed. Fire extinguishers were regularly inspected and serviced.

Generally, the test records of the Fire Alarm installation were in order, but a defective detector in the bathroom/physiotherapy area was in need of replacement. It was difficult to establish adequate testing of the emergency lighting installation, and the next test at the end of May 2014 should therefore be for a full three hour duration. Afterwards, adequate testing and records should be maintained in accordance with BS 5266. The stand-by generator was regularly run and serviced, but a full switch-in load test was overdue.

Electrical wiring and portable appliance records were satisfactory, and comments regarding the battery condition of the Integrated Power Systems (IPS) systems should be followed through. All three lifts had been regularly serviced, and some levelling problems associated with lift number one, were receiving attention. The heating system was being regularly maintained, and a suitable water temperature and water quality sampling regimes were in place.

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 core care plans underpinned all care provided. There was clear evidence of patients being engaged in the care planning process. Two recent audits of patient records had revealed missing information but there was no action plan in place to rectify these short falls. This was discussed with the CEO on the day of inspection. It was also recommended that a system for assessing patient moving and handling needs was implemented.

The visit highlighted the following noteworthy areas:

- The paperwork for clinical governance and clinical audit meetings was informative and took into account the meetings and previous actions

- The number and range of staff on duty was appropriate to patient requirements 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 are purpose built, clean and of a high quality
- The premises were well maintained, and all areas found to be clean and well decorated

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

New Requirements from this Inspection

Action Required	Regulation Number
Policies in use were those of Nuffield Health and had not been adapted for local use	Regulation 9 (1) (3) (4) Complete
Forward an appraisal of the action points arising from the latest Fire Risk Assessment	Regulation 26(4)(f)
Attend to fire doors on first floor office and ground floor sluice rooms	Regulation 26(4)(a)
Replace defective detector in bathroom/physiotherapy room	Regulation 26(4)(a)
Carry out a full three hour discharge test on the emergency lighting installation, and maintain correct testing procedures thereafter	Regulation 26(4)(a)
Carry out a full switch-in load test on the stand-by generator, at a suitable time to the operation of the hospital premises	Regulation 26(2)(d)

Good Practice Recommendations

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

HIW would like to thank the staff members 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.

Yours sincerely



Phil Price
Inspection Manager

cc: Mr Simon Rogers, Chief Executive and Hospitals Director; Vale Hospital, Hensol Park, Hensol, CF72 8JX