

Focussed Independent Healthcare Inspection (Unannounced)

St Joseph's Hospital, Newport

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced focussed inspection of St Joseph's Hospital on the 21 November 2017.

Our team, for the inspection comprised of a HIW inspector and a clinical peer reviewer. The inspection was led by the HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales in relation to the following areas:

- Care planning and provision
- Citizen engagement and feedback
- Medicines management
- Governance and accountability framework.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that efforts were made by the service to comply with the regulations and standards to promote safe and effective care.

We did, however, identify that improvement was needed around the completion of nursing assessment documentation and staff compliance with the service's own policy in relation to patients who self administer their own medication. The latter resulted in HIW seeking immediate written assurance of the action taken to promote patient safety.

Arrangements also needed to be made to demonstrate that visits (by an appropriate person) were being completed to check the quality of service.

This is what we found the service did well:

- Patients' care records were organised and easy to navigate
- Concerns (complaints) were dealt with in a timely manner
- Controlled drugs were managed safely
- Representatives of the management team engaged well with the inspection process

This is what we recommend the service could improve:

- Ensure relevant nursing assessment documentation is completed as appropriate
- Staff awareness and compliance with the policy in relation to patients who wish to self administer their own medication
- The arrangements to demonstrate that visits (by an appropriate person) were being completed to check the quality of service

We identified regulatory breaches during this inspection regarding the completion of nursing risk assessments and patient self administration of medicines. Further details can be found in Appendices A and B. Whilst, this has

not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

St Joseph's Hospital Ltd. is registered to provide an independent hospital at St Joseph's Hospital, Harding Avenue, Malpas, Newport, NP20 6ZE. The service was first registered on 12 July 2014.

The service employs a team of approximately 192 members of permanent staff, which includes nursing staff, medical staff, pharmacists, radiographers, physiotherapists, secretarial staff, finance staff and catering and housekeeping staff. The independent hospital has 24 hour medical cover, arranged via an agency. Consultants who have been granted practising privileges may work at the hospital.

The service has 26 in patient beds and is registered to provide a range of inpatient and outpatient services (as set out in its statement of purpose).

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We saw that patients were comfortable and they appeared well cared for.

Care planning documentation was well organised and easy to navigate. Overall, this had been completed fully and was up to date. Arrangements must be made, however, to ensure that all patients have an assessment of their care needs.

Arrangements were in place for patients to provide feedback.

Care planning and provision

Integrated care pathway¹ documentation was being used and, overall, we saw that this was completed fully. We saw that patients were comfortable and they appeared well cared for.

We reviewed a sample of four patients' care records. Overall, we saw that a range of nursing assessments had been completed to help identify patients' care needs. These included assessments in relation to mental capacity, nutrition, risk of developing pressure and tissue damage, falls prevention, moving and handling, pain and risk of developing a venous thromboembolism (blood clot). We also saw that patients' home circumstances were assessed as part of the discharge planning process. In addition we saw that assessments had been reviewed and updated at intervals as required by the integrated care pathway documentation.

¹ An integrated care pathway sets out anticipated, evidence-based, best practice and outcomes that are locally agreed and that reflect a patient-centred, multi-disciplinary approach.

We identified that one patient had not had a complete set of assessments completed. This was discussed with the ward staff and a satisfactory reason could not be provided. During the course of our inspection we were provided with an assurance that relevant nursing assessments would be completed for the patient. The care records that had been completed indicated that the patient was receiving appropriate care.

We saw that monitoring records had been completed and were up to date. These included monitoring of patients' food and drink intake, skin state (to identify pressure sores and other tissue damage) and pain.

We saw that written entries within the integrated care pathway documentation were legible and all had been signed and dated. This is in accordance with professional standards for record keeping². Care records demonstrated a multidisciplinary approach to providing care.

Patients on the ward at the time of our inspection appeared comfortable and well cared for. Patients we spoke to also confirmed this.

Improvement needed

The registered person is required to provide HIW with details of the action taken to ensure:

- all patients admitted to the hospital have an appropriate and full nursing assessment to identify their care needs

Citizen engagement and feedback

The service had arrangements in place for patients to provide feedback on their experiences of using the service. There were also suitable arrangements in place for patients to raise a concern or complaint about the service they had received.

Senior staff confirmed that all patients were provided with an opportunity to provide feedback on the service they had received. We were told that patients

² The Code - Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council. <https://www.nmc.org.uk/standards/code/>

were provided with a patient satisfaction questionnaire on discharge. This could then be completed and returned to the service provider. We were told that results were considered at Patient Experience Group meetings with a view to identifying areas for improvement so that action could be taken as appropriate.

We saw that there was a written policy and procedure in place for considering complaints. This set out the procedures for responding to verbal and written complaints and included the anticipated timescales by which these would be acknowledged and responded to. The contact details of HIW were also included as required by the regulations³.

We saw that a record of complaints received had been maintained. This included details of individual complaints and the outcome. The record demonstrated that complaints had been acknowledged, investigated and, generally, responded to in a timely manner.

Details of the service's complaint procedure were included in the statement of purpose as required by the regulations. Whilst the written policy referred to a copy of the procedure being available in each patient's room, we found that this was not always available. Arrangements should be made, therefore, to ensure copies are available in accordance with the registered person's own policy.

Improvement needed

The registered person should make arrangements to ensure copies of the service's complaints procedure are made available in each patient's room (in accordance with registered person's own policy).

³ The Independent Health Care (Wales) Regulations 2011

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We considered the arrangements for the safe management of medicines. Overall, we found that medicines were managed safely.

We did identify that improvement was needed in relation to patients who self administer their own medication. This resulted in HIW seeking immediate written assurance from the service of the action taken to promote patient safety.

Medicines management

Overall, we found that medicines were managed safely. We did however, identify improvement was needed in relation to a patient who was self administering their own medication.

The inspection team considered the arrangements for medicines management on St Patrick's Ward. We found that medicines were stored securely within locked cupboards and within a designated room that was also locked. The exception was intravenous antibiotics that, whilst in a locked room, were not being stored in a locked cupboard. Whilst medicines were stored in locked cupboards, the registered person must confirm whether the cupboards comply with the required standard (British Standards Institute - BS 2881:1989) and take action as appropriate.

We saw that medicines requiring refrigeration were stored in a locked fridge. Records showed that the fridge temperature had been monitored daily to check that these medicines were being stored at an appropriate temperature. The action to be taken by staff should the fridge temperature be found to be outside of the required range was displayed in the medicines room. We also saw that the temperature of the medication room was being monitored to check that other medicines were being stored at an appropriate temperature.

Controlled drugs (CDs), which have strict and well defined management arrangements, were stored securely and appropriate records kept. Records showed that regular stock checks of the CDs had been completed.

A pharmacist was available and provided advice to the staff team on the medicines used on the ward. The pharmacist also supported patients to understand their medication, including possible side effects.

We looked at a sample of drug charts and saw that these had been completed appropriately. We found that staff administered medication to patients in a safe way.

We identified that a patient was self administering medication. Whilst a record had been maintained of the medication that had been taken, ward staff confirmed that a risk assessment had not been completed. In addition, the patient's medication was not being kept securely. This was not in accordance with the service's own written policy. This meant that we could not be assured that a risk assessment had been completed by ward staff to determine whether the patient was competent to self administer medication. Also, there was a potential risk of unauthorised persons being able to access this medication and be harmed.

We informed senior staff and the pharmacist of our findings. This was so that arrangements could be made to ensure that a suitable risk assessment was completed and follow up action taken as necessary to promote patient safety (in accordance with the aforementioned procedure). We sought written assurance from senior staff that appropriate action had been taken and HIW was provided with an appropriate improvement plan in the timescale agreed.

Improvement needed

The registered person is required to provide HIW with details of the action taken to confirm whether the cupboards used for storing medicines comply with BS 2881:1989 together with any further action taken to ensure the secure storage of medicines (including intravenous antibiotics) used at the hospital.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

A management structure was in place and clear lines of reporting and accountability were described and demonstrated.

Arrangements needed to be made to demonstrate that visits to check the quality of the service provided at the independent hospital are being conducted as required by the regulations.

Governance and accountability framework

A management structure was in place and clear lines of reporting and accountability were described.

The service had produced a statement of purpose as required by the regulations. This set out the management structure and showed the areas of responsibility that had been delegated to senior staff within the organisation. At the time of our inspection, this was being updated to reflect changes in the provider organisation. When revised, a copy of the updated statement of purpose must be submitted to HIW.

A 'responsible individual' had been nominated for supervising the management of the independent hospital. In accordance with the regulations this person held a senior position within the organisation. A person had been identified to be the 'registered manager' of the independent hospital. At the time of our inspection, this person was in post and in the process of submitting an application to register to HIW.

The above interim manager described the governance arrangements and explained a range of activity to promote the effective leadership and management of the healthcare provision. This included a system of regular meetings to agree changes to policies and procedures, consider results from audit activity and reviewing significant events and complaints. We saw minutes of meetings demonstrating the governance arrangements as described.

The Independent Health Care (Wales) Regulations require that the responsible individual or another appropriate person conducts regular (at least every six months) visits to the service. In addition the person visiting the service must prepare a written report on the conduct of the service.

Discussions with the responsible individual confirmed that he was present at the independent hospital regularly and so had oversight of the operation of the hospital and continuing knowledge of the quality of services. Arrangements must be made, however, to demonstrate that visits to the independent hospital are being conducted and written reports prepared in accordance with the aforementioned regulations.

Improvement needed

The registered person is required to provide HIW with details of the action taken to demonstrate that visits to the hospital are conducted in accordance with the requirements of regulation 28 of The Independent Health Care (Wales) Regulations 2011.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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
<p>We identified that a patient was self administering medication. A written risk assessment had not been completed and the patient's medication was not being kept securely. This was not in accordance with the registered person's own written policy.</p>	<p>This meant that we could not be assured that a risk assessment had been completed by ward staff to determine whether the patient was competent to self administer medication.</p> <p>Also, there was a potential risk of unauthorised persons being able to access this medication and be harmed.</p> <p>Regulation 15(5) / Standard 15 - Medicines management</p>	<p>We informed senior staff and the pharmacist of our findings.</p> <p>We also sought written assurance from the registered person that appropriate action had been taken.</p>	<p>HIW was provided with an appropriate improvement plan in the timescale agreed.</p>

Appendix B – Improvement plan

Service: St Joseph's Hospital, Newport

Date of inspection: 21 November 2017

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>The registered person is required to provide HIW with details of the action taken to ensure:</p> <ul style="list-style-type: none"> all patients admitted to the hospital have an appropriate and full nursing assessment to identify their care needs 	<p>Regulation 15 Standard 8 - Care planning and provision</p>	<p>The majority of our patients are elective surgical patients and undergo robust pre-admission procedures and full nursing assessments on admission.</p> <p>We have reinforced to staff the importance of completing all documentation and risk assessments.</p>	<p>Mark Elwell</p>	<p>Completed</p>
<p>The registered person should make arrangements to ensure copies of the service's complaints procedure are made available in each patient's room (in</p>	<p>Standard 5 - Citizen engagement and feedback</p>	<p>The patient information leaflets entitled 'Information on how to make a complaint' are replenished regularly in each patient's room by housekeeping services.</p>	<p>Nicki Miller</p>	<p>Completed</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
accordance with registered person's own policy).				
Delivery of safe and effective care				
The registered person is required to provide HIW with details of the action taken to confirm whether the cupboards used for storing medicines comply with BS 2881:1989 together with any further action taken to ensure the secure storage of medicines (including intravenous antibiotics) used at the hospital.	Regulation 15(5) Standard 15 - Medicines management	The wooden cabinets within the ward 'medication room' have been replaced with metal cabinets. The pharmacy and nursing teams have been instructed to lock away IV antibiotics within the locked treatment rooms.	Emyr Jones	Completed
Quality of management and leadership				
The registered person is required to provide HIW with details of the action taken to demonstrate that visits to the hospital are conducted in accordance with the requirements of regulation 28 of The Independent Health Care (Wales) Regulations 2011.	Regulation 28 Standard 1 - Governance and accountability framework Standard 6 - Participating in	In accordance with regulation 28 of The Independent Health Care (Wales) Regulations 2011, Mr Brian Staples will prepare a formal report, every six months which will be circulated to directors and HIW. The basis of the report will be an inspection of the premises, a review of complaints, interviews with both patients	Brian Staples	June 30 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	quality improvement activities	and staff and review of how the hospital meets the National Minimum Standards.		

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): | **Dr Rebecca Walberg** |

Job role: | **Director of Clinical Services** |

Date: | **13th February 2018** |