Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection (Unannounced)

Spire Yale Hospital

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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 inspection of Spire Yale Wrexham on the 6 & 7 March 2018.

Our team, for the inspection comprised of a HIW inspector who led the inspection, two clinical peer reviewers and a lay reviewer.

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.

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

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. It was evident that providing patients with a high quality service and treatment experience was a key focus of the hospital. Feedback from patients was very positive regarding their experience of care and treatment at the hospital.

Staff we spoke with were very positive about senior management within the hospital and felt well supported in their roles. Staff described an open culture which encouraged honesty, and were able to describe changes in practice as a result of this. The working environment was one where success was praised.

We found some evidence that the service was not fully compliant with all regulations in all areas. These are identified within the main report.

This is what we found the service did well:

- Provided dignified and courteous patient focused care and treatment
- High satisfaction experience for patients
- Highly skilled knowledgeable staff
- Robust governance and auditing
- Good Management and leadership

This is what we recommend the service could improve:

- Recruitment processes
- Maintenance documentation and recording
- Medication storage
- Floor coverings

We identified regulatory breaches during this inspection regarding the documentation of maintenance checks, storage of medication and recruitment processes. Further details can be found in Appendix 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

Spire Yale is an independent hospital located at Wrexham Technology Park Croesnewydd Road, Wrexham LL13 7YP. The hospital was opened in October 1988. We were informed that the organisation was considering the possibility of extending the current size of the building. The hospital provides an extensive range of both inpatient and outpatient services. The hospital has two operating theatre suites, and can provide a range of imaging services such as computerised tomography, (CT Scan), Magnetic resonance imaging (MRI) and diagnostic imaging (X-ray). Diagnostic imaging services were not evaluated during this inspection.

Spire Yale delivers a range of private healthcare services which include outpatient consultations and clinics, physiotherapy, rehabilitation and diagnostic services together with a full range of surgical inpatient services. A full description of the services provided can be seen on the hospital's website, or within their written Statement of Purpose[1].

The service is registered with HIW to provide the following:

Condition 1

The total number of persons accommodated at any time in the hospital must not exceed 27.

Condition 2

Inpatient beds to be provided for persons aged 12 and over.

[1] A statement of purpose must be completed by regulated services (such as independent hospitals). The document should describe what the business does and for whom. The independent health care regulations provide such businesses with a list of information that should be present within the statement of purpose.

Condition 3

Only those treatments specified in the Statement of Purpose dated March 2010.

The service was first registered on the 23 July 2005.

The service employees a staff team which includes Consultants associated with varied specialities, nurses, theatre practitioners and a range of administrative and support staff.

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.

Overall, feedback received from patients was that the care and treatment provided by the hospital was of a very high standard. Patients spoke extremely positively about the professionalism of staff and their polite, courteous and dignified approach to providing care and treatment. Patients felt fully informed about their care and planned treatment. Post operative patients were also fully aware of the recovery process and what to expect during this period.

Overall, the environment was of a very good standard. Patients' rooms were furnished to a good standard. Patients spoke very highly of the food provided at the hospital and noted that there was a good choice of food options available.

All patients' records viewed, demonstrated that their needs were assessed comprehensively. The hospital utilised a range of risk assessment tools to obtain a holistic understanding of their requirements. A range of care and treatment plans had been developed which were bespoke to the individualised requirements of patients. Patients received care and treatment in line with national guidelines such as the National Institute for Health and Care Excellence (NICE) and Royal Colleges.

During the inspection, we distributed HIW questionnaires to patients to obtain their views on the services provided. A total of five questionnaires were completed. We also spoke to five patients during the inspection. Patient comments included the following:

"More than happy"

"Staff always have time to listen to my fears"

"It was a personal plan of care that had been tailored to meet my conditions and needs"

"The size of rooms are too small"

Health promotion, protection and improvement

Overall, the service provided a wide range of health education and promotion information to patients. In addition, there was an extensive range of information available in relation to allied organisations that could provide additional support and guidance. An example of this was information about the Sepsis Trust and Stop Smoking Wales.

Specific specialised information was provided to patients by staff regarding their condition and treatment and we saw evidence of this in the patient files that we sampled. It was pleasing to identify that some of this information was also available through the medium of Welsh. We were informed that some staff spoke Welsh and this was very important for patients who's first language was Welsh. Patients noted that being able to discuss care and treatment options in their preferred language was extremely beneficial.

Dignity and respect

In the questionnaires, staff were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. All staff that completed a questionnaire felt that the privacy and dignity of patients is always maintained, that patient independence is always promoted and that patients and/or their relatives are involved in decisions about their care.

Most staff indicated in the questionnaires that they were generally able to meet all the conflicting demands on their time at work, and said that there were usually enough staff at the organisation to enable them to do their job properly.

The majority of staff members felt that they always have the adequate materials, supplies and equipment to do their work. Staff members that completed a questionnaire felt that they could always make suggestions to improve the work of their team or department, but were often involved in deciding on changes introduced that affects their work area, team or department.

Every staff member that completed a questionnaire felt that they were always satisfied with the quality of care they give to patients.

During the entire duration of our inspection we viewed all interactions between staff and patients as being courteous and dignified. Care and treatment was always delivered in the privacy of patient's rooms and the doors were always closed. We also found that every patient received in-depth comprehensive assessments prior to any intervention or implementation of any treatment.

Responses received from patients both verbally and via completed questionnaires were unanimous in the high priority placed by staff on safeguarding privacy, dignity and confidentiality.

Patient information and consent

During our inspection, a total of five patient records were sampled. Consent documentation was maintained to a very high standard. We also found that the service's Statement of Purpose and Patient Guide respectively, were kept under regular review and updated annually, or sooner, in the event that a change was made to the services provided. A Patient's Guide[2] was provided to every patient attending as an inpatient. Both of the aforementioned documents were available bilingually.

Patients were given opportunity to raise any concerns/questions in relation to their care and treatment.

Communicating effectively

Throughout the inspection we observed staff talking to patients and fellow health professionals in a respectful and meaningful manner. If required, the organisation would utilise a confidential translation service should they encounter any language difficulties. There was also a hearing aid loop system available at the reception desk. We were informed that if there was an inpatient requiring this service, the hearing aid loop system was portable and would be taken to the patient.

[2] Every registered service provider is required by law (Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011) to have a patient guide and it should provide information for patients on the service they are to receive. The guide should be provided to every patient and any person acting on behalf of a patient.

Throughout the inspection we did not hear patients being discussed in public areas. If patients were receiving a consultation or treatment in their rooms, a do not disturb sign was placed on their doors to allow everyone to know that privacy and confidentiality was required and that they would not be disturbed.

We were told by patients that they were well informed in relation to their care and treatment. Staff were clear when explaining treatment to patients and did so in a way they could fully understand. All patients who completed a questionnaire noted that they had been given enough information about their treatment, treatment options, risks, cost for services and after care. Patients made the following statements in their questionnaires:

> *"On admission I was really frightened and staff spent time to reassure me and calm me down, one even sat for a while and held my hand"*
>
> *"The anaesthetist and theatre staff were excellent, gave me lots of information about what was going to happen"*

Care planning and provision

Initiatives were in operation to assist staff to care for patients with additional needs such as sensory and cognitive difficulties. For example dementia care/support was assessed at the pre-assessment clinic, to determine whether there were any concerns in relation to cognitive requirements.

All patients received a comprehensive range of assessments, to ensure that staff were fully aware of the needs and requirements of their patients and care was tailored to meet their individual holistic requirements. Spiritual support was also provided by a Chaplaincy. All patients are encouraged to be as independent as possible, and all assessments are person specific and support is provided if there are any difficulties or need.

During our visit we were advised and observed that all clinical policies and procedures were easily accessible electronically. There was an extensive range of polices and procedures available. At times when there were any amendments/updates to those policies, we were informed that each member of staff would be notified of the updated version both verbally and via email.

Equality, diversity and human rights

All patients received a comprehensive assessment of issues pertaining to their cultural and spiritual requirements. Do not disturb notices were used if patients were undertaking any religious activities/rituals. The hospital operated an open

visiting approach system. During meal times, if at all possible patients were not disturbed in order for them to eat their meal in privacy.

and promote patient dignity.

If patients were to become unwell, we were informed that relatives would be able to stay at the hospital with their family member.

Citizen engagement and feedback

The organisation undertook regular reviews and audits of the services provided at the hospital. Every patient was provided with a satisfaction survey in relation to their care and treatment. Patients were also informed of the process to follow in order to raise any concerns / complaints.

All completed patient satisfaction surveys were evaluated by the organisation and all feedback was welcomed (both positive and negative). The key ethos of the hospital was to achieve continuous improvement and learning in order to provide patients with a high quality seamless experience.

Delivery of safe and effective care

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

Incidents were reported, lessons were learnt, and there were good infection control practices. Systems were in place to identify and support patients in a holistic manner. Risk assessments were undertaken and acted upon. Staff received training to support and promote their roles and responsibilities.

Overall, during our tour of the premises the fixtures and fittings were of a good standard. Individual patient rooms were well equipped and enabled patients to relax and recover in a therapeutic environment. However we did identify that the floor coverings within the theatre areas were showing signs of wear and tear, joints between floorings were discoloured and beginning to perish.

Managing risk and health and safety

During our visit we identified that environmental hazards had been identified and considered in a comprehensive manner. Policies, procedures and processes had been implemented to reduced environmental risks. Cleaning products were stored safely and securely.

There was a Resident Medical Officer (RMO) based on site who reported any changes in a patient's condition to the responsible consultant, and together with the nursing team provided 24 hour medical support to patients. Throughout our inspection both patients and staff told us that the hospital was sufficiently staffed.

Staff were aware of the process for reporting patient incidents. The hospital utilised the DATIX[3] system to report incidents. Records of the incidents were viewed which showed that all incidents, accidents and near misses were recorded and investigated in a comprehensive manner. Records were detailed and structured in a methodical manner. Any lessons learnt from the investigation were shared with staff to prevent recurrence and promote safe and effective practice.

The hospital had a clear vision and strategy, which identified the key challenges for the hospital. The hospital had established lines of accountability within the governance structure to escalate risks.

The hospital had resuscitation trolleys which were used in the event of a patients becoming unwell. These trolleys were regularly checked to ensure that they could be used in an emergency situation. Additionally there were drug packs ready to cover certain emergencies if patients became seriously unwell, such as anaphylaxis[4]. All clinical staff had received basic life support training and several members of the team had also received advanced life support training.

Policies and procedures were in operation in the event of a patient becoming unwell and requiring additional care and support within a district general hospital or another independent hospital run by the Spire organisation. Staff were aware of this policy and the required processes to follow in the event of a patient needing to be transferred.

The hospital had set up a sepsis box for any patients demonstrating signs of potential sepsis[5]. This included medication and equipment to treat these patients in a timely manner should the need arise. Sepsis information was also available in leaflet form around the hospital to ensure this important condition was kept at the forefront of clinical practitioners' minds.

Infection prevention and control (IPC) and decontamination

[3] DATIX is an electronic incident reporting system

[4] Anaphylaxis is a serious, life-threatening allergic reaction.

[5] Sepsis is a potentially life-threatening condition, triggered by an infection or injury.

All areas that we inspected were visibly clean and well maintained. Cleaning schedules were in place and roles and responsibilities were well defined. Cleaning staff were enthusiastic in relation to their roles and responsibilities in ensuring that the environment was maintained to a high standard of cleanliness. They also informed us that they had the necessary cleaning equipment available to undertake their duties in a safe and comprehensive manner.

Patients' rooms were observed as being cleaned to a high standard. Personal protective equipment (PPE) such as disposable gloves and aprons were freely available within the hospital. All patients' rooms contained their own PPE; which reduced the potential for cross infection. Staff were observed to decontaminate their hands following every patient support/treatment contact. There were hand sanitisers located throughout the hospital. The sluice and store rooms were viewed and both were observed as being hygienically clean, uncluttered and maintained to a good standard. It was noted that both rooms were quite small but the organisation had identified this issue and were planning to review and implement a new storage system. Shared equipment used, clearly identified that it had been decontaminated after use. Staff were well informed regarding infection prevention and control practices. They were fully informed of hand hygiene requirements and infection prevention control requirements. Information pertaining to infection prevention was freely available.

During our visit we visited the operating theatre department and identified that the flooring within the corridor and theatres appeared worn and discoloured. We were reassured that the flooring was hygienically clean. We were informed by the hospital director that these issues had been identified and it was envisaged that these areas would be addressed and corrected.

Information relating to hospital infection rates were available on posters within the hospital and on their website.

There were processes in place for the handling, storage and disposal of clinical waste, including sharps and the prevention of healthcare acquired infection. We observed staff adhering to these processes.

We did identify that one of the patient toilets near to the reception area had a hand operated bin in use. We informed the registered manager that a foot operated bin would reduce the possibility of cross infection. In addition, there was a hand operated bin in use behind the nurses' station on the ward. Again, we identified that best practice should be the utilisation of foot operated bin.

Improvement needed

The registered provider must ensure that bins in use within the ward environment and toilet facilities are foot operated in order to reduce the possibility of cross infection and promote infection prevention and control.

The registered provider must provide HIW with an action plan detailing how it intends to address the issues of the floor covering within the theatre corridor and theatres.

Nutrition

We evaluated a sample of five patient records and identified that each had received an assessment in relation to their nutrition and hydration requirements. This was documented accordingly. We were told by patients that the food provided was of a very high standard. Meals were hot and varied. Patients were provided with a range of food options and the kitchen staff would always accommodate individual preferences if possible. We observed that meals being served to patients appeared appetising and nutritious. The hospital provided specialist diets for certain patient groups such as diabetics and provided gluten free diets for people suffering with coeliac disease.

One patient noted

> *"Food menus are excellent, always at least four choices, food is always piping hot"*

We identified that all patients that were free to have fluids, had an ample supply of fresh water and there were regular opportunities for patients to have hot drinks. Two patients did identify that they had difficulty handling the water jug as it was heavy. They commented that it was cumbersome and did not enable water to be poured easily. However, patients did note that they only had to ask a member of staff for assistance. This issue was brought to the attention of management and we were informed that this area of provision would be evaluated accordingly.

Improvement needed

The registered provider to evaluate the current water flasks / containers in use, in order to fully enable patients to attend to their own hydration requirements.

Medicines management

A designated pharmacist worked at the hospital three days a week and we were informed that the hospital has a close working relationship with the nearby district general hospital, located a short distance away. Overall medication management was undertaken in a safe manner. We noted that prescription records had patient identifying information, were signed and dated and had allergies and patient weights recorded.

Medication records sampled as part of the inspection activity demonstrated that consultants and doctors followed appropriate National Institute for Health and Care Excellence (NICE) guidelines, and prescribed treatments within British National Formulary (BNF) limits. If medication was not administered as prescribed, there was clear information available as to the reason why. The hospital had a dedicated medication management policy in operation which was easily accessible for staff.

We did however identify some anomalies when checking the controlled drugs book. An incorrect date had been inputted by a member of staff in the record book and a patient's own medication which was brought into the hospital had not been recorded in the controlled drugs book. Both of these issues were brought to the attention of the ward manager. In addition, we also identified some intravenous fluids were being stored unsafely within the ambulatory care unit. Again this was raised with the ward manager and the situation resolved immediately.

Improvement needed

The registered provider must ensure that all controlled drugs are monitored and records are maintained in a robust and accurate manner within the controlled drugs book.

The registered provider must ensure that all medicines and intravenous fluids are stored in a safe and secure manner.

Safeguarding children and safeguarding vulnerable adults

The hospital had polices, procedures and processes in place in order to safeguard children and adults who may be at risk. Staff had received the designated level 3 training in relation to these subjects and this was documented accordingly. Staff demonstrated a good understanding of safeguarding principles and how to escalate any concerns in a safe and appropriate manner. The hospital had a designated lead person for all safeguarding issues and details of this individual were clearly visible around the hospital.

Medical devices, equipment and diagnostic systems

The hospital had a range of medical devices and equipment available. Overall, equipment was tested at regular intervals and maintained to a high standard. However, we did find some improvements were necessary. We identified that a hoist was not charged and ready for use. Specifically, the battery was flat and the equipment could not be used if it was required. We raised this issue with the Registered Manager who advised that this would be rectified immediately to ensure that the hoist was ready and fit for purpose. We looked at records relating to the portable appliance testing (PAT). Records viewed were not completed in a robust and comprehensive manner. We identified that some equipment had not been recorded as being checked at regularly intervals. We discussed this issue with the estates and maintenance manager. We were advised that an external contractor would be utilised to undertake PAT in the future, to ensure robust maintenance was undertaken.

We were informed that if any equipment that developed a fault or was not working correctly it was reported to the facilities/maintenance manager and that they would be repaired in a timely manner.

Improvement needed

The registered provider must ensure that all equipment is fit and ready for use.

The registered provider must ensure that PAT is undertaken and documented in a robust and comprehensive manner.

Safe and clinically effective care

Patient status at a glance boards were not in operation at the hospital. This was because staff were allocated a specific group of patients and therefore were able to develop a comprehensive understanding of their needs and requirements. In-depth hand overs were delivered between staff which was robust and detailed. In addition a huddle meeting was undertaken half way through the shift where clinical staff updated each other on their patients and any concerns/issues that all staff needed to be aware of.

There was a range of agreed quality indicators/audits in operation at the hospital, for example infection prevention and control, hand hygiene and falls prevention. All patient records sampled showed that an initial falls risk assessment had been undertaken. An individualised plan of care would be implemented and tailored to the patient's individual requirements and this plan was regularly evaluated at timely intervals. Any patient falls would be escalated in a safe and robust manner.

We were informed that staff were able to attend a good range of training that was appropriate to their scope of professional practice.

The hospital had policies in place in relation to dementia. Patients with dementia would be identified at pre assessment and would have a 1:1 carer ratio provided. The ward manager demonstrated a good understanding of Deprivation of Liberty Safeguards (DOLS)[6] and identified that all clinical staff were also conversant with this legislation.

We found evidence of compliance with the World Health Organisation (WHO) surgical safety checklist within the theatre environment[7].

During the sampling of patient records, the inspection team explored the arrangements in place with regard to obtaining patients' consent to treatment. All records viewed were completed in a thorough, clear and concise manner.

We were informed that skin/pressure ulcer care assessments were undertaken on all patients and this was confirmed in the five sets of records viewed. Care plans were developed for patients with a risk of developing pressure ulcers. This plan of action also included repositioning logs which had been completed in a timely and complete manner. Such logs showed how often patients had been assisted to change their position in bed and if required, referrals would be made to specialist tissue viability nurses.

Pain assessments were also undertaken on all patients, with care plans implemented accordingly. A pain scoring tool was used and patients' pain was regularly reviewed and updated accordingly.

Participating in quality improvement activities

The hospital actively encouraged patients to complete a satisfaction survey during, or after, their visits. Feedback from patient surveys was considered at national, local and departmental level. It was, however, highlighted that

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[6] DOLS aim to make sure that people in hospitals, supported living or care homes are only deprived of their liberty in a safe way and only when it is in the person's best interest and there is no other way to look after them.

[7] The WHO Surgical Safety Checklist is an evidence based process of checks that support informed consent and safe checking of patients for theatre.

satisfaction survey response rates were low and the organisation was therefore evaluating how these rates could be improved.

At 10.00am every morning senior managers within the hospital would meet daily for the 10 @10 meeting. During this meeting, heads of departments would outline any issues/difficulties and provide updates. Operational issues would be discussed and escalated as necessary.

We were informed by staff that they were invited to provide comments for the development of the hospital strategy and vision. Staff felt they had a voice within their department and considered their views and opinions to be listened to, and respected by, managers.

Information management and communications technology

We were able to confirm that the registered provider had suitable arrangements in place for information governance and confidentiality purposes.

Records management

We sampled a total of five patient records during out visit. We identified that all five contained a comprehensive range of information and detail. Records demonstrated clear and concise inputs from a range of health care professionals. Records were legible and contemporaneous. They were easy to navigate and methodical in their structure.

We were informed that patient records were audited regularly in order to ensure good standards were maintained.

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.

The hospital had an experienced senior management team with relevant clinical and associated industry background suitable to their roles, responsibilities and scope of practice.

Staff expressed there was a great deal of respect for one another and commented positively on the commitment and support of their line manager and senior managers. Staff and managers spoken with during the course of the inspection were confident they had the designated skills, knowledge, experience and integrity to manage departments and support the organisation.

Records viewed demonstrated there were clear governance arrangements in place. The medical advisory committee (MAC) meetings were minuted and comprehensive in their evaluations of practice and future requirements of the services to be delivered at Spire Yale Hospital.

Governance and accountability framework

There was a good governance process in place with clear lines of communication between staff, heads of department and the senior management team. We viewed clinical governance reports and identified that they were extremely well organised and informative documents. The organisation was commended for the detail and information provided within those important documents. For example, issues such as adverse incidents events were recorded. Within this section there was a vast amount of information relating to the root cause, what could have been done to prevent the incident, changes to practice/process and key learning. This ensured that a

systematic approach to investigations was implemented in a robust and consistent manner.

Staff praised their managers and the senior leadership team and told us they felt well supported and could discuss any concerns. We were informed that any concerns were dealt with proactively and would be acted upon in a structured and positive manner by managers.

Staff levels and skill mix within the ward area was reviewed and discussed with staff and management and the staff team felt confident that they were able to meet all the needs of patients. Members of the ward team also told us that they were supported by the clinical leads. Staff identified that they were able to request additional staff if the need arose. They noted that their requests were actioned in a positive manner.

All staff members told us in the questionnaires that they always receive feedback from their immediate manager on their work, and are always asked for their opinion before decisions were made that affect their work. Staff also felt that their manager was always supportive in a personal crisis. Staff members provided the following comments about their managers in their questionnaire:

“My immediate manager is always supportive and encourages my professional development”

“Immediate line manager works as part of the team in all aspects of work. She has done everything possible to help me fit in to team which was at low morale when I joined”

There was a positive, team-based culture in all areas of the hospital and within the management team. Staff spoke highly of the management team and the positive work within the hospital.

All staff members that completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents, and felt that when they are reported, the organisation would take action to ensure that they do not happen again.

Most staff members that completed a questionnaire told us that they thought the organisation would treat staff that are involved in an error, near miss or incident fairly, and treat such incidents confidentially. Staff also felt that the organisation would not blame or punish people who are involved in errors, near misses or incidents.

Staff told us that they are given regular feedback about changes made in response to reported errors, near misses and incidents.

Dealing with concerns and managing incidents

Information on how to raise a complaint/concern was freely available in the areas we inspected. We reviewed a sample of complaints, which demonstrated that complaints were investigated in a timely and methodical manner. We saw that appropriate responses were given to patients and the organisation was committed to learn lessons from any concerns/complaints. Learning from complaints was cascaded to all relevant staff during meetings to raise awareness, improve the service provision and promote the optimum patient experience.

We were confident that staff had a good understanding of the complaints procedure and processes were in place to provide feedback to staff if required.

The complaints policy presently was only available in English. During our discussions with the hospital director we discussed the possibility for the policy to be translated into Welsh. It was felt that having this policy in Welsh and English would be of great benefit to Welsh speaking patients attending the hospital. The hospital director evaluated this area of practice and we were informed that a decision had been made to translate the policy into Welsh. The organisation must be commended for their proactive approach to the Welsh language.

During our visit, we did identify that one of the leaflets for patients in relation to raising concerns/complaints held the incorrect address of the Healthcare Inspectorate Wales. We informed the registered manager of this issue and were assured that this would be corrected in a timely manner

Improvement needed

The registered provider must ensure that the correct address details of the registration authority are provided in the concerns/complainants leaflet.

Workforce planning, training and organisational development

During our inspection we distributed HIW questionnaires to staff working at Spire Hospital to find out what the working conditions are like, and to understand their views on the quality of care provided to patients at the hospital.

In total, we received 11 completed questionnaires from staff undertaking a range of roles at the hospital. Some of the staff that completed a questionnaire had worked at the hospital for over ten years. All staff indicated in the questionnaires that they had undertaken a wide range of training or learning and development in the last 12 months. The majority of staff that completed a questionnaire told us that the training or learning and development they complete helps them to stay up to date with professional requirements, helps them to do their job more effectively and ensures they provide a better experience for patients.

The roles and responsibilities of staff were well defined and staff we spoke with understood the importance of cascading managerial discussions and decisions into the relevant departments. We were informed by staff that minutes from these meetings were available to them and discussed at relevant staff team meetings. Staffing rotas revealed that at least two Registered Nurses (RNs) and one Health Care Support workers (HCSWs) provided care and support on the ward during the day as a minimum; and two RNs at night. We were informed that staffing levels were a dynamic process and changes in staffing levels were directly related to the needs and requirements of their patients. The ward manager noted that senior management within the hospital always acted in an appropriate manner to any request for additional staffing resources due to changes in patient acuity[8].

Workforce recruitment and employment practices

Overall, recruitment practices within the setting were of a good standard. However we did identify that there were weaknesses in the process of ensuring that every member of staff employed at the hospital had two documented references available. We were informed by nursing staff that they were supported through the Nursing and Midwifery Council (NMC) revalidation process[9].

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[8] Acuity can be defined as the measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to the patients' needs, and not according to raw patient numbers.

[9] Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC. Taking effect from April 2016, revalidation helps nurses or midwives to demonstrate that they practise safely and effectively.

Improvement needed

The registered provider must ensure that all staff employed at the hospital has two documented references available.

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
Intravenous fluids / medication were stored inappropriately in the ambulatory room	Products could potentially have been tampered and not maintained within the necessary temperature requirements.	This matter was escalated to the ward manager immediately	The products were disposed of accordingly.

Appendix B – Improvement plan

Service: Spire Yale

Date of inspection: 6 & 7 March 2018

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				
Delivery of safe and effective care				
The registered provider must ensure that bins in use within the ward environment and toilet facilities are foot operated in order to reduce the possibility of cross infection and promote infection prevention and control. The registered provider must provide HIW with an action plan detailing how it intends to address the issues of the floor covering within the theatre corridor and theatres.	13. Infection prevention and control (IPC) and decontaminati on	Bins within the ward environment and toilet facilities have been replaced with foot operated bins in order to reduce the possibility of cross infection and promote infection prevention and control. The theatre floor covering is being replaced as part of the 2018 Spire Healthcare central refurbishment plan.	Linda Jones	08/03/2018 31/12/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider to evaluate the current water flasks / containers in use, in order to fully enable patients to attend to their own hydration requirements.	14. Nutrition	Current water jugs are now partially filled with water and replenished on a regular basis throughout the day. Patients are shown how to use the water jugs and advised to request help if required.	Linda Jones	08/03/2018
The registered provider must ensure that all controlled drugs are monitored and records are maintained in a robust and accurate manner within the controlled drugs book. The registered provider must ensure that all medicines and intravenous fluids are stored in a safe and secure manner.	15. Medicines management	Monthly CD compliance audits in place for ward and theatre, staff who are non-compliant are spoken to directly and monitored. All IV fluids are stocked in a safe and secure manner. IV fluids are locked securely in a stacking system	Linda Jones	08/03/2018
The registered provider must ensure that all equipment is fit and ready for use. The registered provider must ensure that PAT is undertaken and documented in a robust and comprehensive manner.	16. Medical devices, equipment and diagnostic systems	External electrical company contractor to be assigned to undertake all equipment PAT testing for the hospital.	Linda Jones	30/04/2018
Quality of management and leadership				
The registered provider must ensure that the	23 Dealing with concerns	The correct address for the registration	Linda Jones	16/04/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
correct address details of the registration authority are correct in the concerns/complainants leaflet.	and managing incidents	authority has been sent to the printing company to be printed in the concerns/complainants leaflet.		
The registered provider must ensure that all staff employed at the hospital has two documented references available.	24. Workforce recruitment and employment practices	All staff employed at the hospital have two references available.	Linda Jones	08/03/2018

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): Linda Jones

Job role: Hospital Matron/Registered Manager

Date: 11/04/2018