Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Spire Hospital

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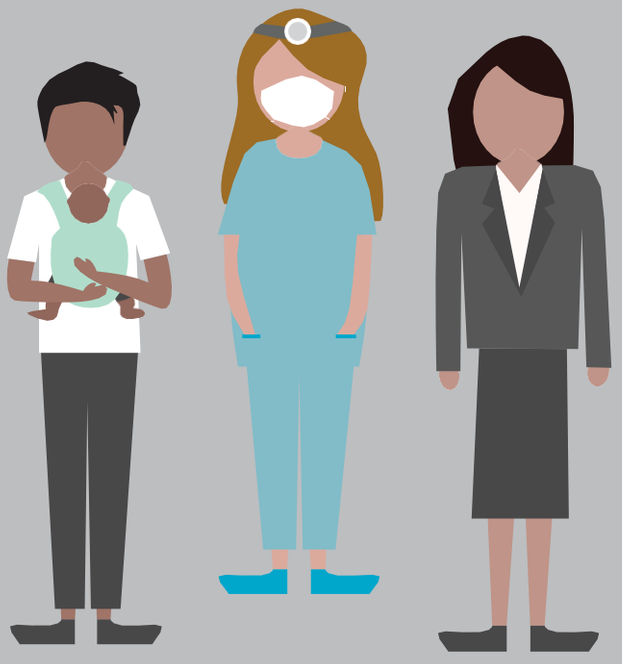

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Spire Hospital as part of its programme of assurance work.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found here.

We spoke to the hospital director, the director of clinical services and the hospitals' clinical governance lead on 13 October 2020; who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the ward environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

We were told the service reacted promptly to the COVID-19 pandemic. For approximately two weeks at the beginning of the pandemic, all surgery was postponed until a contract to provide support to the NHS could be agreed, to provide urgent cancer care and treatment.

Daily meetings were put in place to ensure corporate and national guidance was communicated and actioned. Updates and changes to new pathways and procedures were communicated to all staff via video conferencing, face to face meetings and email.

Spire hospital supported staff by providing additional training to keep staff safe. The training was delivered by taking into account national guidance and advice from Spire's infection and prevention control lead and microbiologist was also considered. This ensured that staff were kept up to date with the latest developments.

Changes to the environment were introduced (see the Environmental section) to ensure staff and patients were kept as safe as possible. These changes included, but are not exclusive to, covid screening prior to admission and temperature checking of all staff and patients prior to entering the site. A one way system was introduced, as well as regular PPE stations for patients and staff.

The staff we spoke to told us they had no issues regarding their PPE supplies and stock was checked daily. Every department had their own supply of PPE and additional hand washing/sanitising stations were installed throughout the hospital.

Despite the challenges of the COVID-19 situation, staff told us that they had received excellent support from the Spire executive team. Throughout this period daily updates, clinical support, full PPE provision and staff support enabled the service to continue and provide care and treatment to patients.

The IHC regulations require providers to notify HIW when there is an outbreak of infectious disease. Spire has submitted 4 notifications since March relating to staff/patients testing positive for COVID-19. All cases were fully investigated with RCA and all contacts traced. In all cases the registered provider responded appropriately, providing additional training to staff and reminded staff of the importance to follow guidelines around social distancing and wearing correct PPE.

No areas of improvement were identified.

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and any pressure or tissue damage which has occurred. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

From discussions with staff and a review of the documentation submitted, we were told that the hospital environment was and is being made as safe as possible for staff, patients and visitors. This is because changes to the environment have been put in place and communicated to all. The introduction of zoning and colour coded patient pathways means that patients are given a clear journey to guide them through the hospital ahead of their appointment. This information is also communicated on Spire's website.

To reduce footfall within the hospital, we were told that visitors were stopped from going onto the ward and from accompanying any patient to out-patient appointments. Patient admission times were staggered and waiting areas were re-arranged to provide sufficient social distance between patients. Staff told us that every patient has a comprehensive individual risk assessment carried out at pre-assessment and a risk assessment completed on admission. This enabled staff to identify and meet any additional needs patients may have whilst keeping them safe and promoting their dignity.

We were told that patients' dignity is maintained at all times. The hospital has single occupancy, en-suite rooms, which ensure a private space for patients.

From the training data and information submitted, we saw evidence that all staff are trained to at least level 2 in safeguarding and have access to a suite of information and policies which help promote patient dignity and support with any additional needs. In addition, a chaperone policy is in place to support promotion of privacy and dignity for patients.

The hospital complies with the Accessible Information Standard[1] and can provide information in other formats to meet the needs of their patients. Translators can also be provided as required.

We were told that patients' needs are fully met within the hospital environment. Emotional and social support is provided by staff, and patients were permitted to use phones that were placed in each patient's room, or bring their own electronic devices to connect with friends and family. Hospital devices could also be provided to those who did not have their own.

The identification of patient's physical needs are obtained via the risk assessments carried out. In addition, were we told that hospital beds are state of the art and this enables patients to mobilise themselves in and out of bed with little assistance. Food choices are also personalised and any patient with a dietary requirement is catered for.

We saw evidence of environmental audits for the site. These included clear identification of the risks, as well as the actions required to protect staff and patients. We were told that they were reviewed regularly and at a senior level.

No areas of improvement were identified.

[1] The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

A review of submitted audits, policies and procedures as well as discussions with staff demonstrated that the risk of infection is assessed and managed to keep staff, patients and visitors safe. The infection control risk assessment/audit for June and July showed overall compliance with the actions. The infection rate data showed 0% for April, May and June for any infectious diseases.

Staff told us of the systems in place to ensure infection prevention and control measures are effective and up to date. In addition to following the latest Spire and national infection prevention control policies and guidelines, they are supported by the corporate team to keep up to date with the rapidly changing guidance. Spire have a dedicated Infection Prevention Lead and undertake regular audits and risk assessments. This ensures that data is reviewed regularly and any actions are completed to maintain a high standard.

We were told of the changes implemented as a result of COVID-19 to ensure infection prevention and control standards were maintained. Hand sanitising dispensers are in every patient bedroom for nurses to use at the point of care. Sanitising dispensers are also positioned at the hospital entrance as well as throughout the hospital which patients, visitors and staff are encouraged to use. Patients are offered hand sanitiser wipes at every mealtime. Cleaning of doors and high use areas are increased, and the IPC lead undertakes a daily walk around to ensure compliance with the standards set.

Quarterly hand hygiene audits are undertaken and submitted to head office for national reporting. The latest audit showed 100% compliance.

We were told that Spire have maintained good levels of all required PPE, with daily stock checks undertaken and regular audits of PPE completed. There are glove and apron dispensers in all clinical areas which are situated close to hand sanitising dispensers. This ensures quick and easy access to PPE.

Robust cleaning schedules are in place for all departments and are carried out by housekeeping. Additional precautions have been taken, including cleaning between patients during the pandemic. Spire guidelines have been issued to support the cleaning requirements.

Additional rest areas were set up for staff, so each team had their own area, and this was split between the zoned areas of the hospital. The canteen for staff had also changed to a take away service, to ensure that social distancing measures were adhered to.

Staff said all patients are closely monitored throughout their stay to observe for signs of infection, which include temperature and wound checks.

All hospital staff are required to complete an Infection Prevention and Control eLearning module annually and clinical and housekeeping staff complete additional competencies such as hand hygiene and task specific competencies. The training evidence submitted showed a 93% compliance of infection prevention control for 2019/20, with the remaining 7% to be completed prior to March 2021 in line with their annual training schedules. Additional training has been provided for those using FFP3 masks[2] and for donning and doffing PPE[3].

No areas of improvement were identified.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

Staff confirmed that the hospital had low levels of staff absence and vacancies and this was evidenced by data provided. To ensure sufficient staffing levels, Spire Cardiff follows their safe staffing policy. In addition, staffing numbers are reviewed 48 hours in advance, to ensure that staffing and skills mix are still appropriate to manage the acuity of patients at the hospital. Due to the nature of elective and planned procedures, which are known in advance, sufficient staffing can be arranged.

We were told that should the staffing levels fall below what was required, then procedures could be moved to minimise the use of bank staff. However, bank and agency staff were available to the service should they be required. A daily senior management team meeting also includes a staffing review across all clinical departments to ensure safe staffing is in place for the day.

We saw evidence of high compliance percentages for mandatory training. Staff told us that training compliance levels are closely monitored and all staff are required to complete and regularly review a suite of Spire-wide clinical, core and equipment competencies.

[2] enqAn FFP3 respirator mask protects against particulates such as dust particles and different airborne viruses.uiries@therugbysurgery.co.uk
[3] Donning and doffing is the process of putting on or removing personal protective equipment

We were told that during the Covid-19 pandemic, staff were provided with additional training to keep them safe. This included fit test training for those required to use a FFP3 mask; donning and doffing guidance for using PPE; pathway training to support the segregated patient areas in the hospital and enhanced cleaning and PPE needs.

Regular meetings and bulletins were established to keep staff up to date with the latest developments, including PPE and environmental changes.

Staff told us that a number of additional well-being initiatives had been put in place by Spire centrally, to support staff during the pandemic. These included activities such as mindfulness sessions and meditation, and were available to all staff who worked for the service. We were told in addition to the established staff support services available, a number of staff at Spire are trained in mental health first aid. This is an additional service that staff can access to provide assistance with any issues they may be experiencing. Well-being is discussed at morning meetings and where necessary, referrals are made to the occupational health team.

The hospital uses an electronic incident management system to record any incidents. Staff told us that incidents are discussed daily at staff meetings and key learning points are shared with staff, these include Spire Cardiff specific incidents as well as any serious incidents that have occurred at other Spire hospitals. Incidents are an integral part of discussions at senior management team and governance meetings and there is a clear focus on the learning from these.

We were told that there are well-established support and supervision arrangements in place across the hospital. There was a clinical buddy system ongoing for all clinical staff, alongside a skills support programme to upskill clinically trained employees. All staff received quarterly reviews as part of their personal development arrangements.

We were told and saw evidence in the consultant's handbook document of the process in place to provide a medical practitioner with practising privileges. This included the evidence that Spire hospital requires, and the checks undertaken, before an individual is signed off. Some of these include medical checks, professional registration checks and proof of indemnity insurance. There is on-going monitoring of the medical practitioner by means of appraisals and reviews.

No areas of improvement were identified.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed below:

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check

As a result of the findings from this quality check, 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

Improvement plan

Setting:

Ward/Department/Service (delete as appropriate):

Date of activity:

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.
Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	No Improvements Identified				
2					
3					
4					

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.

Name:

Date: