Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection (Unannounced)

St Joseph's Hospital

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 St Joseph's Hospital on the 18 and 19 February 2020.

Our team, for the inspection comprised of two HIW inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a 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.

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.

We found strong leadership team in place, who were able to describe a clear vision for the hospital.

However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Treating patients with dignity and respect and we saw positive interactions between staff and patients
- Patients were positive about the care and treatment they received
- Clinical governance processes, which supported staff in delivering safe and effective care
- There were good processes in place to enable patients to provide their views on the care they received at the hospital
- A strong leadership team with a clear vision for the hospital
- Pre-employment checks were in place.

This is what we recommend the service could improve:

- More information particularly on the ward for patients and staff
- Ensuring medications given are fully documented
- Additional sinks and personal protective equipment points throughout the ward
- Organisation of patient records
- Completing appraisals for all staff on a regular basis.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

St Joseph's Hospital is registered to provide an independent hospital at Harding Avenue, Newport, Gwent, NP20 6ZE.

The service is registered to accommodate up to 36 patients overnight. The service was recently re-registered under new ownership arrangement on 30 March 2020. Prior to this, the hospital was run by a different registered provider and initial registration as an independent hospital was on 23 April 1991.

The service employs a staff team comprising healthcare, administrative and ancillary staff and engages a range of consultants who have defined practising privileges[1] within the hospital. The staff team was led by a Chief Executive Officer (the responsible individual). The registered manager was the Director of Clinical Services.

Within clinical services a number of staff were employed including a resident medical officer (RMO) giving 24 hour medical cover, medical staff, nursing staff, healthcare assistants, theatre staff, pharmacists, radiographers and physiotherapists. A number of clinical and non-clinical staff (including secretarial, catering and housekeeping) also worked across other departments including Physiotherapy, Pathology, Pharmacy, Support Services, Facilities, Human Resources, Finance, Business Development and Advanced Diagnostics.

A range of services (inpatient and outpatient) are provided which included:

- Orthopaedics
- General surgery

[1] Practising Privileges or PPs are a discretionary personal licence for Doctors to undertake consultations, diagnosis, treatment and surgery in accordance with relevant legislation, regulation and General Medical Council's (GMC's) Good Medical Practice (GMP).

- Colorectal
- Gynaecology
- Rheumatology
- Ophthalmology
- Urology
- Ears, Nose and Throat (ENT)
- Cosmetic surgery
- Bone marrow harvest
- Medical investigations

A full description of the services provided could be seen within the hospital's website, or their written statement of purpose[2].

The hospital had a range of X-ray facilities. Such facilities however were not inspected during this visit as they are considered by HIW through an alternative strand of its inspection programme associated with the Ionising Radiation (Medical Exposure) Regulations 2017[3].

[2] A Statement of Purpose (SOP) is a document that registered services must provide in accordance with the Regulations. The SOP must contain specific information which includes the aims and objectives of the service, together with details of the staff employed, their qualifications, the registered provider's organisational structure and details of the kinds of treatment, facilities and services provided.

[3] The Ionising Radiation (Medical Exposure) Regulations 2017 is a form of legislation which provides a framework intended to protect patients from hazards associated with ionising radiation (X-Ray) imaging.

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.

Patients who spoke with us and those who completed a HIW questionnaire during the course of our inspection expressed a high level of satisfaction with the care and treatment received.

Patients and their relatives / carers were treated with dignity and respect.

There hospital could do more to provide patients and staff with information on health promotion and support services.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the standard of care they have received at the hospital. In total, we received ten completed questionnaires. We also spoke with a number of patients during the course of the inspection. Feedback provided by patients in the questionnaires was positive; they rated the care and treatment provided on the ward as excellent.

During our inspection we also spoke, and distributed HIW questionnaires, to staff to find out what the working conditions were like, and to understand their views on the quality of care provided to patients at St Joseph's Hospital. In total, we received 21 completed questionnaires from staff undertaking a range of roles at the hospital including nurses, healthcare assistants and doctors. Staff completing the questionnaires had worked at the hospital ranging from under one year to over 25 years.

Health promotion, protection and improvement

There was limited information available for patients to read and take away on how they could take responsibility for their own health and wellbeing. There was also minimal information about support services and groups and there was no smoking cessation information displayed. We recommend the hospital provide information on fitness, healthy living, mental health and support services / groups.

There was also little information displayed on the hospital ward, such as notice boards displaying information about carer's groups, nutrition and hydration, safeguarding, hand washing and resuscitation.

Improvement needed

The hospital must ensure that:

- Sufficient health promotion information is provided for the hospital user group
- Information is displayed throughout the wards for the benefit of both staff and patients.

Dignity and respect

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at the hospital. All patients agreed that staff were always polite and listened to them. Patients also told us that staff were kind and sensitive when carrying out their care and treatment.

We saw staff speaking to patients in a discreet, sensitive and courteous manner. The majority of patients were in single rooms and staff were discreet about administering personal care and patients were cared for in their cubicles or behind closed curtains.

Staff were asked in the HIW questionnaire to rate how often a number of statements applied in their experience. All staff who completed the questionnaire felt that the privacy and dignity of patients was always maintained. All but one said that patient independence was always promoted and that patients and/or their relatives were always involved in decisions about their care.

Patients on the ward were visibly well cared for in terms of personal hygiene and were encouraged to move around where possible. Patients we spoke with said that they had the option of wearing a hospital gown or their own clothing. All patients were very positive about the standard of care and cleanliness on the ward.

We were able to confirm that patients' continence needs were determined on an individual basis during their pre-assessment appointment. This determined whether a patient required additional support during their stay at the hospital.

We also saw reception staff at the hospital to be polite, friendly and informative; guiding patients around the building to their appointments in a respectful way.

Patient information and consent

The hospital had a statement of purpose and patients' guide, which provided detailed information about the hospital, its aims and objectives and services offered.

All of the patients who completed a questionnaire agreed that staff had provided them with enough information about their treatment, including information about the different treatment options available, associated risks and about the costs involved. Patients provided the following comments in the questionnaires:

> *"Very helpful and caring staff providing excellent care"*

> *"Emergency admission, but found the patient feedback card in the menu folder"*

Communicating effectively

Patients we spoke with said that staff listened to them and explained their care and treatment in terms they could understand. They also said that staff, both nursing and medical, were professional, discreet and very caring towards them. As described above, most patients had their own rooms and staff were able to speak to them in private to prevent conversations being overheard.

There was little information in the ward, or in the hospital, in Welsh. As an independent hospital based in Wales, the registered provider should make more effort to have information available in Welsh without the need for patients to ask for it. We saw pictorial signs were displayed to assist patients to find a suitable emergency escape route in the event of a fire.

There was not a hearing loop available for patients with hearing difficulties and the feedback form was in small print size that would not be appropriate for patients who were sensory impaired. Whilst any difficulties with hearing or vision would be established at the pre-assessment stage, the hospital needs to implement changes to accommodate all patients. This is of particular importance as the hospital are currently undertaking a number of cataract operations.

Information was not displayed about the staff working at the hospital. During the initial tour of the ward, senior management stated that they were considering introducing a welcome notice board to the ward, showing details of the staff

working on the ward. We recommended that this should be displayed, so that patients were aware of the staff on the ward and their roles.

Improvement needed

The hospital is to ensure that:

- Changes are put in place to accommodate patients with hearing and visual difficulties
- A staff who's who is displayed in the ward areas.

Care planning and provision

The vast majority of staff who completed a questionnaire agreed that care of patients was the top priority of their organisation and that the organisation acts on concerns raised by patients. However, a third of staff members disagreed that they would recommend the organisation as a place to work. Despite this, they agreed that if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation.

Conversations with ward staff revealed that patients were supported by ward based physiotherapy staff to help them mobilise safely following surgery; appropriate equipment was provided in accordance with individuals' assessed needs. Patients were encouraged to move as soon as possible post-operation. Surgeons wrote a post-operative plan within the operation notes, additionally the surgical pathway for particular operations discusses mobility.

Patients stated that they had access to a nurse call bell and staff responded promptly to their requests for assistance. This helped to maintain their independence, dignity and to reduce their levels of anxiety.

Equality, diversity and human rights

We saw that there was good access to the hospital and to the ward. There was adequate parking at the hospital including reserved parking for those with mobility issues. The wards were wide, clean and free from clutter.

We were also told that relatives / carers were able to provide assistance with, and be involved in, patient care within the hospital, in the same way as they would at home, if they wished.

We observed that visiting hours were flexible, although staff we spoke with told us that arrangements could be made for families and carers arriving outside

these times. Relatives / carers could also stay overnight with the patient, if required.

There was a faith room at the hospital and arrangements would be made for a chaplain and nuns to visit if required.

Citizen engagement and feedback

All but one of the patients who completed a HIW questionnaire stated that they would know how to make a complaint if they weren't happy about the care they had received during their stay in hospital. Whilst information was not displayed in a prominent position on the ward about how patients could provide feedback or make a complaint about the service at the hospital, this was contained in the information booklet in patient bedrooms. Contact details for HIW were also included.

All but one staff member who completed a HIW questionnaire told us that patient experience feedback (e.g. patient surveys) was collected, and said they received regular updates on patient experience feedback. The majority of respondents agreed that patient experience feedback was used to make informed decisions within their directorate or department.

We saw evidence that the hospital actively sought feedback from patients and from staff through a small patient questionnaire given to each patient and online through the hospital website. Staff feedback had been sought through an online survey. Whilst feedback from the staff survey had been discussed in staff meetings, patient feedback and the results were not displayed in the hospital for patients to view. However, the results were displayed on the hospital website[4].

[4] https://www.stjosephshospital.co.uk/patient-information/what-patients-say/

Improvement needed

The hospital must ensure that they display in the hospital and the ward, in a prominent position:

- How patients can provide feedback or make a complaint
- The outcomes and any changes made as a result of patient feedback.

Delivery of safe and effective care

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

Overall we found that staff provided safe and effective care to patients.

The hospital had effective processes and procedures in place to monitor the care and treatment provided to patients and to ensure that care was provided in a safe environment.

There were some issues that were in need of addressing particularly regarding medication and infection prevention and control.

Managing risk and health and safety

Conversations with maintenance staff indicated that there were a range of processes in place to identify and address environmental hazards. A planned maintenance schedule is kept that documents the daily, weekly, monthly and quarterly tasks that need doing in line with the written scheme of examination. We did not identify any obvious trip hazards within any areas of the hospital visited. Patients and their relatives / carers had access to a lift to reach the first floor ward and theatre. The décor and furnishings in all areas visited were in a good state of repair.

We observed that staff had access to emergency resuscitation equipment and medication which was checked on a regular basis as required by hospital policies. This assisted with the prompt replacement of equipment at the point of expiry. Fire safety equipment was available, tested regularly and staff had received the appropriate training.

The hospital had processes and procedures in place to protect patients, staff and those visiting the hospital. The hospital had a variety of risk assessments in place including fire and health and safety assessments. We found that cleaning materials were stored securely. Staff only areas and rooms were locked to help prevent unauthorised access.

Staff we spoke with said that the hospital were considering changes to the patient bathrooms, including changing the rooms to wet rooms, to give better access to the patient showers, by removing the high step.

Infection prevention and control (IPC) and decontamination

There were no major concerns given by patients over the cleanliness of the hospital. In addition all patients who completed a questionnaire felt, in their opinion, that the hospital was both clean and tidy.

The hospital had a range of infection control policies and procedures in operation to guide staff. These included isolation, sharps and bodily fluid policies. There was an infection control link nurse on the ward and the Director of Clinical Services was the infection control lead. Staff we spoke with were also aware of the requirements of infection control, what to do following a needlestick[5] injury and how to access the infection control policy.

During our visit we found the hospital to be visibly clean and tidy. Patient bedrooms and bathrooms were cleaned daily to a high standard. We spoke with housekeeping staff who provided us with details of the agreed cleaning schedules. The majority of patients received care in single rooms with en-suite facilities, which assisted with promoting effective infection prevention and control.

We observed that once equipment had been cleaned it was clearly labelled. This promoted good practice in relation to infection control and prevention and demonstrates to staff and patients that equipment was ready to be used.

We were informed that all patients were screened for the presence of Methicillin-resistant Staphylococcus aureus[6] (MRSA) prior to their admission to the hospital. This reduced the risk of infection with regard to the individuals concerned, and other patients. Patients identified with MRSA would not be admitted to the ward. Infection control rates were monitored and discussed at the clinical governance meetings held monthly.

Hand hygiene products, such as sanitising gel, were also present at the entry to and within the ward for use by staff, patients and visitors. However there were

[5] Needlestick injuries are wounds caused by needles that accidentally puncture the skin. Needlestick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles.

[6] https://www.nhs.uk/conditions/MRSA

no sinks available on the ward for handwashing other than those in patient bedrooms; the sink in the sluice area being the one generally used by staff for handwashing. There is a risk that staff would use the sinks in the patient rooms, that had small taps, that were not appropriate for clinical use. Feedback from staff indicated that the lack of handwahing facilites on the ward made maintaining good hand hygeine more difficult. The registered provider should reflect on this feedback and review the availablity of handwashing facilities for staff.

Although staff had access to personal protective equipment (PPE) such as disposable gloves and aprons, the aprons were kept in a linen cupboard and gloves in the clinical room. PPE should be readily available, easily accessible and appropriately signposted throughout the ward.

Clinical bins were also not readily available, with only small paper bins available in patient rooms. Sharps boxes were in place and were not overfilled, although there could be more made available. Additionally, the curtains around the clinical beds were not disposable and staff were unsure of when they were last cleaned. The hospital should consider using disposable curtains.

Improvement needed

The hospital must ensure that:

- PPE is available throughout the ward
- They review the need for appropriate hand washing sinks in more locations throughout the ward
- More clinical waste bins are made available
- The curtains are replaced with disposable curtains or they are regularly cleaned and the dates they are cleaned recorded.

Nutrition

During our visit we observed the lunchtime meal service. The food looked appetising and nutritious. Patients were able to select their choices from a

varied menu which changed on a regular basis. Patients we spoke with said that the food was excellent.

Patient records showed that nutritional risk assessments[7] were completed on admission, helping to identify and assess patient needs. Patient dietary needs were displayed on a patient safety at a glance[8] (PSAG) board through the use of a different coloured magnet. The ward hostess who visited patients for their menu choices also asked patients of any dietary needs.

Patients were encouraged to use patient sanitisers on the wall in their room before eating their meals. Meals were plated and served on a tray at the patients' bedside; we did not see patients waiting for their meals for any length of time. Staff we spoke with said that patients on the ward were able to eat and drink unaided but they would give help to patients if required.

Medicines management

The majority of staff members who completed a HIW questionnaire agreed that their organisation encouraged them to report errors, near misses or incidents, and felt that when they were reported, the organisation would take action to ensure that this did not happen again.

The hospital employed a pharmacist and pharmacy technician, who were both active in completing medication audits, to help drive improvements. We were told that there was also an on call pharmacist available for any out of hours requirements.

There was a medicines management policy in place, to support safe prescibing, storage, administration and dispensing of medicines. Staff could access the policy through the hospital intranet.

We found that all medicines were stored securely in locked cupboards within a locked room to prevent unauthorised access. Additionally, the drugs fridge was locked and the drugs trolley was locked and chained to the wall when not in

[7] https://www.wales.nhs.uk/documents/MUST Nutritional Screen.pdf

[8] The boards normally contain information about individual care needs and relevant standardised icons, to highlight individualised patient needs.

use. We saw that the hospital monitored and recorded the temperature of the fridges where medication was stored, to demonstrate they remained safe for use.

We looked at the controlled drugs (CD) and CD register and these had been completed and controlled appropriately.

Patients at the hospital wear identity bands for safe practice and we observed that all patients were wearing them appropriately. We observed the administration of medicines during the course of our inspection and found that staff were calm and professional in their approach towards patients; providing support as needed.

The hospital used the All Wales Medication Charts[9], for all patients. All medication required was entered as administered. However, whilst the front page was completed correctly with the patient details, including allergies, the inside of the chart did not include these details as required. Staff we spoke with said that as the chart was in booklet form, they believed that providing the front of the booklet was completed correctly there was not a need to complete the inside of the chart. We recommend that the chart is completed in full with the patients name and identifier present throughout the booklet.

Whilst there were no patients on the ward receiving oxygen, staff we spoke with told us that oxygen was often administered without it being prescribed on the above chart. The oxygen would mainly have been started in the recovery unit, following the operation, but not prescribed. Staff on the ward said that they would remove the oxygen when they felt the patient no longer required the oxygen or when the resident doctor would request for the oxygen to stop.

During the inspection we saw that two patients had returned from theatres with intra veneous (IV) fluid being administered, but this was not documented on the patient notes, fluid balance charts nor drug chart. The information that should be entered would include, time set up, duration of administration or how much per hour, expiry date and batch number. Additionally the IV fluid was not being

[9] http://www.awmsg.org/docs/awmsg/medman/drug%20charts/Antimicrobial%20In-patient%20medication%20administration%20record.pdf

administered through an IV pump. We spoke to the theatre manager when this was observed and they said they would speak to the staff involved.

There was a self medication policy in place that required a risk assessment form to be completed. The form was well laid out, clear and concise and would require authorisation by a registered nurse, doctor and pharmacist. However, at the time of the inspection there was one patient who was self medicating, but the risk assessment form had not been completed.

Improvement needed

The hospital must ensure that:

- Medication charts are completed in full on every page
- All medication is fully documented and prescribed
- The self-medication policy is followed and risk assessment forms completed as required.

Safeguarding children and safeguarding vulnerable adults

All patients who spoke with us said they felt safe within the hospital environment. They also said that they felt able to speak to a member of staff if they had concerns about their care or safety.

We saw that there were appropriate policies in place regarding safeguarding. We also found that staff had received training in safeguarding and the hospital kept records of this training to ensure that staff receive updates on a regular basis.

Discussions with staff revealed that they had not cared for any patients recently who may have required Deprivation of Liberty Safeguards (DoLS)[10]. As mentioned above, the pre-assessment consultation would identify any patients requiring this level of care and treatment.

[10] 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.

Blood management

We found there was a clear and well established system in place for the appropriate use of blood components and products, as part of patient care. The All Wales Transfusion Record[11] was used to record the use of blood components and products, where required as part of the course of patient treatment.

We were told by the ward manager that all staff involved had completed the external training given by the local health board. The training included blood transfusion administration competencies for assessment.

Medical devices, equipment and diagnostic systems

We found that the ward had suitable equipment, such as hoists, commodes, mattresses and medical devices available to meet the needs of the patients on the ward. The servicing and calibration of the equipment was managed by a maintenance team. We noted the maintenance contracts and servicing schedules for a sample of equipment. Whilst we saw that all equipment appeared to be in good working order, servicing records for the beds showed that they were overdue an inspection.

The majority of staff members felt that they usually had the adequate materials, supplies and equipment to do their work.

Patients we spoke with said that they had issues with the noise made by the deep vien thrombosis[12] boot[13]. The hospital had supplied patients with ear plugs in the interim, whilst they are looking at sourcing alternative equipment.

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[11] A single document designed to assist clinical staff in the safe authorisation and administration of blood components

[12] A condition in which the blood clots form in veins located deep inside the body.

[13] The boot inflates intermittently and stimulates the flow of blood through the deep veins, pushing blood back towards the heart. It then deflates. This action copies how veins are squeezed by muscles when you walk.

Improvement needed

The hospital must ensure that equipment is maintained and serviced within agreed timescales.

Safe and clinically effective care

Clinical policies were maintained online to ensure that the version available to staff was up to date. There was also a robust system in place to ensure that the policies were reviewed on a regular basis. Additionally, registered nurses all had individual Nursing and Midwifery online accounts, which enabled them to access up to date professional guidelines. Staff we spoke with were aware of the content of relevant patient safety notices, to assist with the provision of safe and clinically effective care.

As described above, there was a patient safety at a glance board in the centre of the ward, which was informative and up to date. It contained all the relevant information required including estimated date of discharge, patients dietary requirements and physiotherapy needs.

The hospital used the National Early Warning Score[14] (NEWS) and the Sepsis[15] Six[16] tool. The sample of patient medical records inspected all had a blank sepsis tool included, which was inserted by the reception desk, who make up the admission packs. However, there was no evidence to show the sepsis tool was being used by staff on the wards, although no patients at the time of inspection had sepsis.

[14] NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

[15] Sepsis, also known as blood poisoning, is the reaction to an infection in which the body attacks its own organs and tissues. Sepsis is a potentially life-threatening condition. However, it can be easily treated if caught early.

[16] The Sepsis Six consists of three diagnostic and three therapeutic steps – all to be delivered within one hour of the initial diagnosis of sepsis.

Staff we spoke with said that they did not generally use the sepsis tool nor the sepsis pathway. However, they contacted the medical staff if the NEWS is scoring high, or if they have concerns, and the patient is treated accordingly. Whilst it appears that staff were completing the six stages of sepsis and following the correct pathway, they are not evidencing this appropriately on the six stages of sepsis documentation. Staff we spoke with also believed they required additional training on the tool and further clarity on the trigger to use the tool.

The hospital were involved in reporting to the National Joint Registry[17], Private Healthcare Information Network[18] and Patient Reported Outcome Measures[19].

Improvement needed

The hospital must ensure that:

- The Sepsis Six Tool is used correctly when required
- Further training is given to staff to ensure they are fully aware of the correct sepsis pathway.

Participating in quality improvement activities

Staff members who completed a questionnaire felt that they could regularly make suggestions to improve the work of their team or department, but told us that they were only sometimes involved in deciding on changes introduced that affected their work area, team or department.

We saw evidence of a number of clinical audits taking place at the hospital. Outcomes, where indicated were entered on a clinical intranet system which

17 www.njrcentre.org.uk/njrcentre/Default.aspx

18 Private Healthcare Information Network (PHIN) publishes independent, trustworthy information to help patients make informed treatment choices, working to empower patients to make better-informed choices of care provider. PHIN is a not-for-profit organisation that exists to make more robust information about private healthcare available than ever before, and to improve data quality and transparency.

19 https://proms.nhs.wales

logs results from different activities, processes and levels from all systems within the hospital. These were then collated, examined, analysed and outcomes fed back into the appropriate department within the hospital. There was also an audit programme at the hospital for 2020, including the areas to be reviewed and the evidence required. The audits included surgery cleaning checklists, pharmacy wastage, clinical notes and ward medicines management.

The hospital also hold ten at ten meetings where all heads of departments and/or representatives meet in the conference room at 10.00hrs for ten minutes for updates and exchanges of relevant items of information. We observed the meeting during our inspection and the meeting was short, sharp and to the point.

Information management and communications technology

We were able to confirm that the hospital had appropriate arrangements in place for information governance and confidentiality. This included annual General Data Protection Regulation (GDPR) training.

Records management

We found patient records were being stored securely when not in use to prevent access by unauthorised persons. Electronic records were also password protected. The records were multi-professional and of a good standard but were difficult to navigate and not well organised although they contained the relevant documentation. There was an index chart in the records, but this chart was not followed. We were informed that the hospital was in the process of introducing a package of notes similar to a booklet.

The patient records included evidence of assessing risks to patients, apart from day cases, in relation to patient capacity, falls, pressure damage and nutrition. This was generally done at the pre-admission stage. However, the risk assessments were kept with the medical notes and not with the patient notes. Additionally, risk assessments were completed up to three weeks prior to admission and falls assessments were not completed on admission but were completed post operatively if the patient was not a day case. In view of the patient group, that is those awaiting orthopaedic surgery which would put them at risk of falls, these should be completed on admission.

There were individual surgical pathways for each surgical procedure, ideally these should then be individualised to the patient, we were told that the hospital were in the process of putting this into place. Surgeons' individual requirements were also not documented as staff felt they were aware of the requirements, but this needs to be documented to cater for staff who may be new to the hospital.

The pre-admission check lists were very informative and state the assessments to be reviewed post operation. However, safeguarding and any issues with blood products for religious reasons were not documented.

There was evidence of a monthly audit of medication that included checking the patient details, source of referral, reason for admission, discharge summary, arrangements for continuing care, medication and infection control.

Theatre and anaesthetic records were generally comprehensive and gave a good outline of patients' post operative care.

Improvement needed

The hospital must ensure that:

- Pre-admission checklists are amended to include safeguarding and any religious requirement and completed for all patients, including day patients
- Pre-admission checklists are reviewed on admission to ensure they are still relevant
- The content and location of patient records, particularly risk assessments are reviewed to ensure that they are easily accessible and structured.

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.

There was a strong and visible management team in place who had a clear vision for the hospital.

Clear clinical governance processes and procedures were in place to support staff in delivering a high standard of care to patients.

Improvements were required to ensure that staff receive annual appraisals.

Governance and accountability framework

During our inspection we met with members of the management team and staff, who were very accommodating, open, honest and engaged with the inspection process. Both the responsible individual and registered manager had changed within the last 12 months. In the week prior to the inspection, staff were informed of the change of ownership of the hospital to a new formed entity called St Joseph's Independent Hospital Limited.

We found that both the Chief Executive Officer and Director of Clinical Services demonstrated a drive and commitment to improving standards and they were well supported by a management team. They believed that the confirmation of the new entity would enable them to put the changes into place that they had been unable to put in place previously.

Where we made recommendations and suggestions to improve the service, the management team were committed to making the changes. Management also stated that they were already in the process of implementing a number of suggestions and improvements made during the course of the inspection.

Clear lines of management and accountability were demonstrated by all levels of staff. There were a number of relevant meetings to support the management of the hospital. There were also processes in place to ensure that information

was shared with staff. These included the ten at ten descibed above and a fortnightly newsletter to all staff.

Whilst the majority of staff who completed a HIW questionnaire said that communication was generally effective between senior management and staff, a third of respondents said that senior managers never involve staff in important decisions about patient care. Staff members also indicated that managers do not always act on staff feedback. Conversely, staff were asked questions in the HIW questionnaire about their immediate manager, and the responses were generally positive. Almost all staff members agreed their manager encouraged those that work for them to work as a team and agreed their manager could always be counted on to help them with a difficult task at work.

Nearly all respondents agreed their manager gave clear feedback on their work and most agreed that their manager asked for their opinion before decisions were made that affect their work. Most staff members felt that their manager was always supportive in a personal crisis.

Some staff members provided the following comments in the questionnaire about their managers:

> *"I find sister very supportive to me personally and individually also approachable with any queries such as about care or procedures or problems."*

> *"I arrive at work not knowing where I will be working from one day to the next which makes me very anxious as it could be anywhere in the hospital."*

Staff were also asked questions in the questionnaire about their senior managers. The majority of respondents said they knew who the senior managers were in the organisation, and felt that senior managers were usually committed to patient care.

We noted robust internal clinical audits and clinical governance arrangements in place to ensure compliance with regulations and best practice guidance. This included the audit programme described earlier and the reporting arrangements through various meetings of heads of department. A clinical governance dashboard was produced monthly by the hospital that was cascaded internally. The dashboard included an overview of infection rates, audits, incidents, policies and training. We also saw evidence of meetings and processes to deal with the running of the hospital and to cascade information both upwards and downwards to all staff.

Improvement needed

The hospital must ensure that:

- They give consideration to the staff feedback from HIW questionnaires that was not positive. This includes where they have considered that communication could be improved and involving staff in decisions that affect their work
- HIW are informed of the plan to address these issues.

Dealing with concerns and managing incidents

We found that information was available for patients, their families or carers and visitors informing them how to raise a concern or complaint. As noted above, this information was not displayed in the ward, but was contained in the information booklet in patient bedrooms.

Staff we spoke with said that where possible, issues were dealt with at a local level to provide an early resolution. We found that all complaints were recorded formally, to ensure that the hospital captures the information and where possible to identify any trends.

We were told that the hospital intranet was being developed to enable it to be used as the incident reporting and incident management system. In the meantime a paper based system was used with an emphasis on a “no blame” culture where staff could raise concerns and “lessons learned” were shared across the organisation. Complaints, incidents and concerns were discussed at the clinical governance meetings and any lessons learned disseminated through the various communication meetings throughout the hospital.

Staff we spoke with said that they did not have any issues with reporting any concerns or incidents that they saw. Around half of the staff members who completed a questionnaire told us that the organisation treated staff, who were involved in an error, near miss or incident, fairly, and the organisation would treat any error, near miss or incident that was reported, confidentially. The majority of staff felt that the organisation would not blame or punish people who were involved in errors, near misses or incidents. Two staff members told us that they weren’t given feedback about changes made in response to reported errors, near misses and incidents. A third of staff neither agreed nor disagreed with this question.

The majority of respondents said that if they were concerned about unsafe clinical practice they would know how to report it, and would feel secure raising such a concern. Staff also told us that they were confident that their organisation would address their concerns.

Workforce planning, training and organisational development

Discussions with staff revealed that at least two registered nurses and two health care support workers provided care within the ward as a minimum. Staffing was generally not an issue at the hospital, as they had elective lists and could plan ahead.

However, a third of staff indicated in the HIW questionnaires that they were sometimes not able to meet all the conflicting demands on their time at work. Staff also said that there were usually or sometimes enough staff at the organisation to enable them to do their job properly. The majority of respondents also agreed that they were satisfied with the quality of care they gave to patients.

We checked a sample of staff records to ensure that training records were maintained and that staff had received appropriate feedback on their work. There was evidence on staff files that training had been completed and this agreed with the training matrix maintained at the hospital. The training matrix showed that in date compliance with mandatory training was good. However, the percentages for Aseptic Non Touch Technique[20] and NEWS was low and needed to be addressed.

All staff who completed a HIW questionnaire indicated that they had undertaken a wide range of training or learning and development in the last 12 months which had helped them to do their job more effectively, and provide a better experience for patients. The majority of respondents said their manager had supported them to receive the training, learning or development opportunities identified during those meetings. The majority of staff also told us in the questionnaires that the organisation always encouraged teamwork.

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[20] https://www.nursingtimes.net/clinical-archive/infection-control/aseptic-non-touch-technique-15-02-2001/

Records at the hospital showed that only 25 percent of appraisals were in date. Senior management were aware that the appraisal process had not been appropriately managed, but they had a process in place to ensure that all staff receive an annual appraisal in the near future. A third of staff who completed a HIW questionnaire confirmed to us that they had not had an appraisal, annual review or development review of their work in the last 12 months.

Improvement needed

The hospital must ensure that:

- All staff, complete all aspects of mandatory training, and other training relevant to their role and area of work
- Appraisals are completed for all members of staff and that appraisals are completed on a regular basis in the future.

Workforce recruitment and employment practices

We checked a sample of staff records and found that there were appropriate pre-employment checks in place, helping to safeguard patients and staff. These checks included reference checks, registration and revalidation for clinical staff, disclosure and barring service[21] checks as required by regulations. Additionally, there was evidence of the Hepatitis B Surface Antibody Blood Test[22] for the clinical staff.

We found that there were clear processes in place to support the safe recruitment of consultants prior to appointment. The hospital also carried out regular checks to ensure their appointment remained appropriate. Practising privileges were only granted following a robust process. The hospital obtained appraisals on a regular basis from a consultant's NHS employer to help ensure that their appointments remained appropriate.

[21] https://www.gov.uk/guidance/dbs-check-requests-guidance-for-employers

[22] This test is used to determine the status of a person's immunity to the Hepatitis B virus (Hep B). Immunity is determined by screening for antibodies which provide protection against infection. The results of this test are quantitative.

Around half of the staff, who completed a HIW questionnaire agreed that, in general, their job was good for their health. They also felt that their immediate manager takes a positive interest in their health and well-being and that their organisation takes positive action on health and well-being.

A third of staff told us that their organisation was always supportive. Front line professionals, who deal with patients were always empowered to speak up and take action when issues arose in line with the requirements of their own professional conduct and competence.

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, measurable, 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
No immediate concerns were identified on this inspection.			

Appendix B – Improvement plan

Service: St Joseph's Hospital

Date of inspection: 18 and 19 February 2020

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				
The hospital must ensure that: • Sufficient health promotion information is provided for the hospital user group • Information is displayed throughout the wards for the benefit of both staff and patients.	3. Health promotion, protection and improvement	Additional information has been added to the website on how to access a number of agencies that could support carers and their families. A number of health promotion information leaflets have been sourced including the EIDO leaflet range to support patient information. Due to restrictions of Covid -19 a list of publications / leaflets will be provided to the patient for them to select any they wish to have copies of and these will	Jan Green - Director of Clinical Services	Completed March 2020 Will continue to be monitored

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		then be provided.		
The hospital is to ensure that: • Changes are put in place to accommodate patients with hearing and visual difficulties • A staff who's who is displayed in the ward areas.	18. Communicating effectively	A hearing loop has been purchased and use will be monitored to assess if more are required. Staff have been working in different areas in conjunction with staff from the NHS to support NHS activity. It will be updated in readiness to return to independent hospital operation. A welcome board is to be installed at the entrance to the ward.	Jan Green - Director of Clinical Services	May 2020 July 2020
The hospital must ensure that they display in the hospital and the ward, in a prominent position: • How patients can provide feedback or make a complaint • The outcomes and any changes made as a result of patient feedback.	5. Citizen engagement and feedback	This has been delayed due to working under the operational policies of the local Health Board it will be addressed in readiness to return to independent hospital operation.	Jo Ekes - Head of Communication	July 2020
Delivery of safe and effective care				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The hospital must ensure that: • PPE is available throughout the ward • They review the need for appropriate hand washing sinks in more locations throughout the ward • More clinical waste bins are made available • The curtains are replaced with disposable curtains or they are regularly cleaned and the dates they are cleaned recorded.	13. Infection prevention and control (IPC) and decontamination	Additional measures have been implemented to support the patient process around the Covid-19 pathway for patients being admitted for treatment. As an interim solution to introduce hands free taps within patient bathrooms. This has also been continually monitored by the Infection control team and clinical audit leads from the local Health Board. Additional clinical waste bins and disposable curtains have been introduced as part of our response to Covid-19.	Jan Green - Director of Clinical Services	March 2020 August 2020 April 2020
The hospital must ensure that: • Medication charts are completed in full on every page • All medication is fully documented	15. Medicines management	Immediately actioned following the audit visit and monitored by the Hospital Pharmacy manager.	Naila Mansoor - Pharmacy manager	February 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
and prescribed • The self-medication policy is followed and risk assessment forms completed as required.				
The hospital must ensure that equipment is maintained and serviced within agreed timescales.	16. Medical devices, equipment and diagnostic systems	A new company has been contracted to manage the servicing of equipment, 18 beds have also been replaced to improve patient experience.	Paul Vincent - Head of Operations.	April 2020
The hospital must ensure that: • The Sepsis Six Tool is used correctly when required • Further training is given to staff to ensure they are fully aware of the correct sepsis pathway.	7. Safe and clinically effective care	E-learning course undertaken via Relias e-learning - all staff updated. ILS training scenarios to include sepsis management. Access has been given to the All Wales e-learning platform to undertake additional update training on Sepsis and the national early warning score part of the rapid response to acute illness learning set (RRAILS) for qualified clinical staff.	Jan Green - Director of Clinical Services	June 2020 (Completed) July 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The hospital must ensure that: • Pre-admission checklists are amended to include safeguarding and any religious requirement and completed for all patients, including day patients • Pre-admission checklists are reviewed on admission to ensure they are still relevant • The content and location of patient records, particularly risk assessments are reviewed to ensure that they are easily accessible and structured.	20. Records management	Pre- admission questionnaire / checklist updated to include religious and safeguarding elements. All risk assessments undertaken within pre-admission to be reviewed on in-patient admission. A review of clinical notes layout and content is being undertaken, as part of the clinical pathway review and these issues will be addressed as part of the work stream this has been delayed due to partnership working with NHS.	Jan Green - Director of Clinical Services	June 2020 (completed) Immediately (completed) October 2020
Quality of management and leadership				
The hospital must ensure that: • They give consideration to the staff feedback from HIW questionnaires that was not positive. This includes where they have considered that	1 Governance and accountability framework	A full pay review has been undertaken and the results implemented across the workforce. A number of departmental staff meetings have been held with regular updates planned. Bi-weekly	Stuart Hammond - CEO	April 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
communication could be improved and involving staff in decisions that affect their work • HIW are informed of the plan to address these issues.		newsletters continue to be distributed to ensuring key information is shared. Currently consultation is taking place with all staff on embracing a new mission statement and what our values should be going forward as a new organisation. Discussions at the daily 10@10 are minuted and circulated to all departments on a daily basis.		June 2020 May 2020
The hospital must ensure that: • All staff, complete all aspects of mandatory training, and other training relevant to their role and area of work • Appraisals are completed for all members of staff and that appraisals are completed on a regular basis in the future.	25. Workforce planning, training and organisational development	A new service provider has been contracted which will allow ease of access for all staff groups. A number of external provider face to face training have been postponed due to the COVID-19 restrictions but these have been rebooked for later in the year. A number of practical sessions have been undertaken with our colleagues within the NHS.	Jan Green - Director of Clinical Services	May 2020 December 2020 May 2020

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		All appraisals are now completed.		May 2020

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): Stuart Hammond

Job role: Chief Executive

Date: 15 June 2020