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 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 Spire Yale Hospital, Wrexham on 28 and 29 September 2021.

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

We found evidence that the service provided safe and effective care.

Patients who participated in the inspection expressed satisfaction with the care and treatment received.

Patients' care needs had been assessed by staff, and staff monitored patients to promote their well-being and safety.

We found good management and leadership in the hospital with staff commenting positively on the support that they received form the management team.

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:

- Good staff and patient engagement
- Welcoming environment
- Provision of food and drinks
- Comprehensive policies and procedures
- Multidisciplinary approach to provision of care
- Infection prevention and control
- Management overview, auditing and reporting.

This is what we recommend the service could improve:

- Some aspects of the care planning and assessment documentation
- Some aspects of medication management
- Management of sepsis

- Resuscitation trolley checks
- Some aspects of communication with staff

We identified regulatory breaches during this inspection regarding some aspects of care planning and assessment and medication management. 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 and was first registered with HIW in July 2005. Under the conditions of registration, up to 27 patients, aged 12 and over, can be accommodated at any one time.

An extensive range of both inpatient and outpatient services are provided at the hospital 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 hospital has two operating theatres, and can provide a range of imaging services such as Computerised Tomography (CT) scan, Magnetic Resonance Imaging (MRI) and X-ray. The theatres and diagnostic imaging services did not form part of this inspection.

The service employs a staff team of nurses, theatre practitioners, healthcare support workers, cleaning and catering staff and a range of administrative and other support staff. Consultants work under a Practising Privileges[2] arrangement specialising in various treatments.

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[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.

[2] The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

We were informed that there were plans in place to re-design how services are provided at the hospital. To facilitate this, additional accommodation had been secured close to the existing hospital site.

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.

The vast majority of patients who participated in the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a calm, dignified and respectful manner.

We found that the environment was of an acceptable standard. However, some areas were in need of refurbishment. We were told that this work would be undertaken as part of the hospital development programme.

Patients commented positively on the quality of the food provided and noted that there was a good choice available.

HIW issued both online and paper surveys to obtain patient views on the hospital. In total, we received 293 online responses. The lay reviewer also spoke with patients during the inspection and assisted them to complete survey questionnaires.

The majority of patients in their responses to the questionnaire rated their overall experience of the service as very good. Patients' comments included:

> *"Felt the service was excellent. Good care before and after my operation and information about my procedure and aftercare was shared well."*

> *"Very good reception and appointment booking. Consultant amazing, professional but human, knowledgeable but compassionate. The only added extra could be that at the end of the appointment each practitioner could ask, is there anything else you would like to know. Felt the appointment was efficient, but maybe a little too efficient so far as moving you on and out. This is only a small critical observation though and overall I was treated brilliantly."*

"The clinical service was very good. However the admin side needs to be improved in my opinion. Difficulty in contacting the hospital & getting through to someone etc"

"The service I have received so far has been excellent and I feel safe when I visit the hospital in that they are doing everything possible to keep COVID out."

"I was overwhelmed, the service was absolutely excellent, the staff were kind, helpful, supportive, knowledgeable and had a good sense of humour. Standards are high."

Health promotion, protection and improvement

We saw that there were measures in place to promote the health and wellbeing of patients.

Patients had access to health promotion information and advice on topics such as healthy eating and smoking cessation.

Dignity and respect

We found that patients were treated with dignity, respect and compassion by the staff team.

Staff told us that holistic care is encouraged and every attempt is made to make the patient journey as seamless as possible and to make the patient feel comfortable with the environment.

We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients we spoke with during the inspection told us that staff were very professional, discreet, kind, respectful and courteous. The vast majority of patients who completed the online survey, told us that they had been treated with dignity and respect by the staff at the hospital.

Nearly all the patients who contributed to the inspection told us that they were able to maintain their own privacy and dignity and modesty during their appointments and that staff had listened to their views.

We saw consultations with patients taking place in private, behind a closed door, so that they could not be overheard.

There was a screened off area to the side of the reception desk, in the outpatients department, where patients could speak with staff in private.

Patient information and consent

We saw that there was a wide range of health education and promotion information available to patients in the form of leaflets, booklets and posters. We were told that this information was currently available through the medium of Welsh on request only, as the majority of the information was currently being translated to reflect changes implemented and updates issued as a result of COVID-19.

All patients spoken with during the inspection, and those who completed the online survey, said that staff were happy to explain anything to them. Nearly all the patients who completed the online survey said they were able to speak to staff about their procedure or treatment without being overheard by other people.

Most patients who completed the online survey told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

Most patients told us that they had received enough information to understand what treatment was available, and the risks and benefits of the treatment options.

The majority of patients said that the cost of treatment was made clear before they received that treatment.

Most of the patients told us that they had completed a medical history form or had their medical history checked before undertaking any treatment, and that they had been given information on how to care for themselves following their treatment.

We found that formal arrangements were in place to gain patients' consent to undergo treatment.

Patient at a glance information boards are not used at the hospital. However a board listing the patient's name, theatre, consultant and room number was located near the nurses' station.

Communicating effectively

Throughout the inspection we observed staff talking to patients and each other in a respectful manner.

We were informed that some staff spoke Welsh, and this was very important for patients whose first language was Welsh. We were also told that translation

services were available for patients who wished to communicate in languages other than Welsh or English.

Most of the patients who completed the online survey said that their preferred language was English.

The majority of patients told us that they were able to communicate with staff in their preferred language and that healthcare information was available in their language of choice.

Patients spoken with during the inspection told us that staff responded promptly and kindly and that any queries were answered. Patients told us that they were reassured by this.

A sign was displayed by the main outpatients' department reception desk indicating that a hearing loop was available[3].

Care planning and provision

We found that there was a multidisciplinary approach to planning care and treatment that involved the patient, consultant, resident medical officer (RMO)[4], anaesthetist, nurses, physiotherapists and pharmacist.

We reviewed five patient care files and found the quality of the records to be generally good. However, the care documentation was not easy to navigate.

Records were, in the main, legible and contemporaneous. However, some of the consultants' hand written notes were difficult to read. However, the staff we spoke with did not see this as an issue and told us that they were able to read the notes.

We found evidence that comprehensive assessments were being undertaken prior to admission and that these were being reviewed and updated as

[3] A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid.

[4] The Resident Medical Officer (RMO) plays a crucial role within the Independent Healthcare Sector. With consultants working as Independent Practitioners, the hospital is dependent upon the presence of the RMO to provide continuous qualified patient care.

necessary. However, we found that not all sections of the admission and pre-surgery documentation had been completed in one of the patients' files viewed.

We found that there were very good discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, prior to leaving the hospital.

Improvement needed

The registered persons must ensure that:

- care files are easy to navigate
- the consultants' hand written notes are legible
- the admissions and pre surgery documentation is fully completed
- staff complete care documentation contemporaneously and, where this is not possible, then staff clearly record why the documentation was completed retrospectively.

Equality, diversity and human rights

We saw that staff provided care in a way that promoted and protected patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms rooms were closed when care was being delivered and when consultations were taking place.

Staff we spoke with were aware of Deprivation of Liberty safeguards (DoLS). One of the nurses takes a lead on this and is responsible for arranging staff training and for providing updates.

The majority of patients who completed the online survey told us they felt they could access the right healthcare at the right time (regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation).

Visiting was restricted at the time of the inspection due to the pandemic. However, we were told that if patients required family support because of specific conditions, such as dementia, or if a patient were to become unwell, then their relatives would be able to stay at the hospital with their family member. In any event, this would only be allowed as long as the family member had tested negative for COVID-19.

Staff told us that a multi-cultural approach is promoted by the hospital and that patients' religious beliefs are recognised and supported.

Citizen engagement and feedback

We saw evidence to show that there were robust systems in place to audit and review the service provided at the hospital. Every patient is encouraged to complete a satisfaction survey following receipt of treatment at the hospital.

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

Patients are also made aware of the process to follow in order to raise any concerns / complaints. This is referred to in the statement of purpose, patient information folder and on the hospital's website. These arrangements were consistent with regulations and standards.

We were told that the number of complaints received about the service was very low and that the aim was to resolve issues at source and as quickly as possible in order to prevent escalation.

Delivery of safe and effective care

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

We found that the staff team were committed to providing patients with safe and effective care.

Patients' care needs had been assessed by staff and staff monitored patients to promote their well-being and safety.

The hospital was clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place. However, we found that not all staff were following correct processes when administrating medication.

Managing risk and health and safety

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients, staff and visitors.

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.

The RMO, based on site, 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.

We found that the risk of falls was being managed appropriately with robust assessment and reporting processes in place.

Staff were aware of the process for reporting patient incidents and accidents. The hospital utilised the DATIX[5] system to report incidents. Records of the incidents were viewed which showed that all incidents, accidents and near misses were recorded and investigated appropriately. 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 service. 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. We were told that these trolleys were regularly checked to ensure that they could be used in an emergency situation. However, we found that the resuscitation trolley check lists were not being kept up to date.

Staff had received basic life support training and several members of the team had also received advanced life support training.

We saw that safety crosses[6] were being used on the ward and in the outpatients department (OPD). We found that the safety crosses in the OPD to be up to date However, the safety crosses on the ward had not been updated for 10 days. We were told that a new recording system had recently been introduced which will replace the safety crosses approach. This change has been instigated following comments from staff that the current safety cross board was not fit for purpose and that learning opportunities had been overlooked as a result. We recommended that the safety crosses are not to be displayed within the hospital if these are no longer being used and not kept up to date.

[5] DATIX is an electronic incident reporting system

[6] The safety cross is a simple data collection tool. It is basically a one-month colour-coded calendar that notes daily safety measure incidents. Each number on the cross represents the day and date for that month to enable staff to differentiate safety incidents – coloured in red, from incident-free days – coloured in green.

Improvement needed

The registered persons must ensure that;

- the contents of the resuscitation trolleys are checked on a regular basis and the checklists are completed and retained
- safety crosses are not to be displayed within the hospital if these are no longer being used.

Infection prevention and control (IPC) and decontamination

All areas viewed during the inspection were found to be visibly clean and well maintained. Cleaning staff were enthusiastic about their roles and responsibilities and 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 manner.

Staff told us that the organisation has implemented the necessary environmental changes and implemented the necessary practice changes in response to the COVID-19 pandemic.

Social distancing guidance posters were displayed within the outpatients department and adequate space provided between the chairs in the waiting area in order to reduce the risk of cross infection.

We saw that there was a good supply of personal protective equipment (PPE) available to help prevent the spread of infection.

We saw that the water dispenser in the outpatients' reception area had been covered up to reduce the risk of cross infection. However, bottled water was provided instead.

There was a comprehensive infection control policy in place supported by detailed cleaning schedules.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

Staff had access to, and were using, PPE such as face masks, disposable gloves and aprons to reduce cross infection. Staff confirmed that there has been a sufficient supply of PPE throughout the pandemic and that there are decontamination arrangements for equipment and relevant areas.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospital for staff and visitors to use, to reduce the risk of cross infection.

Staff were undertaking weekly polymerase chain reaction (PCR) checks and patients were screened for COVID-19 during the pre op assessment.

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.

Patients attending for treatment as inpatients entered the hospital through a designated ‘green’ entrance at the rear of the hospital, whilst patients attending the outpatients department did so through the main entrance at the front of the hospital which was designated as a ‘red‘ entrance. This was done to ensure that patients being admitted for inpatient treatment remain COVID-19 negative.

Most of the patients who completed the online survey told us that the setting was clean and that COVID-19 compliance was evident during their time at the hospital. However, a small number of patients expressed concerns about some aspects of IPC management. Patients’ comments on infection control included:

> *“Whilst I was directed to use the hospital's face masks, this was not the case for the sanitising hand gel, nor was this evident for use at the entrance (where face mask supplies were located)”*
>
> *“Evident for my pre op checks within the last two weeks but at a different location... but I couldn’t find them when I visited for my appointment with the consultant on [DATE].”*
>
> *“More sanitiser about, and more care taken COVID wise with regards to handling patients items.”*

During the course of the inspection we observed good handwashing compliance by all grades of staff.

We saw that the environment was visibly clean and observed staff cleaning patients’ rooms, corridor and additional consultation rooms. We noted that patients’ rooms were methodically cleaned using appropriate cleaning products. However the locked container which housed the cleaning products was broken. We were told that a replacement was on order.

We saw that all equipment was being cleaned in between patient use and appropriate labels were being used to identify that equipment had been decontaminated. We also saw that beds were being thoroughly cleaned by the cleaning staff in between patient use and were told that nursing staff were responsible for cleaning the mattress and pillows.

Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospital.

Patients had access to fluids with water jugs and drinks available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

We observed lunchtime meals being served and saw staff providing encouragement and support to patients to eat independently.

All the meals are freshly prepared on site daily and looked well-presented and appetising. Patients told us that the food was very good.

We found an effective system in place to cater for individual patient dietary needs, with good communication between care and catering staff. Catering staff have face to face contact with patients to discuss their dietary preferences. They were very knowledgeable on dietary requirements linked to clinical conditions e.g. diabetes, and also demonstrated extensive knowledge of food allergens.

Nursing and care staff told us that they felt very well supported by the catering staff, who took the time to explain what was available to patients each mealtime.

Medicines management

We found that there were comprehensive medication management policies and procedures in place. Staff were able to access policies and procedures electronically through the hospital's intranet.

We found medication storage arrangements to be safe and secure. The pharmacy was found to be clean and tidy and we saw evidence to show that the temperature of the room and medication fridge were being recorded on a daily basis to ensure that levels do not exceed acceptable parameters.

The hospital employs a full time pharmacist and a pharmacy technician who work 30 hours a week.

We observed medication being administered to patients on the ward and found the process to be generally in line with medication management policies and procedures. We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication.

However, we witnessed one staff member signing the controlled drugs book before the medication had been given to the patient. This was in contravention of the hospital's controlled drugs policy. We also noted a gap in the controlled drug daily check record, which suggests that either the controlled drugs were not checked that day, or staff omitted to sign the record.

We also found patients' own controlled drugs being stored in the controlled drugs cupboard without first being checked and recorded.

We highlighted concerns about the level of controlled drugs stored on the ward that were no longer in use. We discussed this with the pharmacy staff who told us that they were in the process of reviewing the storage of medication, to include controlled drugs, with the aim of limiting the amount being stored on the ward with the main stock being stored in the pharmacy. The pharmacist would then dispense the medication as and when required with a limited stock stored on the ward.

We found that patients' own medication, which they brought with them on admission into the hospital, was not always being returned to them on discharge. This exacerbated the overstock issue.

We saw that oxygen was being piped directly into some of the patient rooms and were told that there were plans to extend this facility to all rooms as part of the hospital refurbishment programme.

Improvement needed

The registered persons must ensure that:

- patients' own controlled medication is checked, recorded and stored in the controlled drugs cupboard as soon as practicably possible on admission
- staff accurately complete the daily controlled drug check list
- patients' own medication, brought with them on admission into the hospital, is returned to them on discharge

- patients' own medication is not stored in the controlled drugs cupboard
- the review of medication storage is completed and action taken to address any areas for improvement highlighted.

Safeguarding children and safeguarding vulnerable adults

The hospital has policies, procedures and processes in place in order to safeguard children and adults who may be at risk.

The hospital had a designated lead person for all safeguarding issues and details of this individual were clearly visible around the hospital.

Staff had received the Level 3 training in relation to these subjects and this was documented accordingly.

Staff spoken with demonstrated a good understanding of safeguarding principles and how to escalate any concerns in a safe and appropriate manner.

Blood management

We were told that all blood transfusion products are supplied by the health board as and when required and that the health board's pathology department have full responsibility for the ordering, storage and distribution of blood products.

We were told that there was good communication between the hospital and the health board's pathology department who will promptly notify the hospital, in advance of surgery, of any potential issues with the supply of blood products.

Staff told us that they have received training on the management of blood products by the NHS and that they receive regular guidance and updates. We were also told that staff received additional training when needed facilitated by the hospital's training lead and the NHS.

Medical devices, equipment and diagnostic systems

The hospital had a range of medical devices and equipment available. We found that equipment was being tested on a regular basis to ensure that items remain safe to use.

We were told that any faults with equipment would be reported to the facilities/maintenance manager who would arrange for timely repair.

Safe and clinically effective care

We found the delivery of care to be generally safe and effective.

There were a number of policies and procedures in place to support the delivery of service. The policies and procedures viewed during the inspection were found to be comprehensive and based on current clinical guidelines.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. We also saw staff involving patients in making decisions regarding their care.

There was evidence of multidisciplinary working between the nursing and medical staff in the hospital.

Individual risk assessments were undertaken pre admission and updated, as necessary, on admission. We saw that the documentation to support these assessments were complete and comprehensive.

The provision of care was person centred and clearly based on the specific and varying needs of the patients. However, this person centred approach was not reflected in the generic format of the care planning documentation. Consequently, we recommended that care plans be more person centred in format and written from the perspective of the patient.

Staff spoken with had good understanding of sepsis[7] management and there was information available in leaflet form around the hospital to ensure this important condition was kept at the forefront of clinical practitioners' minds.

Patients are assessed for sepsis using the National Early Warning System (NEWS)[8] observation charts. However, we found some evidence that NEWS

[7] Sepsis is a life-threatening reaction to an infection. It happens when the immune system overreacts to an infection and starts to damage the body's own tissues and organs.

[8] National Early Warning Score (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.

observations and risk scores were not being calculated in a consistent way and accurately recorded.

We found evidence on one care file of good clinical judgement by the RMO with regards to sepsis management, despite the consultant not fully supporting the additional diagnostic procedures instigated by the RMO.

We found that the intentional rounding[9] chart had not been completed in respect of one patient on the first day of the inspection. However, when we reviewed the documentation on the second day of the inspection, we found that the chart had been completed retrospectively but not signed to indicate that this was the case.

We found that pain was being managed appropriately with formal assessments undertaken, documented and reviewed regularly.

We were told that there were arrangements in place for consultants to provide supporting cover for each other if needed and that additional support would be provided by an anaesthetist based at Wrexham Maelor hospital in an emergency.

We found that there were policies and procedures in place to guide staff 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. A patient transfer bag was available which contained all the equipment needed to safely transfer a patient. However, the bag was stored on a high level shelf and presented a risk of harm to staff due to its weight and storage location.

We were also told that the patient assessment process should ensure that no high risk cases are treated at the hospital, thus reducing the risk of complications which may require high dependency or intensive care support.

[9] Intentional rounding is the structured process whereby nurses in hospitals carry out regular checks, usually hourly, with patients using a standardised protocol to address issues of positioning, pain, personal needs and placement of items.

Improvement needed

The registered persons must ensure that:

- care planning documentation is reflective of the person centred approach to delivery of care.
- NEWS observations and risk scores are calculated in a consistent way and accurately recorded
- consultants and RMO are familiar with the hospital's policy for the management of sepsis and are clear as to which diagnostic procedures are required
- the intentional rounding charts are fully completed
- the patient transfer bag is located in a more accessible location.

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 on a national, local and departmental level.

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 saw documented evidence to show that patients' records were audited regularly in order to ensure good standards were maintained.

Patients' care notes were stored in a locked trolley for security and to maintain confidentiality.

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.

We found good management and leadership within the hospital, with staff commenting positively on the support that they received from the management team.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

Senior nurses and other managers were working diligently in order to promote the safe and effective care and treatment of patients attending the department.

Governance and accountability framework

We found that there were well defined and established systems and processes in place to ensure that the organisation focussed on continuously improving the service. This was, in part, achieved through a rolling programme of audit and effective governance structures which enabled nominated members of staff to meet regularly, to discuss clinical outcomes associated with the delivery of patient care and more general service delivery issues.

During discussions with staff, we were told that there was generally good communication within the hospital and wider organisation and good informal, day to day staff supervision and support processes in place. However, some staff told us that they would benefit from being informed of audit results for learning and quality improvement purposes.

Key staff from the hospital and other managers from within the wider organisation met at 10.00am every day to discuss service delivery and any emerging issues.

Dealing with concerns and managing incidents

Information on how to raise a complaint/concern was seen displayed in various areas of the hospital, in poster and leaflet formats. The complaints process is also set out in the hospital's statement of purpose and on the hospital website.

We spoke with the member of staff with lead responsibility for complaints/concerns management who told us that the aim of the organisation is to resolve complaints as close to source and as soon as possible. Every effort is made to meet with complainant, face to face, to discuss their concern. Where this is not possible then discussions take place over the phone. Complaints are discussed at daily huddle meeting and formally reported on a monthly basis under the organisation's governance arrangements.

We reviewed a sample of complaints records, 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 learning lessons from any concerns/complaints in order to improve the service. Learning from complaints was cascaded to all relevant staff during meetings to raise awareness, improve the service provision and promote the optimum patient experience.

Workforce planning, training and organisational development

We found friendly, professional staff team within the hospital who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

Staff recruitment is managed by the hospital's human resources department following the organisation's recruitment policy and procedures. We were told that staff recruitment is an ongoing process and that the hospital has had some success recently in recruiting eight overseas staff.

We were told that agency staff are sometimes used to cover vacancies and that every effort is made to secure the services of the same staff where possible to ensure the continuity of care and that staff are familiar with the service.

New staff and any agency staff, who have not previously worked at the hospital, are expected to complete a period of formal induction and are provided with a new starter induction pack and induction checklist. The documentation seen during the inspection showed the staff induction process to be comprehensive. However, one staff member mentioned that staff induction needs to be undertaken in a more timely way and over a shorter period of time.

Staffing levels within the hospital are determined following an assessment using a safer nursing care tool[10]. Staff told us that the organisation responded positively when staffing levels need to be increased due to changes in patients' needs.

Patients and staff told us that the hospital was sufficiently staffed. The staff rotas inspected showed that there were sufficient staff, with the appropriate skills and experience, on duty in order to provide safe and effective care to patients.

We inspected a sample of staff files and confirmed that staff had access to mandatory and other service specific training. We were provided with a copy of the hospital's staff training plan which was comprehensive and listed the subjects covered, completion dates and expiry dates. Mandatory training figures presented to us during the inspection showed good completion rates.

We requested information relating to performance appraisals and were able to confirm that the majority of staff had received an annual appraisal within the previous twelve months.

We were told that there had been recent changes in some key staff roles and responsibilities. Some staff told us that they would benefit from an awareness session to update them on who was now taking the lead in relation to some aspects of the service.

HIW issued an online survey to obtain staff views on the service provided at the hospital and the support and training that they receive. In total, we received 22 responses.

Training

Most of the staff who completed the online survey told us that they had received training in Health and Safety, Fire Safety and Awareness, Infection Control and Mental Capacity Act/ Deprivation of Liberty Safeguards.

[10] A safe nursing care tool calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides chief nurses in their safe staffing decisions.

Approximately a third of the staff told us that they had received training in Advanced Life Support with four telling us that they had received training in Paediatric Life Support.

All the staff who completed the online survey said they had received training in Safeguarding.

Four said they had received de-escalation training with over half telling us that they had received dementia/delirium training.

Three quarters of the staff said they had received privacy and dignity training.

Just over half of the respondents said they had received other training relevant to their area of work, and four said they had not.

One staff member told us that they would benefit from IT update training.

Nearly all staff who completed the online survey told us that training helped them do their job more effectively, helped them stay up-to-date with professional requirements and helped them deliver a better patient experience.

The majority of staff told us that they had an annual review or appraisal within the last 12 months with half saying that their training, learning or development needs were identified.

Just over half of the staff told us that their manager supported them to receive training and development.

Provision of Care

Three quarters of the staff who completed the online survey told us that they were able to meet all the conflicting demands on their time at work.

Nearly all staff said that they always or usually have adequate materials, supplies and equipment to do their work, with just under three quarters of staff telling us that there were enough staff to do their job properly.

All of the respondents said that infection prevention and control procedures are followed.

Nearly all staff said they were able to make suggestions to improve the work of their team / department.

All staff told us that patients' privacy and dignity is always or usually maintained.

Just over three quarters of staff told us that they were involved in deciding on changes introduced that affect their work area / team / department.

All staff told us that they were satisfied with the quality of care they give to patients.

Just over three quarters of staff said that patients or their relatives are involved in decisions about their care.

All staff said that patient independence is promoted.

All staff who completed the online survey said that the organisation encourages teamwork and nearly all stated that the organisation is supportive.

All staff told us that front-line professionals who deal directly with patients, are sufficiently empowered to speak up and take action if they identify issues in line with the requirements of their own professional conduct and competence.

Nearly all respondents said that there a culture of openness and learning within the organisation that supports staff to identify and solve problems.

All respondents said their organisation has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

All respondents said they were content with the efforts of their organisation to keep them/ patients safe and two said they sometimes were.

The organisation

All of the staff agreed that care of patients is the organisation's top priority and that the organisation acts on concerns raised by patients.

The majority of staff said that they would recommend their organisation as a place to work.

All of the staff agreed they would be happy with the standard of care provided by their organisation for them or for their friends or family.

Nearly all the staff agreed patient experience feedback was collected within their organisation and that they receive regular updates on patient experience feedback in their organisation.

Three quarters of the staff said feedback from patients is used to make informed decisions within their organisation.

Your immediate manager

Nearly all the staff said that their immediate manager encourages those who work for her/him to work as a team with just over three quarters telling us that their immediate manager can be counted on to help with a difficult task at work.

The majority of respondents said their immediate manager gives clear feedback on their work and asked for their opinion before making decisions that affect work.

Nearly all respondents said their immediate manager is supportive in a personal crisis.

We received the following comments from staff about their immediate managers:

> *"My immediate Manager goes above and beyond to help the team with almost everything. Couldn't ask for a better Team Leader!"*

> *"I only started [recently] but have been very impressed by the welcome and support of the hospital team especially my line manager"*

Senior Management

All staff said they knew who senior managers were in their organisation with nearly all respondents telling us that communication between senior management and staff is effective.

Three quarters of respondents said senior managers try to involve staff in important decisions with just under two thirds of respondents telling us that senior managers act on staff feedback.

Nearly all staff said that senior managers are committed to patient care.

We received the following comment relating to senior managers:

> *"Communication is outstanding between senior managers on site and from head office"*

Nearly all of the staff agreed their job is not detrimental to their health and that their immediate manager takes a positive interest in their health and well-being.

All, apart from one of the respondents, said their organisation takes positive action on health and well-being and that they are offered full support in the event of challenging situations.

All of the respondents agreed they were aware of the Occupational Health support available.

Just under three quarters of staff agreed that their current working pattern/off duty allows for a good work life balance.

What happens when incidents and errors occur?

Half of the respondents said they had seen an errors, near misses or incident in the last month.

All, apart from one of the respondents said that the last time they saw an error, near miss or incident they or a colleague reported it.

All staff agreed that their organisation treats staff who are involved in an error, near miss or incident fairly and encourages them to report errors, near misses or incidents.

All of the respondents agreed that their organisation treats reports of errors, near misses or incidents confidentially and does not blame or punish people who are involved in errors, near misses or incidents.

All of the respondents agreed that, when errors, near misses or incidents are reported, their organisation takes action to ensure that they do not happen again.

All respondents agreed that they are informed about errors, near misses and incidents that happen in the organisation and that if they were concerned about unsafe clinical practice, they would know how to report it.

Nearly all staff said that they would feel secure raising concerns about unsafe clinical practice and that they were confident that their organisation would address their concerns.

All staff who expressed an opinion agreed they are given feedback about changes made in response to reported errors, near misses and incidents.

Equality

We asked whether staff had faced discrimination at work within the last 12 months. No staff reported discrimination.

All respondents agreed that they have fair and equal access to workplace opportunities (Regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation).

We received the following comment relating to equal access to workplace opportunities:

> *"I found the organisation has a very positive attitude to older workers"*

All respondents agreed their workplace is supportive of equality and diversity.

Improvement needed

The registered persons should:

- consider holding an awareness session for staff in order to update them on the recent changes to key staff roles and responsibilities
- ensure that staff induction is undertaken in a more timely way and over a shorter period of time.

Workforce recruitment and employment practices

We found that recruitment practices within the organisation to be of a good standard. The process is managed by the human resources department who ensure that all necessary background checks are undertaken before a new member of staff commences employment.

We found that there were appropriate governance systems in place for the appointment of consultants, through the practicing privileges process, and for their continuing appraisal and revalidation.

Additional support has been provided for staff during the pandemic that included the appointment of mental health first aiders and the provision of a quiet space for staff to have some time away from the clinical area.

Improvement needed

The registered persons should review the staff responses to the online survey and consider whether further improvements can be made to the way that staff are supported.

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 summarises 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: Sprie Yale Hospital

Date of inspection: 28 and 29 September 2021

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 registered persons must ensure that the consultants' hand written notes are legible.	Independent Health Care (Wales) Regulations 2011 Regulation 23. Standard 8. Care planning and provision	Daily spot audit have been introduced by the Ward Charge Nurse and any concerns are being escalated to individual consultants in order to improve by the Hospital Director. All consultants have been reminded through a hospital wide communication of the importance to write legibly. Action taken will be confirmed at the next Clinical Governance Committee Meeting (05/01/2022) and Medical Advisory Committee meeting (13/01/2022).	Ward Manager Hospital Director Hospital Director Hospital Director	Completed Completed 31/01/22

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered persons must ensure that admissions and pre surgery documentation is fully completed.		Pre-operative assessment staff and ward staff have been reminded at their daily huddles about the importance of completing documentation and being extra vigilant with record keeping. Correct completion of Spire documentation is included in the induction programme for all staff. Additional support is being provided for new staff to ensure they understand Spire documentation and requirements until their competencies are fully signed off. The Ward Manager has started spot checks on the admission process to ensure improvement can be evidenced.	Ward manager	Completed
The registered persons must ensure that staff complete care documentation contemporaneously and, where this is not possible, then staff clearly record why the documentation was completed retrospectively.		All ward staff have been reminded through the safety huddle of the need for timely documentation and where this is not possible, that any subsequent entry has the correct time/date the record was made and the time the care was given.	Ward Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Timely documentation was the topic for our Monthly Safety Focus for October. Spot checks to seek assurance of improved compliance with contemporaneous documentation have commenced.		
The registered persons must ensure that care files are easy to navigate.		We acknowledge that the new pre-operative risk assessment booklet implemented means there is some duplication in the care pathways used. All care pathways are centrally under review to remove any duplication. All staff have been reminded to ensure that it is made clear in the care pathway to refer to the risk assessment booklet to avoid any unexplained gaps. Throughout December, spot checks will be completed to ensure these additional notes are being documented. The order of the patient records has been reviewed by the Ward Manager and has been streamlined making it easier to navigate. This will be discussed with the	Spire corporate team Ward Manager	30/06/2022 Completed 31/12/2021 31/12/2021

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		wider hospital teams to look for further opportunities in January. New patient notes care dividers are currently in design which will be a visible constant reminder to staff to complete comprehensive and accurate documentation.		31/12/2021
The registered persons must ensure that care planning documentation is reflective of the person centred approach to delivery of care.		Corporate procedure specific care pathways are in use and under central review. In the meantime, where there is variance to the pathway, a variance tracking sheet is completed with specific care and actions documented pertaining to that patient. A review is underway of current documentation to implement intermediate change to reflect a more person centred approach.	Spire corporate team Ward manager	30/06/2022 31/01/2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered persons must ensure that the contents of the resuscitation trolleys are check on a regular basis and the checklists are completed.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (2) Standard 22. Managing risk and health and safety Standard 12. Environment Standard 4. Emergency Planning Arrangements	All staff have been reminded to ensure they write in the correct date column on the trolley checklists. Checks have been allocated to Nurse in Charge each morning to ensure correct documentation is completed. Throughout October and November, there has been full compliance. Quarterly resuscitation trolley audits are already in place.	Ward Manager	Completed
The registered persons must ensure that the patient transfer bag is located in a more accessible location.		The transfer bag has been relocated to a location within easy reach and accessible to all staffs. A heavy sticker has been placed on the bag to make it clear that this may need support to move. This is considered low risk as the transferring ambulance service bring their own equipment for a patient transfer so the bag is very rarely used other than to complete safety checks.	Ward Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered persons must ensure safety crosses are not be displayed within the hospital if these are no longer being used.		Safety crosses are being used across all clinical departments and only the latest versions in use of now on display. Ownership of the safety cross is now allocated to the daily Ward Nurse in Charge or the Ward Manager to ensure this is completed daily as required.	Ward Manager	Completed
The registered persons must ensure that staff adhere to the hospital's controlled drug policy when administering medication.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) Standard 15. Medicines management	All staff have been reminded through safety huddle of the correct processes for CD medicines and Spire policy. The Ward Manager has commenced regular spot checks to ensure the correct procedure is being complied with, and recent checks show improved compliance. All relevant clinical staff are up to date with their controlled drug eLearning.	Ward Manager Ward Manager Hospital Pharmacist Ward Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered persons must ensure that staff accurately complete the daily controlled drug check list.		This responsibility is being undertaken by the night staff, and every morning the Ward Manager or Nurse in Charge (NIC) checks with them at the ward safety huddle that this has been completed. There have been no discrepancies since the inspection as a result of this process.	Ward Manager Hospital Pharmacist	Completed
The registered persons must ensure that patients' own medication, which they brought with them on admission into the hospital, is returned to them on discharge.		All staff have been reminded of the correct process through the safety huddle. A reminder to return drugs to patients is included in the discharge checklist and the format of this is being reviewed to ensure this is more prominent. Regular spot checks have been introduced to support the monthly formal audit and results will be reviewed in Q1.	Ward Manager Hospital Pharmacist Ward Manager	Completed 32/12/21
The registered persons must ensure that patients' own controlled medication is checked, recorded and stored in the controlled drugs		All staff have been reminded through safety huddle to ensure that any controlled drugs bought in by patients are prescribed and signed into the CD cupboard on admission.	Ward Manager Hospital Pharmacist	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
cupboard as soon as practicably possible on admission.		Clinical Policy 14 Safe Management of Controlled Drugs has been reissued to all ward staff with the relevant section (section 4) as a reminder of their responsibilities to ensure the storage of patient's CD are stored and segregated in the ward's CD cupboard.	Ward Manager	
The registered persons must ensure that the review of medication storage is completed and that any areas for improvement highlighted are actioned.		Medication storage has been reviewed, and stock levels reduced in some areas, which includes controlled drugs. Any excess controlled drugs have been destroyed in line with Spire Controlled Drug Policy. Stock levels have been reviewed to achieve no more than 2 weeks supply in hand.	Hospital Pharmacist	Completed
The registered persons must ensure that NEWS observations and risk scores are calculated in a consistent way and accurately recorded.	Independent Health Care (Wales) Regulations 2011 Regulation 23.	All staff have been reminded about the need for attention to detail when completing NEWS2. All staff have up to date NEWS training with audits undertaken in November showing 100% compliance.	Ward Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Standard 7. Safe and clinically effective care	The Ward Manager has commenced regular spot check on NEWS scoring and observations to ensure compliance continues to improve which supports the monthly more formal NEWS chart audit undertaken as part of hospital electronic audit plan.		
The registered persons must ensure that consultants and RMO are familiar with the hospital's policy for the management of sepsis and are clear as to which diagnostic procedures are required.		Sepsis information and documentation tools to be reissued to all Consultants and RMOs, and form part of the induction for new RMOs.	Director of Clinical Services	31/12/2021
The registered persons must ensure that intentional rounding charts are contemporaneously and fully completed.		Staff have been reminded to ensure all documentation is up to date and recorded at the time of assessment. Our intentional rounding tool has been reviewed and a new local tool implemented on 25/10/2021 which includes pain review information. The Ward Manager has introduced spot checks of the new tool to ensure	Ward Manager	Completed 31/03/2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		compliance with the changes and will report results in Q1.		
Quality of management and leadership				
The registered persons should consider holding an awareness session for staff in order to update them on the recent changes to key staff roles and responsibilities.	Independent Health Care (Wales) Regulations 2011 Regulation 20. Standard 25. Workforce planning, training and organisational development	An updated links and leads communication has been sent to all Heads of Departments to share with their staff and is displayed on the staff notice boards for information. An awareness programme will be launched in January 2022 to provide updates to all staff on their role and responsibilities.	Hospital Director Business Development Manager	Completed 31/01/2022
The registered persons should ensure that staff induction is undertaken in a more timely way and over a shorter period of time.		The local induction programme has recently been reviewed, and includes the date by which each section needs to be completed. The HR Administrator circulates a monthly communication to all managers which includes new starter's induction completion status for ongoing follow up.	Hospital Director HR Lead HR Lead	Completed Completed 31/03/22

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		The local induction pack is undergoing further review to streamline this into a more easily manageable document, which will further assist in timely completion.		
The registered persons should review the staff responses to the online survey and consider whether further improvements can be made to the way that staff are supported.	Independent Health Care (Wales) Regulations 2011 Regulation 19. (2) (e) 24. Workforce recruitment and employment practices	The Hospital Director has reviewed staff's responses to the online survey to complete the key actions for their departments. Requirement have been discussed with managers. The staff have been involved in the development of the action plan to improve so that this addresses any concerns.	Hospital Director	Completed

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): Sue Jones

Job role: Hospital Director

Date: 09/12/21