Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection (Unannounced)

BMI Werndale 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 BMI Werndale Hospital on the 19 and 20 November 2019.

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

There was evidence of a strong, effective and visible management team in place. Staff felt supported and had good access to training opportunities.

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:

- Feedback provided by patients in the HIW questionnaires was very positive
- The hospital actively sought feedback from patients, families and carers
- Capital investment had made a number of improvements to the hospital
- Staff displayed a thorough knowledge of their particular area of practice
- Access to training opportunities for staff
- All staff had been trained in basic life support
- There were clear lines of responsibility and accountability
- Strong management and leadership.

This is what we recommend the service could improve:

- Ensure consulting rooms are locked when not in use to prevent unauthorised access to patient records
- Increase the depth of short stay pre-assessment documentation.

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

3. What we found

Background of the service

BMI Werndale Hospital is registered as an independent hospital at Bancyfelin, Carmarthen, Carmarthenshire, SA33 5NT. It forms part of the wider BMI Healthcare Group, which provides a range of healthcare services across England, Scotland and Wales.

The service is registered to accommodate up to 28 patients overnight and is also registered to provide care to patients over the age of 16. However, during the inspection only 13 rooms were available for use. We were told that other patient rooms were not available to patients at present. The service was first registered on 18 November 2004.

The service employees a staff team of approximately 130 permanent staff comprising healthcare, administrative and ancillary staff and engages a range of Consultant Doctors who have defined practising privileges[1] within the hospital. The staff team was led by an Executive Director.

Twenty four hour medical cover was provided by a team of resident medical officers (RMOs), on a planned rota basis.

BMI Werndale Hospital provides a range of private healthcare services which include outpatient consultations and clinics, physiotherapy, rehabilitation and diagnostic services together with a range of surgical inpatient services. A full description of the services provided can be seen within the hospital's website, or their written statement of purpose[2].

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[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).

[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.

The hospital has a range of X-ray facilities. Such facilities were however, 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].

[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 that completed a HIW questionnaire during the course of the inspection, expressed a good level of satisfaction with the care and treatment received. Patients also told us that staff were kind and caring.

Opportunities were provided for feedback from patients' relatives and carers on their experience in a number of ways.

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 eight completed questionnaires. We also spoke with a number of patients during the course of the inspection.

Feedback provided by patients in the questionnaires was very positive; they rated the care and treatment provided on the ward as excellent. All patients agreed that staff were kind and sensitive when carrying out care and treatment, and that staff provided care when it was needed. Patient comments included the following:

> *"The staff I have met so far extremely knowledgeable of my treatment and care also knowledgeable and kind"*

> *"This hospital maintains very high standards - in all aspects of healthcare, personal care, cleanliness etc"*

During our inspection we 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 Werndale Hospital. In total, we received 23 completed questionnaires from staff undertaking a range of roles at the hospital including nurses, healthcare assistants and consultants. The majority of respondents had been working there for over two years.

Health promotion, protection and improvement

Information leaflets were available in the main reception area relating to common conditions treated at the hospital, which gave advice about the conditions and recovery process. We also noted information on smoking cessation, to encourage smokers to stop smoking.

Information was provided to patients on an individual basis, relating to their specific needs and treatments. This was done at the pre-assessment and post-assessment clinics. There was also a comprehensive section on the website[4] relating to health and wellness, giving practical advice for better living to help patients look after themselves in mind and body.

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, both to them and to their friends and family, and told us that staff called them by their preferred name. Comments included the following:

> *"All staff were most caring, and professional. They all put me at ease which was greatly appreciated. I could not have been better looked after"*
>
> *"Very friendly, putting us at ease"*
>
> *"Smiling, helpful, knowledgeable, delightful"*

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. Each patient received care in a single room with ensuite facilities, there were also some rooms with a second bed so that a family member could stay overnight, should they wish. Throughout the visit, members of the inspection team observed patients and their relatives being cared for in a dignified and courteous manner.

[4] https://www.bmihealthcare.co.uk/health-matters

All hospital staff who completed a HIW questionnaire felt that the privacy and dignity of patients was maintained, patient independence was promoted and patients and / or their relatives were involved in decisions about their care.

We observed staff knocking bedroom doors, prior to entering and closing doors whilst treatment and discussions with patients were being held. This ensured patient privacy and dignity was upheld.

Patients on the ward were visibly well cared for in terms of personal hygiene and were encouraged to move around where possible. Patients had the option of wearing a hospital gown or their own clothing.

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

Due to the layout of the hospital, there was potential for the ward to be used as a thoroughfare by non-clinical staff moving between the reception and consultation rooms and the administrative area, which could impact on patient dignity and infection control. However, we recognised that to mitigate this, there were separate entrances for the administrative team on one side of the ward and the reception on the other side of the ward.

There were individual, well equipped, consulting rooms which were used for pre-admission assessments. However, whilst we were inspecting the premises we noted two empty consulting rooms, with the doors open and patient records were clearly visible on the desks. We were able to enter, view and exit both consulting rooms without being challenged or seeing any members of staff. There was a patient and carer in the waiting room at the time.

Improvement needed

The service must ensure that consulting rooms with patient records are locked when the room is unattended.

Patient information and consent

All patients who completed a HIW questionnaire, agreed that staff have spoken with them about their medical conditions and helped them to understand. One patient commented:

> *"This is an extremely highly regarded organisation/hospital from both a clinical and personal aspect"*

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

Communicating effectively

The majority of patients, who completed a HIW questionnaire, indicated that they were offered the option to communicate with staff in the language of their choice.

We found that relevant and detailed information about individual patients were shared with the ward team at the beginning of each shift in an enclosed private area. This ensured that specific details about patients were made known to and clearly understood by all members of the team.

We observed staff communicating with patients and relatives in calm and quiet tones, staff were aware of the need to maintain discretion at all times. As described above, patients had their own rooms and staff were able to speak to them in private to prevent conversations being overheard.

Care planning and provision

Nearly all staff who completed the questionnaire agreed that, if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation. Most staff would also recommend the organisation as a place to work. Some of the comments provided by staff on the questionnaires included:

> *"From working here, I know first-hand how much staff here care and support every patient."*

Patients were encouraged to be active and appropriate equipment would be provided in accordance with individuals' assessed needs to help them walk and move as required. We noted a well-stocked storeroom with mobility devices. Conversations with ward staff revealed that patients were supported by physiotherapy staff to help them mobilise safely following surgery.

All patients who spoke with us said that they received help from staff in a timely manner. Staff told us that any patient considered at risk cognitively, would be provided with one to one supervision and the staff member allocated with this responsibility would not then be used for providing care and treatment to any other patients.

We noted that the discharge process was good including a telephone follow-up post discharge which was recorded. Discharge risk assessments were all

completed with an overall goal of promoting independence or supporting patients to be independent where applicable. The discharge letters sent to the patients' General Practitioner were also of a good standard.

Patients requiring additional / sensory needs, were identified as part of the pre-assessment clinic. There was a hearing loop that was available for use across the hospital. Whilst staff were aware of the butterfly system[5], this was not used, but staff were aware of how to meet the needs of any patients with dementia needs.

Equality, diversity and human rights

Discussions with staff demonstrated that every effort was made to provide patients with care, treatment and support in accordance with their wishes and preferences. 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.

Citizen engagement and feedback

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

BMI leaflets were seen on display called 'Comment, compliment and complaint', this included contact details for HIW as required by regulations. Feedback comment cards were on display in the discharge lounge. Patients were also given and sent questionnaires at various stages during their treatment at the hospital. These were analysed by an external organisation and the results presented at the governance meeting. Based on conversations with senior

[5] http://butterflyscheme.org.uk/

management, and examples of action taken as a result of the feedback, we found that the hospital actively listened to feedback provided by patients and took steps to address any concerns raised.

The majority of 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.

There was a comprehensive complaints policy that included the complaint process, data protection and learning from the complaint.

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 pre-admission assessments for short stay patients.

Managing risk and health and safety

We found that the service had procedures and processes in place to protect patients, staff and those visiting the hospital. There were a variety of risk assessments, which highlighted where areas of improvement were required. We did not identify any obvious trip hazards in any areas of the hospital visited. However, we did see that a smoke alarm had been left covered following some maintenance work and a delivery of theatre equipment was left unattended. When these issued were highlighted to staff the items were removed and stored and the smoke alarm uncovered.

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.

Generally we considered that oversight and leadership on health and safety matters was good, supported by comprehensive policies and risk assessments. There was a clear reporting system in place that ensured any health and safety issues identified were managed appropriately, until they were resolved. We were told that all staff had access to the BMI risk management system and were encouraged to report health and safety issues. These issues were then flagged locally and to a regional and national level and were reviewed and discussed at monthly governance meetings. Staff who reported issues received an email notifying them of the outcome and any areas of learning.

Cleaning materials were seen to be stored securely and staff only areas and rooms were locked appropriately to prevent unauthorised access.

Infection prevention and control (IPC) and decontamination

During our visit we found the hospital to be very clean and tidy. Patient bedrooms and bathrooms were cleaned daily to a very high standard.

We saw that personal protective equipment such as disposable gloves and aprons were readily available for staff use throughout the ward. Hand hygiene products (such as sanitising gel) were also present throughout the ward for use by staff, patients and visitors.

Staff we spoke with were knowledgeable about existing professional standards and corporate policies regarding the prevention of cross infection. Staff were required to undertake mandatory infection prevention and control training and the compliance rate was 100%. There was also evidence that hand washing audits were carried out in the hospital. However, we observed instances during our inspection where staff did not complete a full handwash to ensure hygienic (aseptic) hand hygiene[6], to reduce the possibility of cross contamination.

There were no concerns raised by patients regarding 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.

As described above all patients received care in individual rooms with ensuite facilities, which assisted with promoting effective infection prevention and control. We also spoke with housekeeping staff who provided us with details of the agreed cleaning schedules in place. We were pleased with the housekeepers' infection prevention and control knowledge. We also noted that the housekeepers communicated well with patients and had a good rapport with them. We also noted that the housekeeper changed PPE when moving from room to room to reduce the potential for any infection control issues.

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[6] To remove or destroy transient microorganisms. Also, to provide residual effect during times when hygiene is particularly important in protecting yourself and others (reduces those resident microorganisms which normally live on the skin).

Appropriate wipes were used to decontaminate equipment. Where a patient required observations to be recorded, the machine that was used was left in the patient room and wiped down when taken out of the room. Disposable equipment was used were applicable such as LED thermometers, with disposable caps. The nursing staff used Aseptic Non Touch Technique (ANTT), a tool used to prevent infections in healthcare settings, for dressing wounds.

We confirmed that safer sharp devices were used at the hospital and sharp objects, such as used needles and used glass ampules were stored and disposed of safely. Staff we spoke with were able to describe what they needed to do, in the event of a needle stick injury. We confirmed that staff were able to obtain support and advice from the BMI occupational health service as and when required.

There were a number of porous surfaces in the ward corridor such as wooden doors, handrails and wallpaper. Whilst they appeared to be visibly clean, these could be considered to be dated and not in line with current best practice regulations to ensure effective infection control. Senior Management at the hospital informed us that discussions with the organisations' consultant microbiologist revealed that there was a low infection control issue with these and that the overall hospital / ward infection control rates were low. The hospital stated that they would complete a further risk assessment and that there were some refurbishment plans in place, including covering door frames with protective wipeable covers

We also noted during the inspection, and were told, that infection control rates were low, but these were not displayed in public areas. Displaying these in prominent positions throughout the hospital would give confidence to patients and visitors in the standards maintained at the hospital.

Improvement needed

The service must ensure that they:

- Assess the infection control risks within the ward environment caused by all porous surfaces, and take action as appropriate
- Remind all staff to adhere to infection control policies regarding handwashing, especially between patients.

Nutrition

During our visit the inspection team observed patients receiving a lunchtime meal. The food looked appetising and nutritious. Patients were able to select

their choices from a menu which was varied, with options, and changed on a regular basis.

Patient records showed that nutritional risk assessments were completed on admission, helping to identify and assess patient needs.

Food was prepared and delivered to patients on an individual basis, meaning that patients had a choice about what and when they wanted to eat. We noted that patients were invited to eat where they felt most comfortable, patients' tables were cleared promptly and patients were encouraged to wash their hands before meals.

Overall, we found that the arrangements for food and drink were appropriate and of a very good standard.

Medicines management

We found that all medicines were stored securely in locked cupboards in a locked treatment room on the ward. Patients were able to bring in their own medication that was stored in their own lockable cupboards in individual rooms. The keys to the cupboards were held by a registered nurse. A pharmacist reviewed the medication of all patients when they were admitted and again on discharge.

Controlled medicines were also stored correctly and the key carried by the nurse in charge. The controlled drugs register and entries had been recorded appropriately. Fridges containing medication were also locked and the temperatures of the fridges were checked daily.

Staff told us they were encouraged to report incidents, concern or errors. However, the staff we spoke with, had not had an occasion to raise an incident, concern or error.

Patients at the hospital wear identity bands for safe practice and we observed all patients were wearing them appropriately.

The hospital used the medication charts that were similar to the All Wales Medication Charts[7], which were completed thoroughly and consistently to ensure the safe and effective management of medicines administration. No gaps in medication were identified in records. Records evidenced clearly what medication had been administered by staff, with clear dates for drug commencement and completion. All records were clear and legible. These charts included venous thromboembolism (VTE)[8] assessments that were considered to be good and well used. Patient identification was on every page.

Safeguarding children and safeguarding vulnerable adults

We saw that there was an appropriate policy in place regarding safeguarding of both adults and children. We also found that staff had received training in safeguarding and records of the training were maintained on the company training database. Both the Clinical Director, who was the safeguarding lead, and the Ward Manager, had received the appropriate safeguarding training to level three, the remainder of staff also had the appropriate level of training.

Discussions with staff revealed that they had not cared for any patients, recently, who may have required Deprivation of Liberty Safeguards (DoLS)[9]. They were aware of the safeguarding policies and demonstrated a knowledge of the DoLS procedures. As mentioned above, the pre-assessment consultation would identify any patients requiring this level of care and treatment.

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. We observed the use of the minimum blood usage tracker that identified what

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

[8] VTE is a condition in which the blood clots form in veins located deep inside the body and travels in the circulation.

[9] 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.

procedures required blood. At the pre-assessment consultation, patients were screened and where necessary blood was kept on site for emergencies. The ward manager monitored appropriate use of blood through the tracker.

The blood was supplied by contract, by Hywel Dda University Health Board (HDUHB). When there was a national shortage they were allocated blood only as available based on health board priorities. Adverse events were reportable within the organisation and the blood bank, by a Serious Hazards of Transfusion (SHOT)[10] report. The ward manager stated that nominated staff were due to attend an investigation course that would further improve skills in that area.

We were told by the ward manager that all staff involved had completed the All Wales Blood Transfusion Training, the training included blood transfusion administration competencies for assessment. Competent staff records and signatures were kept as a record by HDUHB.

The blood fridge on site was temperature controlled and the temperatures were recorded daily. There was an alarm system that was linked to a bleep, held by a designated member of staff.

Medical devices, equipment and diagnostic systems

The hospital had sufficient numbers of items of various pieces of equipment to support the different patient groups attending the hospital. There were robust processes in place, managed by the estates team, to make sure that equipment was serviced and calibrated within relevant timescales, to demonstrate they were safe to use. We noted the maintenance contracts and servicing schedules for a sample of equipment.

We saw two new pieces of equipment without a servicing label on the equipment and were informed that new “assets” were input into a database and inspected by the service provider when due, in accordance with the maintenance contract.

All the staff members we spoke with, told us that they had the adequate materials, supplies and equipment to do their work.

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[10] https://www.shotuk.org/

Safe and clinically effective care

There was evidence noted of audit activity being regularly undertaken. We viewed the audit programme that was based on the national programme and results were entered on the database so that the outcomes could be viewed centrally on a national basis. A team of peer reviewers, both clinical and non clinical, was used to carry out the audit programme. We noted in addition to the programme that there were fixed audit templates that were used, that the auditor could follow to evidence compliance. Action plans were then completed and the results were also fed back through team meetings. Examples of the audits we saw included, health and safety, controlled drugs, bloods, medicine management and imaging.

Staffing levels were sufficient for the numbers of patients. We were informed that this was generally not an issue at the hospital, as they have elective lists and can plan ahead.

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 staff read and electronically sign to say they have read the policies. This was monitored by management to see who had read the policies. We noted that an agency member of staff, who was regularly used at the hospital, did not have access to the online system. We were told that a folder with hard copies of the policies was available, however, when we asked to view the folder it could not be found. Therefore the agency nurse could not access the policies without a permanent member of staff providing access through their online account.

There was a patient safety at a glance board[11] in the staff office, which was not visible from outside the office. Whilst this was updated daily, it mainly indicated the location of the patients, further at risk information could be kept on this board to include the use of at risk symbols. Additionally, staff had their own hand-written notes on the patients that contained more information than the board, but this could be an information security risk if the paper was lost or mislaid.

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

We found that there were clear and established processes in place to manage and evaluate patients' pain levels. The inspection concluded that pain was well assessed particularly for the longer stay patients with pain management tools being used and documentation completed to a high standard. Additionally, discussions with members of staff on the ward indicated that staff were aware of the relevant clinical guidelines associated with their area of practice.

At the time of the inspection, there were no patients with a diagnosis of dementia or showing signs of confusion. We noted that the short stay pre-assessment documention did not contain a mental capacity assessment on and the longer stay assessment did not contain trigger words to make a full assessment of the cognitive ability of the patient. However, we did observe a safeguarding board in the staff area, which signposted staff to the right pathway / professional for futher advice and management.

Improvement needed

The service must ensure that they:

- Update the pre-assessment documentation to ensure that the cognitive and safeguarding needs of the patient are fully considered and that the decision about mental capacity is properly recorded.
- Ensure policies and procedures are readily available to all members of staff (whether permanent or agency)
- Further enhance the use of the patient safety at a glance board to include all relevant information and eliminate the need for paper information.

Participating in quality improvement activities

We noted that a substantial sum of capital investment had been spent on the hospital in the last year. Resulting improvements included resurfacing the steep car park (including a cold weather safer path), fixed digital x-ray and mobile x-ray equipment, clinical flooring and upgrades in the theatre.

The hospital was also the first in Wales to benefit from robotic technology for knee surgery. Surgeons at the hospital were using a robotic assisted tool known as the Navio Surgical System. Each Navio procedure had an individual plan based on each patients' unique anatomy and every operation was tailored to the specific patient. These procedures had been the subject of positive local and national press reports recently.

We were also informed of the BMI wide “Improve, Adapt, Change” approach where everyone could comment on quality improvement, through a feedback system and where issues could be addressed and simplified where necessary. Examples given including changes to the staff working hours, exception reporting system and changing forms to ensure that patients were fully informed of additional charges.

The hospital inputs into the joints and spinal national registry[12] and into the Patient Reported Outcomes Measures (PROMs)[13], a systematic way for patients to inform the NHS about their care, experience and health status. This helped monitor patient progress and provide strong evidence on the effectiveness of care and treatment received.

Additionally there were often opportunities for staff to work in other BMI sites, normally for a week, where any learnings or work practices could be shared and brought back to Werndale hospital.

Records management

We noted that patient records on the ward were being stored securely when not in use to prevent access by unauthorised persons.

We viewed a sample of patient records and noted a number of areas where they could be further improved. The records were not easy to navigate and would benefit with the use of dividers to separate the various sections of the records. The short stay documentation, that was completed at the pre-admission stage, was not detailed and was mainly a tick box form with little hand written assessment. For example, if a patient indicated there was an issue, the follow up on this was not recorded, therefore the risk is identified, but no action documented to mitigate the risk.

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[12] https://www.hqip.org.uk/national-programmes/joint-replacement-surgery-the-national-joint-registry/#.XgIYMWw3ZyU

[13] https://proms.nhs.wales/

Sepsis[14] Six[15] was used with a clear pathway in place. The protocol provided to staff to guide them in a sepsis situation included an instruction to administer antibiotics according to BMI protocols which were kept with the Sepsis kit for easy access.

Improvement needed

The service must ensure that:

- Short stay pre-admission documentation is sufficiently detailed to enable all potential risks to be identified during the pre-admission assessment; action taken to mitigate risks must also be clearly documented.

[14] Sepsis is a serious complication of an infection. Without quick treatment, sepsis can be life threatening.

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

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 evidence of a strong, effective and visible management team in place.

We found there were clear governance processes and procedures in place to support staff in delivering a high standard of care to patients.

Staff told us that they felt supported and had good access to training opportunities.

Governance and accountability framework

During our inspection we met with numerous members of the management team and staff, who were very accommodating, open and honest, and engaged with the inspection process.

We found that the Executive Director demonstrated a drive and commitment to improving standards and was supported by a management team that displayed strong leadership and management skills. Where we made recommendations and suggestions to improve the service, the management team were committed to making changes.

Clear lines of management and accountability were demonstrated by all levels of staff. Staff we spoke with told us they were aware of their responsibilities and were confident to question any decisions made by management should the need arise.

We saw that there were a number of relevant meetings to support the effective running of the hospital. There were clear processes in place to ensure that information was shared with staff and cascaded upwards and downwards. These processes included a morning communications cell meeting where all departments updated each other on the day and future activities of relevance

from a set list of headings. We observed the meeting during our inspection and the meeting was short, sharp and to the point. We saw that a written briefing of the meeting was produced quickly and shared with all staff.

Staff were asked questions in the questionnaire about their immediate manager, and the responses given were generally positive. All respondents agreed their manager encouraged those who work for them to work as a team and nearly all agreed their manager could 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 their manager asked for their opinion before decisions were made that affect their work. Nearly all agreed their manager was always supportive in a personal crisis.

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

> *"Very supportive, professional and caring. I love working with my professional colleagues."*
>
> *"Hard working dedicated manager who will always support staff"*

We were satisfied that there were robust internal and organisational audit and clinical governance arrangements in place to ensure compliance with regulations and best practice guidance. We saw records to show a number of processes that demonstrated the hospital, and wider organisation, were committed to providing a safe and effective service to patients and that there was regular oversight of the hospital. There was a clinical governance lead within the hospital who was clear about their role and responsibilities, and was able to clearly show the governance activities being undertaken, as well as action plans where improvements were needed.

There were positive links between leads within the hospital and with the wider organisation. We saw that there were regular meetings with other BMI hospital management, clinical governance leads and infection control leads. The aim of these meetings was to be able to share best practice across the organisation.

The responsible individual[16] who was also the regional director, had visited the site recently and had produced the six monthly responsible individual report required by regulations.

The hospital also holds a monthly governance day starting with the senior management team meeting, then cascading to the hospital governance committee and heads of department meeting. The agendas were set and the meeting minutes were noted and included actions that were reviewed at the next meeting. These meetings then feed into the regional clinical and operational monthly meetings and eventually into national meetings. We also viewed the slide pack produced for the meetings that included information on complaints and concerns, training and financial information.

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

Nearly all respondents said communication was effective between senior management and staff, and most said senior managers involve staff in important decisions, and act on staff feedback.

Dealing with concerns and managing incidents

We found that the hospital had good systems in place for managing complaints and any incidents. Information was available for patients, family and visitors informing them how to raise complaints / concerns, HIW contact details were also displayed. We were told that, where possible, issues were dealt with at a local level, although there were opportunities of redress through the wider organisation. Details of complaints and feedback were considered and we saw where the hospital had taken into account feedback to make changes.

The hospital utilised an electronic recording system for managing and reporting any incidents (also concerns and errors). We were told that all staff were

[16] The Responsible Individual (RI) is a named person (as required by the Independent Health Care (Wales) Regulations 2011) who is a director, manager, secretary or other officer of the registered organisation. The RI is responsible for supervising the management of the establishment.

encouraged to report incidents and near misses to help prevent issues from reoccurring. Staff we spoke with and those who completed the questionnaires, all confirmed this and very few stated that they had seen errors, near misses or incidents in the last month that could have harmed staff or patients. We saw evidence of where lessons had been learned and processes changed as a result of an incident being reported. The numbers and types of incidents were also reported in the slide pack described above.

Most respondents agreed the organisation treated staff, who were involved in an error, near miss or incident, fairly. Most staff also told us that they felt the organisation treated any error, near miss or incident that was reported confidentially, and nearly all said they were given feedback about changes made in response to reported errors, near misses and incidents. The majority of respondents said they feel that their organisation does not blame or punish people who were involved in errors, near misses or incidents.

Nearly all respondents said that if they were concerned about unsafe clinical practice they would know how to report it. All staff we spoke with, told us that they would feel secure raising concerns about unsafe clinical practice and that they would be confident that their organisation would address their concerns.

We reviewed the incident management policy and saw that it included clear guidance for staff on the following areas:

- Immediate responsibilities following an incident
- How to report an incident
- Assessing and managing incidents
- Post incident follow up
- Sharing lessons learned

The majority of respondents agreed that, in general, their job was good for their health very few disagreed with this statement. Nearly all said their immediate manager takes a positive interest in their health and well-being and most agreed that their organisation takes positive action on health and well-being. Nearly all respondents felt their organisation acted fairly with regard to career progression or promotion.

Workforce planning, training and organisational development

Staffing levels were assessed on a day by day basis (and planned weekly in advance); adjustments being made in accordance with patients' assessed needs.

Discussions with staff revealed that at least two Registered Nurses were on duty at all times to provide care within the ward. We also noted, from viewing the ward rota, that this number was increased, in direct response to the needs and number of patients who were receiving care.

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.

Staff also confirmed that the organisation encouraged teamwork and they had participated in an appraisal of their work in the last 12 months. The majority of respondents said their needs were identified at their reviews. All respondents said their manager had supported them to receive the training, learning or development opportunities identified during those meetings.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. Most respondents who answered these questions felt that the organisation was 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.

Respondents also agreed that the organisation always has the right information to monitor the quality of care across all clinical interventions and take swift action when there were shortcomings. They also agreed that there was a culture of openness and learning within the organisation that supported staff to identify and solve problems.

Senior managers monitored compliance with mandatory training, such data being compared across BMI hospitals. We were able to confirm that all staff were required to complete mandatory training. There was a clear emphasis on ensuring that staff received regular, relevant training, which was reflected in the high compliance rate with mandatory training. This was a mixture of online training through BMI central online training, other online courses and registered nurses also having access to the Nursing and Midwifery Council online for the purpose of accessing relevant and current information. In addition, external

sources of training were used on a regular basis. This was to ensure that staff maintained and developed suitable skills to care for patients safely.

We were informed that one health care support worker had also started training, through BMI, as an operating department practitioner. We also found that the majority of clinical staff were trained in the use of adult Intermediate Life Support (ILS) techniques; some having completed advanced level training, in accordance with their job responsibilities. We were also informed that all staff had received training in Basic Life Support (BLS). This was considered to be good practice.

We saw records that evidenced staff appraisals were being performed in a timely manner. All but one of the staff members who completed a questionnaire told us that they had an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in such meetings, staff told us that their manager always supported them to achieve these needs.

It was also worthy of note that staff told us that training time was protected and paid for by the employer. Based on their appraisal, training needs and career progression, staff were encouraged to attend additional activities. A further example, was that a number of administrative staff had achieved a qualification as members of the Institute of Leadership and Management at level 3 and level 5.

Workforce recruitment and employment practices

We looked at a number of staff files and found that the hospital placed an emphasis on safe recruitment to help ensure only suitably qualified and experienced staff were recruited. We also noted that appropriate pre-employment checks were conducted, helping to safeguard patients and 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 consultants' NHS employer to help ensure that their appointments remained appropriate.

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: BMI Werndale Hospital

Date of inspection: 19 and 20 November 2019

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 service must ensure that consulting rooms with patient records are locked when the room is unattended.	10. Dignity and respect	Staff reminded immediately to ensure that consulting rooms with patient records are locked when the room is unattended. In addition, a secure access system will be installed across the hospital by the end of February 2020 and this will include the outpatient department	Jacky Jones Executive Director	Completed 02 March 2020
Delivery of safe and effective care				
The service must ensure that they: • Assess the infection control risks within the ward environment caused	13. Infection prevention and control (IPC) and	A full facilities assessment of all porous surfaces within the ward environment	Jacky Jones Executive	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
by all porous surfaces, and take action as appropriate	decontamination	has been completed and as part of on-going refurbishment the removal of wall paper and the wooden handrail on the ward corridor and upgrading of patient room doors will be prioritised.	Director	
• Remind all staff to adhere to infection control policies regarding handwashing, especially between patients.		All staff reminded to adhere to infection control policies regarding handwashing and refresher training completed on 03 January 2020 for all clinical staff		Completed
The service must ensure that they: • Update the pre-assessment documentation to ensure that the cognitive and safeguarding needs of the patient are fully considered and that the decision about mental capacity is properly recorded	7. Safe and clinically effective care	Pre-assessment documentation has been reviewed and amended to include a cognitive and safeguarding assessment and this is signed as completed by the Registered Nurse undertaking the assessment.	Jacky Jones Executive Director	Completed
• Ensure policies and procedures are readily available to all members of staff (whether permanent or agency)		Policies and procedures are readily available via the staff intranet for all permanent staff. The hard copy policy file is in a visible location in the nurses		Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
• Further enhance the use of the patient safety at a glance board to include all relevant information and eliminate the need for paper information.		office and is readily available as required. The patient safety at a glance board has been reviewed and patient allergies included, and the nurse held information sheets have been improved by removing patient identifiable information.		Completed
The service must ensure that: • Short stay pre-admission documentation is sufficiently detailed to enable all potential risks to be identified during the pre-admission assessment; action taken to mitigate risks must also be clearly documented	20. Records management	A review of short stay pre-admission documentation has been undertaken to ensure potential risks can be identified and all staff reminded to clearly document action taken.	Jacky Jones Executive Director	Completed
Quality of management and leadership				
No improvements required in this area.				

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): Jacky Jones

Job role: Executive Director

Date: 14 February 2020