

Inspection Summary Report

Diagnostic Imaging Department, Spire Yale
Hospital, Wrexham

Inspection date: 20 and 21 June 2023

Publication date: 21 September 2023



This summary document provides an overview of the outcome of the inspection

Digital ISBN 978-1-83504-725-5
© Crown copyright 2023



There was no doubt that staff were carrying out the correct clinical practice but this was not reflected in the employer's procedure. A number of the improvements needed listed in this report were also highlighted in the previous remote inspection in 2021.

Staff were committed to provide patients with a good experience when visiting the department. Patients provided positive feedback about their experiences of attending the department at the hospital.

The environment appeared well maintained and in a good state of repair. Staff were also proud of the new outpatient department that had recently opened and explained this had resulted in improved facilities for patients visiting the department.

Compliance with the hospitals mandatory training requirements was also generally positive and the appraisals were up to date. The training competencies required under IR(ME)R need to be completed in full.

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection of the Diagnostic Imaging Department at Spire Yale Hospital, 20 and 21 June 2023. The imaging is carried out over three sites; Abergele, currently closed for renovation; Spire Yale main building and Chesney Court outpatient department, known as hospital or department in this report.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Senior Clinical Diagnostic Officer from the Medical Exposures Group (MEG) of the UK Health Security Agency (UKHSA), who acted in an advisory capacity. The inspection was led by a HIW Senior Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

We found staff were committed to provide patients with a good experience when visiting the department. Patients provided positive feedback about their experiences of attending the department at the hospital.

Suitable arrangements were in place to promote the privacy and dignity of patients and we saw staff treating patients with respect and kindness.

There were arrangements in place for patients to provide feedback of their experiences. We also saw information was displayed on how the department had acted on feedback received.

Whilst there was relevant information displayed to patients in English such as the treatment, benefits and risks and pregnancy status, little information was in Welsh.

Where the service could improve

- Display more information in Welsh.

What we found this service did well

- Patients provided very positive feedback about the service they had received and the approach of the staff
- Staff placed an emphasis on promoting the privacy and dignity of patients.

Patients told us:

“Fantastic care.”

“Welcoming staff, nice bright and clean accommodation.”

Delivery of Safe and Effective Care



Overall Summary

The employer's procedures need to reflect local service provision giving clear processes for staff to follow in one place, including information from the self-assessment questionnaire and information given at the meeting with senior staff. There was no doubt that staff were carrying out the correct clinical practice but this was not reflected in the employer's procedure. A number of the improvements needed listed in this report were also highlighted in the previous remote inspection in 2021.

Referrals checked were mainly completed correctly and in full.

Safeguarding and infection control were well managed with leads nominated in these and other areas who were aware of their role.

The environment appeared well maintained and in a good state of repair. Staff were also proud of the new outpatient department that had recently opened and explained this had resulted in improved facilities for patients visiting the department. The improvement works in the main hospital were also being managed to maintain health and safety of staff and patients.

Where the service could improve

- Update employer's procedures to reflect the local service provision
- The entitlement process needs to be documented correctly.

What we found this service did well

- Maintaining a safe and pleasant environment
- Managing the safeguarding and infection control processes
- Ensuring the relevant risk assessments were in place.



Quality of Management and Leadership

Overall Summary

The hospital director was the designated employer under IR(ME)R and clear lines of reporting and responsibilities were described and demonstrated.

Feedback from staff was generally positive.

Compliance with the hospitals mandatory training requirements was also generally positive and the appraisals were up to date. The training competencies required under IR(ME)R need to be completed in full.

Staff stated that the skill mix of staff at the department was good and that the department was well staffed to cover the workload at the department.

Where the service could improve

- Complete the training matrices for staff training competencies.

What we found this service did well

- Staff were dedicated to their role
- Management and leadership was positive
- Mandatory training compliance was generally good.

Staff told us:

“Our team works closely together to provide a exceptional service to our patients. Safety of staff and patients is a clear priority of management. The department is a happy place to work.”

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

