

# Independent Healthcare Inspection Report (Unannounced)

Nuffield Health The Vale Hospital

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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

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

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



# Contents

1. What we did .....	5
2. Summary of inspection .....	6
3. What we found .....	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership .....	15
4. Next steps.....	17
Appendix A - Summary of concerns resolved during the inspection .....	18
Appendix B - Immediate improvement plan.....	19
Appendix C - Improvement plan .....	21

# 1. 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 unannounced inspection at Nuffield Health The Vale Hospital on 16 and 17 July 2024. The following hospital wards were reviewed during this inspection:

- Ward - 29 beds providing surgical services

Our team for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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

This (full) report 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.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be very good.

Patients spoken with during 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 dignified and respectful manner.

We saw staff attending to patients in a calm and reassuring manner. The hospital environment was very well maintained, clean and tidy.

This is what the service did well:

- Good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner
- Patients were treated with dignity, respect, and compassion
- Patients were attended to promptly when they needed assistance
- Availability of patient information
- Well maintained and welcoming environment.

### Delivery of Safe and Effective Care

Overall summary:

We found the provision of care at Nuffield Vale Hospital to be safe and effective.

There was a multidisciplinary approach to the planning and provision of care.

The staff team were committed to providing patients with compassionate, safe, and effective care.

The interior and exterior areas of the hospital were very well maintained, clean, tidy, and free from obvious risks to health and safety. However, we found one store room to contain surface dust and we were unable to identify clean equipment.

Patient care needs were being addressed by staff who monitored patients to promote their wellbeing and safety.

We found the medical records to be generally well maintained. However, in some cases we reviewed doctors interventions and consent had not been documented in full.

This is what we recommend the service can improve

- Doctor documentation needs to be complete and detailed
- Medical staff must ensure patient consent is documented in the medical records.
- Ensure all store cupboards are clean and clean equipment can be easily identified.

This is what the service did well:

- Provision of person centred and individualised care
- Multidisciplinary approach to the planning and provision of care
- Care plans and supporting documentation easy to navigate
- Medication management
- Infection prevention and control.

## Quality of Management and Leadership

Overall summary:

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

Staff told us that they were happy in their work and that an open and supportive culture existed.

This is what the service did well:

- Good support and oversight by the management team
- Good auditing and reporting processes
- Management of concerns and incidents
- Staff training
- Robust recruitment process
- Robust appraisal process for doctors working at the hospital under Practising Privileges arrangements.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of ten were completed. Patient comments included the following:

*“This place is truly excellent, not just very good. I wish everyone could be treated here”*

*“The setting is beautiful and the hospital itself is clean and modern. The staff that looked after me were brilliant and I cannot thank them enough”*

#### Health promotion, protection and improvement

Health related information and pamphlets were available in various parts of the hospital, some which were bilingual.

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.

#### Dignity and respect

Patients were treated with dignity, respect and compassion by the staff team.

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. All of the patients who completed the online survey, told us that they had been treated with dignity and respect by the staff at the hospital.



All the patients who completed the questionnaire said that they were listened to by staff during their appointment and were able to speak to staff about their procedure or treatment without being overheard by other people.

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

Patients told us that the staff worked as a team and that they communicated well with each other and demonstrated real care for the patients and each other.

### **Patient information and consent**

There was a wide range of information available to patients in the form of leaflets, booklets and posters.

Patients confirmed that pre-op treatment and care discussions had taken place and that they had been provided with information leaflets.

All patients who completed the questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and 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 who participated in the inspection told us that the cost of treatment was made clear before they received that treatment.

All 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, with all respondents to the questionnaire confirming that they had signed a consent form prior to receiving treatment.

All of the patients that completed questionnaires agreed that they had received enough information to understand the treatment options and the risks and benefits.

### **Communicating effectively**

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

There was bilingual signage throughout the hospital and Welsh speaking staff. However, we noted that 'laith Gwaith' badges were not worn. This was discussed with the management team and was corrected during our inspection.

We were also told that translation services were available for patients who wished to communicate in languages other than Welsh or English.

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

### **Care planning and provision**

There was a multidisciplinary approach to planning care and treatment that involved the patient, Resident Medical Officer (RMO), consultant, anaesthetist, nurses, physiotherapists and pharmacists.

We reviewed three patient care files and found the quality of the records to be good. Handwritten nursing records were legible and contemporaneous. However, we found some cases where doctors had not completed documentation following treatments.

**The service must ensure doctors complete medical documentation following each treatment.**

Comprehensive assessments were being undertaken prior to admission and these were reviewed and updated as necessary. However, during our review of medical notes we found, in some cases, that consent had not been completely documented.

**The service must ensure the consent process is documented thoroughly.**

There were appropriate discharge planning systems in place with patients being assessed by other professionals, such as physiotherapists, prior to leaving the hospital.

### **Equality, diversity and human rights**

Staff had undertaken equality and diversity training and provided care in a way that promoted and protected patients' rights.

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

All of the patients who completed the questionnaire 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).

Accessibility was very good through the hospital. There was lift access to the first floor and toilet facilities in the reception area were spacious and provided aids to assist patients with additional mobility needs.

### **Citizen engagement and feedback**

There were robust systems in place to audit and review the service provided. Patients told us that they were encouraged to complete a satisfaction survey following treatment at the hospital.

All completed patient satisfaction surveys are evaluated by the organisation and all feedback was welcomed (both positive and negative). The 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 guide and on the hospital's website.

# Delivery of Safe and Effective Care

## **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.

Environmental hazards had been identified and considered in a comprehensive manner. Policies, procedures and processes had been implemented to reduce 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.

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. 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 established lines of accountability within the governance structure to escalate risks.

The hospital had resuscitation trolleys which were used in the event of a patient becoming unwell. These trolleys were regularly checked to ensure that they could be used in an emergency situation.

Staff had received basic life support and paediatric life support training and all appropriate staff had received immediate life support training. Staff also received training in the recognition of patient deterioration and senior nursing staff had received Advanced Life Support Training (ALS).

## **Infection prevention and control (IPC) and decontamination**

All areas viewed during the inspection were found to be generally clean and well maintained. We found one store room to contain surface dust and we were unable to identify equipment that had been cleaned. This was dealt with during the inspection and cleaning schedules were seen.

There was a comprehensive infection control policy in place supported by detailed cleaning schedules and regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

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 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.

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

We saw that all equipment was being cleaned in between patient use with appropriate labels being used to identify that equipment had been decontaminated.

### **Nutrition**

All of the patients who contributed to the inspection confirmed that they were satisfied with the quality, availability and freshness of the food provided.

Patients had access to fluids with drinks readily available by the bedside.

All the meals were freshly prepared on site daily and looked well-presented and appetising.

We found an effective system in place to cater for individual patient dietary needs, with good communication between care and catering staff.

### **Medicines management**

We saw evidence of excellent practice with regards the storage, supply, governance and administration of medicines. Medication administration charts were accurately maintained.

Medication was being appropriately stored in locked storage and treatment room. We found that the medication fridge was not locked. Although the fridge is kept in a locked room, we advised that this should also be locked. This was done during the inspection.

The hospital is supported by a local NHS hospital pharmacy under a service level agreement with pharmacists attending the hospital daily to support safe medicines management and provide guidance to staff.

There was a formal framework in place for the management of medication errors, with any errors and near misses clearly recorded, reported and investigated.

Investigation outcomes are communicated to staff in order to support learning and avoid reoccurrence.

There were robust processes in place to manage the safe administration of blood and blood based products.

### **Safeguarding children and safeguarding vulnerable adults**

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject. The Director of Clinical Services is the safeguarding lead for the hospital and is responsible for managing any referrals and act as a point of contact for staff for all safeguarding matters.

### **Medical devices, equipment and diagnostic systems**

The hospital had a range of medical equipment available which was in good condition and maintained appropriately.

### **Safe and clinically effective care**

From our discussions with staff and examination of care documentation, we found that patients were receiving safe and clinically effective care.

We found that care was being delivered in line with nationally agreed pathways and frameworks.

There were comprehensive policies and procedures in place to support the provision of care and these were being reviewed and updated regularly.

There was evidence of very good multidisciplinary working between the nursing, medical staff and other professionals.

We found the delivery of care to be person centred, safe and effective.

There were robust systems in place for the transfer of patients to the nearest appropriate district general hospital in the event of an emergency.

Pain was being appropriately managed through the use of formal pain assessment tools and the administration of appropriate, prescribed pain relief.

### **Records management**

There were robust systems in place to ensure that personal information relating to patients and staff was kept securely, both electronically and in paper format.

Patients' care records were well maintained, and the files were laid out in a way which made them easy to navigate.

# Quality of Management and Leadership

## Governance and accountability framework

There was a clear structure in place to support the hospital's governance and management.

There were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Staff told us that there were good informal, day to day staff supervision and support processes in place.

We spoke with several staff members and found them to be friendly, approachable and committed to delivering a high standard of care to patients.

We were satisfied with the level of oversight of the service by members of the hospital senior management team.

## Dealing with concerns and managing incidents

As previously mentioned, there were established processes in place for dealing with concerns and managing incidents. There was a formal complaints procedure in place and information on how to make a complaint was noted in the statement of purpose, patients' guide and on the website.

All complaints were recorded and audited and thoroughly investigated with learning points highlighted and communicated to staff in order to prevent reoccurrence.

We reviewed a sample of records relating to concerns and incidents and found that these had been dealt with in line with the hospital's policies.

'You said we did' boards were available on the ward and in the waiting area demonstrating that positive changes had been made on the back of suggestions made by patients and staff.

## Workforce planning, training and organisational development

We found a friendly and professional staff team within the hospital who demonstrated a commitment to providing high quality care.

We found the hospital to be well staffed on the days of the inspection, with staff confirming that they were generally able to meet all the conflicting demands on their time at work and that there were enough staff for them to do their job properly.

We were told that staffing levels are adjusted according to the numbers of patients accommodated and their specific care needs.

New staff are expected to complete a period of formal induction. The documentation seen during the inspection showed the staff induction process to be comprehensive.

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 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 rate

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

### **Workforce recruitment and employment practices**

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the appropriate procedures had been followed when recruiting staff and that relevant recruitment checks had been undertaken prior to the commencement of employment.



## 4. 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 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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

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

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](#).

# 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
We found that the physiotherapy store room contained surface dust and we were unable to identify clean equipment.	This can pose an infection control issue.	The hospital director was informed who escalated this to the appropriate staff members.	The store room was cleaned and cleaning schedules were seen.

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## Appendix B - Immediate improvement plan

**Service:** Nuffield Health The Vale Hospital

**Date of inspection:** 16 and 17 July 2024

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements were found				

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):**

**Job role:**

**Date:**

## Appendix C - Improvement plan

Service: Nuffield Health The Vale Hospital

Date of inspection: 16 and 17 July 2024

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure documentation is completed thoroughly by doctors following each medical intervention.	The Independent Health Care (Wales) Regulations Reg 23 (1) (a)	Medical Advisory Committee Chair to contact all consultants with Practising Privileges to remind them of their responsibility around professional standards of documentation.  Quarterly documentation audits to be conducted by the Director of Clinical Services and results shared in Medical Advisory Committee meetings.	Health Systems Director	End October 2024

The registered manager must ensure consent is complete for all patients.	The Independent Health Care (Wales) Regulations Reg 40 (2-4)	In order for us to provide comments, further clarification is required on what is meant “ <i>ensure consent is complete for all patients</i> ” as per factual accuracy comments form.	Director of Clinical Services	TBC

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):**

**Job role:**

**Date:**