

# Independent Healthcare Inspection Report (Unannounced)

St Joseph's Hospital, Newport

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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.



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# 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 St Joseph's Hospital, Newport on 9 and 10 December 2025. The following hospital wards were reviewed during this inspection:

- St Andrews and St Patricks Wards - 23 beds providing peri operative services.

Our team for the inspection comprised of three HIW healthcare inspectors, two clinical peer reviewers and a patient experience reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 11 questionnaires were completed by patients or their carers and four were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Patient feedback from 11 respondents for the December 2025 inspection at St Joseph's Hospital was highly positive, with comments praising "excellent staff" and "wonderful care." Patients consistently reported being treated with dignity and respect, with over 90% strongly agreeing that staff protected privacy, communicated clearly, listened to concerns, and involved them in decisions.

Observations across wards and outpatient areas showed staff to be polite, responsive, and professional, maintaining confidentiality through practices such as knocking before entering rooms and speaking quietly during discussions. Patient well-being was supported through accessible facilities, level access, mobility aids, individual bathrooms, and well-staffed reception and café areas.

Most patients felt well-informed before procedures, describing the hospital as efficient and responsive, though they noted that external signposting could be improved. While health promotion materials were available in several areas, smoking cessation information was limited, and age-appropriate resources for young people were lacking despite the hospital caring for patients aged 12-18.

Communication aids, including a hearing loop and visual prompts, were in place, but signage and staff identification were inconsistent, with some staff not wearing name badges and limited information about staff roles. Patient information was available in different formats, though some materials were poorly placed and appeared dusty.

Equality and diversity requirements were met, with staff trained and facilities accessible to individuals with mobility needs. Feedback mechanisms included a suggestion box and a "You Said, We Did" board demonstrating actions taken in response to patient comments; however, information about the complaints process, advocacy support, and external organisations was not prominently displayed.

Overall, patients reported high satisfaction with care, communication, and staff approach, though improvements were needed in signage and visibility of information.

This is what we recommend the service can improve:

- Signage requires improvement

- Ensure the complaints policy and advocacy arrangements are displayed.

This is what the service did well:

- Excellent staff interactions and patient experience
- Strong communication with patients and visitors
- High quality safe and accessible environment.

## Delivery of Safe and Effective Care

Overall summary:

The hospital environment was observed to be clean, accessible, and generally well maintained, with Patient at a Glance boards displaying only initials to protect confidentiality and hand sanitiser readily available throughout.

A COSHH concern was identified when an unattended cleaning trolley was left outside the sluice room on St Patrick's ward, though this was escalated and resolved during the visit.

St Andrew's ward operated day surgery downstairs and overnight care upstairs, where patients appeared older and potentially higher risk. The hospital layout supported safe access with level floors, accessible bathrooms, mobility equipment, and secure entry, although external signposting and public transport links were limited.

The building was clean and in good repair. Environmental risks were managed through audits, prompt estates support, and secure storage of chemicals, with hazard signage in place; however, the massive blood loss protocol poster required enlargement.

IPC measures were robust, supported by up-to-date policies, low infection rates, clear waste disposal processes, high staff training compliance, and visible cleanliness. Nutritional provision met diverse needs with timely meal service and positive patient feedback.

Medicines management processes were safe, supported by pharmacy oversight, though fluid balance documentation was inconsistent.

Safeguarding arrangements and training were in place, and patients reported feeling safe, though public information on safeguarding was limited.

Blood management followed clear protocols with trained staff and established governance. Equipment was well maintained with effective reporting systems, and patients expressed high confidence in the care provided.

Record-keeping standards were strong, supported by secure storage and comprehensive documentation, although some handwriting on anaesthetic charts was difficult to read.

This is what we recommend the service can improve:

- Improve facilities for younger people
- Increase the size of the massive blood loss protocol poster in theatres
- Ensure handwriting on anaesthetic charts is legible.

This is what the service did well:

- Patient confidentiality was maintained
- Clean and safe environment
- Safeguarding arrangements were robust.

## Quality of Management and Leadership

Overall summary:

The hospital had an up-to-date Statement of Purpose and Patients' Guide, and services were delivered in line with these documents.

Clear leadership was evident on the wards, with a registered nurse visible and in charge, and governance structures operated through monthly clinical team meetings and regular departmental meetings where recommendations and safety notices were shared.

Quality monitoring had been supported by audits and established reporting lines, while policies and procedures were current, regularly reviewed, and communicated through meetings, bulletins, and email.

Required certificates and insurances were in place, although a change of Responsible Manager was still pending.

The complaints system had been clearly defined and available in accessible formats, with concerns managed promptly by trained staff and responses expected within 20 days. Learning from complaints and incidents was shared during meetings, and Datix was used to report approximately 60-70 incidents each month, which were reviewed and escalated to senior committees for oversight. Risk registers were maintained, and HIW was notified of reportable events. Recruitment processes were managed through Bright HR, with comprehensive pre-employment checks completed, including identity verification, references, DBS checks, qualification evidence, and registration monitoring via a monthly-reviewed spreadsheet.

Occupational health support had been provided through Insight Health, and staff suitability was continually assessed through appraisals, supervision, and DBS monitoring.

Mandatory and role-specific training was delivered in-house and recorded, with staff allocated time to maintain compliance. Workforce planning relied on Bright HR software to track training and staffing levels, and monthly dashboards monitored compliance. Induction processes supported new staff, appraisal systems were in place, and HR contributed to meetings to support wellbeing and communication.

Overall, systems ensured that staffing levels, staff competencies, vetting processes, and training arrangements were robust, well managed, and supportive of safe, effective service delivery.

This is what the service did well:

- Clear leadership and lines of reporting were evident
- Quality was monitored through a wide range of audits
- Recruitment processes were thorough.

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

HIW issued a questionnaire to obtain patient views on the care at St Joseph's Hospital for the inspection in December 2025.

In total, we received 11 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 11 responses.

All respondents who provided comments agreed they could be published anonymously within the HIW inspection report.

Patient comments included:

*"Excellent staff, environment and wonderful care."*

*"Amazing, brilliant staff very clean."*

#### Health promotion, protection and improvement

Health promotion leaflets, including smoking cessation advice, had been delivered but were not yet displayed. In the outpatient waiting area, leaflets were available on care options such as 'Home Instead' and early cancer detection. Hand hygiene signage, including words and pictorial instructions, were displayed near sanitising stations in ward and general areas.

Information to promote patient well-being was generally available. In the downstairs waiting area outside St Andrew's ward, leaflets were displayed regarding St Joseph's products for surgery and recovery, including hydrotherapy and physiotherapy, alongside RNIB support materials and a cancer research magazine. A Royal College of Anaesthetists patient information sheet with a QR code was also present to help patients prepare for surgery.

The hospital reported providing care for patients aged 12-18 years, and one young person was observed booking in; however, no age-appropriate information or facilities were evident, including on the hospital website.

Health promotion materials were visible in some areas, such as a flu vaccination poster behind the nursing station and a pharmacy banner near the stairs, while the Advanced Diagnostics Department displayed videos on dietary advice for pain, sepsis indicators, and CPR signposting. Smoking cessation advice was not observed in patient areas, although 'No Smoking' signs were present in staff areas. Overall,

health promotion resources could have been expanded, and age-appropriate information for young people was lacking.

### **Dignity and respect**

Over 90% of responses to our survey said they strongly agreed that staff treated them with dignity and respect, protected privacy, explained procedures, listened to questions, and involved them in decisions.

Staff interactions across all observed areas demonstrated respect, kindness, and professionalism. On St Andrew's ward, staff were observed responding promptly and politely to patient requests, such as providing fresh water, while maintaining a friendly demeanor. On St Patrick's ward, a healthcare assistant immediately and calmly engaged with a staff nurse regarding a patient's concerns, ensuring the patient was informed and in agreement with the care plan. Outpatient reception and clinical staff were consistently polite and respectful. Patients reported positive experiences, describing staff as friendly, communicative, and approachable.

Privacy and dignity were generally well maintained; staff knocked before entering rooms, closed doors for confidential conversations, and used low voices during phone calls to protect confidentiality. Patient preferences regarding mobility and positioning were respected, and menus were discussed to ensure understanding. Rooms were clean, well-equipped, and promoted independence, with height-adjustable chairs and physiotherapy equipment available when needed. Patients appeared well cared for, wearing clean gowns or their own clothes, and reported feeling comfortable and well-informed about procedures and recovery. The environment supported privacy with individual rooms, frosted glass, and blinds, though signage within the main hospital could be improved for better orientation, particularly for patients with cognitive impairments. Overall, patients expressed high satisfaction with care, communication, and staff approach, though improvements in signposting and consistent use of names in outpatient areas were identified as areas for consideration.

### **Patient information and consent**

Overall, patients reported feeling well-informed prior to procedures and described the hospital as efficient and responsive, though external signposting from the road could be improved.

We reviewed a sample of five patient records and saw that the consent process was appropriate. The service had a consent policy. We found that patients were given sufficient time and information to make an informed decision. In addition, patient's mental capacity was assessed during the initial consultation to ensure patients had the capacity to make informed decisions and to provide consent.

### **Communicating effectively**

The hospital had aids in place to support patients with sensory or communication needs. A hearing loop was available at the reception desk near St Andrew's ward. Visual prompts, such as pictures demonstrating hand hygiene, were displayed. Fire exit signage included emergency lighting for visually impaired patients.

Digital clock/calendars were present in individual rooms and at the nursing station on St Andrew's ward, and plans were reported to introduce larger clocks and an information system to assist patients with dementia. However, signage overall could have been improved to enhance wayfinding.

There was no visible information about staff roles or uniforms, and not all staff were wearing name badges, meaning patients may not have been able to easily identify who was involved in their care.

**The registered manager should ensure signage is appropriate to ensure patients and visitors can navigate the hospital easily.**

Information for patients was provided in different formats when requested, and patients reported excellent communication and clear explanations prior to admission. In the IRMER outpatient department, fact sheets about scans and procedures were available but stored on a low coffee table shelf and appeared dusty, which may have limited accessibility and hygiene. Overall, while communication was strong and some supportive measures were in place, improvements were needed in signage, staff identification, and the visibility and cleanliness of patient information resources.

Patients who responded to the survey all agreed they received sufficient information, clarity on costs, medical history checks, and signed consent forms prior to treatment. None stayed overnight as inpatients. All respondents who received aftercare reported being given clear guidance on healing and emergency contacts.

### **Care planning and provision**

Patients were supported to maintain their health and well-being through accessible facilities, including level access, secure flooring, individual bathrooms with grab rails, and provision of mobility aids such as crutches and wheelchairs.

Garden areas with benches and a lift were available, and wards featured push-button access for ease of movement. Magazines were provided in outpatient areas, although cataract patients noted difficulty reading printed material.

Seating arrangements in waiting areas encouraged social interaction. Patients reported that staff responded promptly to requests for assistance, with call bells available and functioning, although not observed in use during the inspection.

Reception and café areas were adequately staffed to minimise waiting times. Patients awaiting surgery were kept informed about delays and plans, although no definitive timeframes were provided, and outpatient areas did not display waiting times, allowing flexibility in scheduling. Overall, patients felt well-informed prior to procedures and described the hospital as efficient, with no concerns raised about delays in care.

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

The hospital had an up-to-date equality and diversity policy in place. We were told that patients were all treated equally regardless of protected characteristics. Training records were provided, and all staff had received training in equality and diversity as part of mandatory training.

The service was accessible for patients with mobility difficulties, featuring a lift to the wards, wide access doors, and spacious reception and clinical areas. Staff reported that they assist patients as needed to ensure everyone can access the service. This demonstrates that staff deliver care in a manner that upholds and protects individuals' rights.

### **Citizen engagement and feedback**

Information about providing feedback was available around the hospital. A suggestion box was in the reception area near St Andrew's ward, and feedback cards were accessible in the outpatient waiting area.

A "You Said, We Did" board was displayed outside St Patrick's ward, highlighting actions taken in response to patient feedback, such as providing phone chargers, ordering a range of chairs to address concerns about low seating, and offering a variety of post-operative meals. Patient comments displayed on the board indicated positive experiences, including attentive and professional staff, clean rooms, and good food. However, there was no visible information in waiting areas about how patients or carers could make a formal complaint or raise concerns, nor were details provided about advocacy support or external organisations that could assist patients in doing so.

**The registered manager should ensure information on the complaints process and advocacy arrangements are displayed in patient areas.**

The hospital's website published complaints procedures and all inpatients were given feedback forms during their stay.



# Delivery of Safe and Effective Care

## Environment

Patient at a Glance boards displayed patient initials only, maintaining confidentiality. Hand sanitiser was readily available in both patient and general areas.

The café was clean, offered level access, and provided a range of healthy and less healthy food options at reasonable prices. Chairs with arms were available, and although space was limited, furniture could be rearranged to accommodate wheelchairs. Umbrellas were provided for patients moving between the car park and hospital facilities.

A radio was playing at a low volume in the outpatient waiting area, creating a pleasant atmosphere without being intrusive. Patients and families were able to converse comfortably.

On St Patrick's ward, a cleaning trolley was observed outside the sluice room and unattended, out of the cleaner's line of sight. This presents a potential COSHH risk as the trolley was accessible to patients. We escalated this to the manager, and it was removed and stored appropriately on the day of the inspection.

St Andrew's ward (downstairs) operated as a day surgery unit, while the upstairs ward accommodates overnight patients. Subjective observation suggests the upstairs patient population appeared older, possibly indicating higher risk and longer stays for safety.

The hospital was generally accessible, with level access, secure flooring, and automatic external doors. However, it was not well signposted from the road, requiring reliance on satellite navigation, and public transport links were unclear. Disabled access was available, including individual bathrooms with level access, grab rails, and higher toilets on St Andrew's ward. Crutches and wheelchairs were provided for patients as needed, and garden areas with benches were accessible via the main path.

The environment was considered fit for purpose, with sufficient beds and facilities, though there were no specific play areas or facilities for children and young people. Security measures included keypad access to wards and corridors, CCTV monitoring in outpatient areas, and staffed receptions.

The hospital appeared clean, tidy, and in a good state of repair, with recycling bins available, though a minor issue was noted with a toilet seat in the outpatient

area. Safety features such as window safety cords were in place. Patients and staff reported satisfaction with the cleanliness and accessibility of the environment.

### **Managing risk and health and safety**

Environmental hazards were actively managed through a structured process. Senior staff confirmed that an on-site estates team addressed issues promptly, supported by monthly environmental audits. Audits were allocated by the clinical lead to different staff members to ensure impartiality, focusing on cleanliness and damage, with findings reported to housekeeping or estates as appropriate.

Emergency care arrangements were clear, with staff aware of escalation procedures for unwell patients, including review by the Resident Medical Officer and transfer to the main hospital via paramedic crew if required. Housekeeping demonstrated secure storage of cleaning chemicals and equipment in locked cupboards, accessible only by key allocated at reception. Cupboards were well-organised and stocked, with COSHH guidelines displayed inside and a stock list to ensure replenishment.

Appropriate hazard signage was in place, including fire escape routes, building plans, wet floor warnings, and radiography hazard signs in IRMER outpatients. However, the massive blood loss protocol poster within theatres needed to be in larger print in order that it is easily seen in the event of an emergency situation.

**The registered manager should increase the size of the massive blood loss protocol poster in theatres in order to be clearly seen in the event of an emergency.**

Overall, no issues were identified, and good practice was evident in the separation of chemicals and equipment, clear safety protocols, and proactive maintenance processes.

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

An up-to-date Infection Prevention and Control (IPC) policy was in place, outlining procedures for managing infected patients, including isolation decisions, precautions, and sampling for MRSA and Clostridium difficile. Cleaning records were available for all areas. Additional policies included processes for decontamination of medical devices and water management. The hospital was observed to be very clean, and arrangements for safe disposal of contaminated waste, including medical sharps, dressings, and PPE, were in place with contracts for both general and surgical waste.

We were told current infection rates ranged between 0.5% and 0.9%, which was consistent with organisational processes. Over 90% of patients who completed the

survey found the building wheelchair accessible, and 100% rated cleanliness as very good; 90% observed infection control measures consistently.

Wards were observed to be clean and tidy. Housekeeping audit evidence was displayed in St Andrew's and St Peter's wards, and stickers indicated cleaning had been completed that morning. A cleaner was observed actively working during the visit. Over 90% of patients who responded to the survey rated the service as 'very good' with positive comments highlighting excellent staff and a clean environment.

Seasonal decorations were tastefully arranged, positioned away from circulation spaces and clinical areas to avoid trip hazards and maintain infection prevention and control (IPC) standards. Staff were wearing Christmas tunics in line with previous IPC guidance related to COVID-19. Administrative staff were dressed in corporate attire, ensuring a consistent and professional presentation.

Occupational health support was outsourced to a provider, and staff immunisation records were securely stored on the recruitment database. All staff had completed IPC training at the required level, with hand hygiene and training compliance scores exceeding 95%. Overall, infection prevention and control measures were robust and well-documented.

### **Nutrition**

Patients were offered a choice of food and drink that met nutritional, therapeutic, religious, and cultural needs, with menus providing guidance on post-operative light diets and posters promoting nutrition and mental health. Catering staff confirmed that dietary requirements were identified prior to admission and planned for, including options such as gluten-free, vegan, vegetarian, and halal meals, as well as allergy management.

Fresh water was readily available on wards and in outpatient areas, and meals were served promptly within 15 minutes of arrival. Patients were positioned appropriately for eating, with adjustable tables and chairs provided, and precautions taken for specific needs such as spinal patients. Although hand hygiene before meals was not observed, other standards were met, including timely service, appetising food, and positive feedback from patients who reported good quality meals and sufficient choice. Overall, food provision was well-managed and responsive to individual needs.

### **Medicines management**

The ward had access to a dedicated pharmacy team, comprising two pharmacists and two pharmacy technicians who provided cover across the wards. The pharmacy

operated between 9:00a.m. and 4:00p.m., with clinical rounds conducted by a pharmacist each morning.

Ward staff had access to out-of-hours medication in pre-labelled boxes containing simple medications, antibiotics, and analgesics. They were stored securely in a locked cupboard within the medicine room. Access required two trained nurses to check and sign out medications against a take-home prescription completed by the Resident Medical Officer, with documentation maintained for accountability.

Prescriptions and stock were reviewed by the pharmacist the following day to ensure accuracy. The pharmacy team was responsible for replenishing these boxes, and an on-call pharmacist was available for complex medication requirements. Staff were aware of the process for contacting the on-call pharmacist when necessary.

Signage to indicate the use of oxygen therapy was not in place, as staff reported it was unnecessary because all clinical staff were trained in oxygen administration and aware of its location on the ward. Oxygen administration was monitored and recorded appropriately, with prescriptions documented on medication charts and NEWS2 scores correctly identified for patients receiving oxygen.

Handover processes between theatre and ward staff included details of oxygen requirements. Senior staff confirmed that oxygen training was incorporated into in-house study days, covering post-operative care, deteriorating patients, and surgical scenarios. All administered oxygen was prescribed on the All Wales Drug Chart, and staff were responsible for checking cylinders. Incident reporting related to oxygen cylinders was the responsibility of all staff, with damaged cylinders removed and reported promptly.

Governance and oversight was maintained through senior staff communication, and all staff were aware of procedures for safe use and reporting. Overall, oxygen management was well-controlled, with clear training and accountability measures in place.

IV fluids were prescribed on the All Wales Medication Administration Record. However, inconsistencies were noted in fluid balance documentation. Some charts did not accurately reflect fluids administered in theatre or correlate with prescribed amounts, making it difficult to identify total input. While some fluid balance charts were completed correctly, others lacked clarity.

**The registered manager should improve documentation of fluid balances to ensure accurate correlation with prescribed and administered fluids.**

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

We saw an up-to-date safeguarding policy and staff had received safeguarding training as part of the mandatory training package.

The practice had an appointed dedicated safeguarding lead. We saw a suitable policy was in place in relation to safeguarding which contained the contact details for the local safeguarding team.

We saw staff had undertaken appropriate safeguarding training to ensure they are kept up to date on managing safeguarding issues. Staff explained the process by which is followed when a safeguarding concern is identified.

Patients reported feeling safe within the hospital and expressed confidence in the staff's responsiveness and approachability. They described the environment as welcoming and supportive, noting that staff were friendly, attentive, and readily available to address any concerns. Patients stated they could easily ask for assistance and felt assured that their needs would be met promptly. The atmosphere was described as community-like, with staff engaging positively even in passing. No concerns regarding safety were raised by those spoken to, and all indicated they would feel comfortable discussing any issues with staff. However, it was noted that there was no publicly available information outlining safeguarding procedures or how patient safety is maintained.

### **Blood Management**

Staff confirmed that blood transfusions were only undertaken when clinically necessary, such as in cases of patient deterioration, and alternatives like cell salvage were used where appropriate.

The hospital did not stock blood on-site as a service level agreement was in place with the local health board. Staff demonstrated clear knowledge of protocols for requesting blood, including access to guidance on the shared drive and documentation folders on the ward. Completed transfusion records were maintained for reference, and a major haemorrhage flow chart was displayed in the nurses' office.

Staff were trained in transfusion procedures, with refresher training provided every two years and coordinated by a designated link nurse. Policies were accessible on the shared drive, and staff were able to describe the steps for patient identification and component checks throughout the process. In the event of an adverse reaction, staff reported that transfusions would be stopped immediately, the RMO contacted, and the incident reported to the blood bank and documented via Datix. Investigations and learning were shared with relevant teams.

Overall, staff were knowledgeable about transfusion protocols, documentation requirements, and emergency procedures, with robust governance and training arrangements in place.

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

We found the clinical areas were suitably equipped to provide safe and effective treatment. Both wards were observed to have appropriate equipment to meet the needs of patients, including hoists and commodes. Equipment appeared in good condition and fit for purpose. A daily inspection of medical equipment was undertaken and any issues are highlighted and reported to the ward manager.

Patients were also provided with suitable equipment for use at home following physiotherapy assessments prior to discharge. All equipment was seen to be used for its intended purpose, and staff were not aware of any recent or current complaints relating to equipment.

Equipment was reported to be serviced and maintained annually, with any faults recorded through the Medical Equipment Repair Request process; repairs were completed on the ward where possible, or equipment was sent off-site if required.

Labels indicating servicing and cleaning were present and in date. Staff followed established arrangements for reporting faults, notifying relevant personnel, and using external contractors such as Avenis when equipment required repair or replacement. No outstanding equipment issues were reported, and staff demonstrated awareness of the required documentation. Senior staff also evidenced ongoing quality and safety monitoring through monthly audits, with results displayed in the nurses' office.

Overall, there was a good system in place for monitoring, maintaining, and repairing equipment, supported by appropriate documentation and oversight.

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

Patients and carers expressed very positive views about the care they received, reporting no concerns and stating they were very happy overall. Feedback from discussions and an initial review of patient questionnaires indicated consistently positive experiences. Observations also showed that patients appeared relaxed and comfortable, with many smiling and seeming at ease prior to their procedures.

### **Participating in quality improvement activities**

We found the hospital had safe arrangements for the treatment of patients and we were assured that regulatory and statutory guidance was being followed when treatment was provided. Staff were clear regarding their work roles and

responsibilities. We saw evidence of daily and monthly clinical and IPC audits taking place.

### **Records management**

We reviewed a sample of five patient records and found record keeping standards were high. There were clear accountability and evidence of decision-making in patient care. Documentation was accurate, up to date, and comprehensive across both day case and main wards. Pre-operative and post-operative notes were detailed, and patient pathways were completed using pre-printed care plans outlining planned care and outcomes.

Nursing records included individual charts for pain management, NEWS2 observations, and rounding, all of which were dated, timed, signed, and legible. Random checks of patient records on St Andrew's and St Patrick's wards confirmed completeness and clarity, with only minor instances where pre-operative documentation was finalized post-operatively.

Records were securely stored in locked trolleys when not in use, and patient charts were accessible in rooms for clinical needs. Secure storage arrangements complied with data protection requirements, with records transferred to a locked records department post-discharge.

The hospital used an effective records management system, Compucare, which tracked allocation and movement of records. Overall, records were well-organized, secure, and supported by robust systems, although some doctors' handwriting on anaesthetic charts was noted as difficult to read.

**The registered manager should circulate instructions to medical staff to ensure completed records are legible.**

# Quality of Management and Leadership

## **Governance and accountability framework**

The hospital had an up-to-date Statement of Purpose and Patients' Guide available for patients, and services were delivered in accordance with these documents.

Clear leadership was evident on wards, with a registered nurse in charge and visible. Governance arrangements included monthly clinical team meetings and regular departmental meetings to implement recommendations and share safety notices. Quality monitoring was achieved through audits and feedback opportunities, with clear reporting lines from departmental leads to managers.

Policies and procedures were reviewed and agreed by clinical and board teams, and updates were communicated via meetings, bulletins, and email. All required policies were in place and current.

The HIW registration certificate was displayed prominently in reception, although a change of Responsible Manager was pending following an application in July. Employer's liability and public liability insurance were confirmed as in place.

Overall, the hospital was well led and managed, with robust governance structures reviewed during the year and documented evidence provided.

## **Dealing with concerns and managing incidents**

The complaints process was clearly defined and available in a range of formats, including digital copies with options for large print and translation into other languages. A transparent procedure for handling concerns was in place, with investigations initiated promptly following incidents or complaints. Complaints were allocated weekly by senior staff, with a 20-day response deadline, and managed by appropriately trained personnel, although further training was identified as a development need.

Patients' rights and choices were promoted, ensuring fair treatment and access to advocacy, and HIW contact details were included in the process. Improvements were implemented without delay through monthly clinical and departmental meetings.

Records of complaints were maintained, and reviews confirmed adherence to the complaints procedure, timely responses, and appropriate staff support. Learning from complaints was shared with staff, supported by additional training. Incident reporting was managed through the Datix system, with 60-70 reports per month reviewed at clinical and non-clinical meetings.

Reports were escalated to the leadership team and quality and safety committee, which included external members, ensuring robust oversight. Risk registers were maintained, and HIW was notified promptly of reportable events.

Overall, the complaints and incident management systems were comprehensive, with clear governance and continuous improvement processes in place.

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

Recruitment processes were managed through the Bright HR system by a dedicated HR team comprising three staff members and an HR manager. Pre-employment checks included verification of identity, recent photograph, DBS at the appropriate level, references from the two most recent employers, evidence of qualifications, full employment history, and professional registration where applicable.

The hospital had recently partnered with Insight Health to manage occupational health requirements, including vaccinations and needle-stick injury protocols, which were documented via Datix.

Staff registration with regulatory bodies was monitored through a live spreadsheet in Teams, reviewed monthly, with expiring registrations flagged for renewal. Ongoing suitability to work was assured through monthly checks, DBS monitoring, and regular supervision and appraisals, supported by documented processes.

Training was provided in-house, with staff allocated time to complete mandatory and role-specific training, all of which was recorded on the system. Training compliance was high in all subjects. Overall, robust systems were in place to ensure staff were appropriately vetted, qualified, and supported to maintain compliance and competency.

### **Workforce planning, training and organisational development**

The hospital used Skill Gate program software to monitor staffing levels and compliance with mandatory training, enabling reports to be generated for individual staff and monthly compliance reviews. Where training compliance dipped, time was allocated for staff to complete required modules.

A corporate induction process was in place, with a recent session scheduled for 12 new staff to support service expansion. Staff appraisals were conducted by line managers, and HR attended staff meetings when required to address wellbeing or system updates. Staff who could not attend meetings were informed of key points, and progress on actions was monitored. Training was provided in-house, tailored to specific roles, and staff were given time to complete it.

Compliance with mandatory training was tracked monthly via a dashboard. Overall, systems were in place to ensure sufficient numbers of appropriately qualified and experienced staff were available, supported by structured induction, supervision, and ongoing training.

## 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 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
During the inspection we found a cleaning trolley containing COSHH equipment unattended.	This posed a risk of unauthorised access to potentially hazardous substances.	We escalated the issue to the manager in charge.	The trolley and equipment were locked away.

# Appendix B - Immediate improvement plan

**Service:** St Joseph's Hospital

**Date of inspection:** 9 & 10 December 2025

The table below includes any immediate non-compliance 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate issues were found on this inspection.					
2.					
3.					
4.					

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:** St Joseph's Hospital

**Date of inspection:** 8 & 9 December 2025

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. During our inspection we found that signage was, at times, insufficient to navigate the hospital.	The registered manager should ensure signage is appropriate to ensure patients and visitors can navigate the hospital easily.	Communicating Effectively	To be revisited as part of patient activity in Q2 2026 as not identified last year. Action plan will then be developed.	RM	Q3 2026
2. We did not see the complaints policy or advocacy process clearly displayed within the hospital.	The registered manager should ensure information on the complaints process and advocacy arrangements are displayed in patient areas.	Citizen Engagement and Feedback	Feedback and complaint posters plus leaflets to be displayed.	RM	End February 2026
3. The hospital treated patients under the	The registered manager should consider providing	Environment	Decision to cease care of under 16s taken in	RM	

	age of 18. However, the environment did not contain any suitable area for this patient group.	reviewing the environment to include suitability for children and young people.		November 2025. No requirement for adjustments to the environment such as play facilities.		
4.	The poster displaying the Massive Blood Loss protocol was too small to be viewed in an emergency situation.	The registered manager should increase the size of the massive blood loss protocol poster in theatres in order to be clearly seen in the event of an emergency.	Managing Risk and Health and Safety	Complete.	Theatre Manager	February 2026
5.	During our record review we found that fluid balance charts were not completed appropriately.	The registered manager should improve documentation of fluid balances to ensure accurate correlation with prescribed and administered fluids.	Medicines Management	Communication to staff. Spot checks in place. Included within records audit.	RM	February 2026
6.	During our record review we found handwritten anaesthetic charts to often be illegible.	The registered manager should circulate instructions to medical staff to ensure completed records are legible.	Records Management	Referred to MAC. Communication anaesthetists. Included in medical records audit.	CEO/RM	February/March 2026

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): Jane Abbott**

**Job role: Director of Clinical Services and Quality**

**Date: 16/02/2026**