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Dear Dr deGorter,

17<sup>th</sup> July 2014

**Re: Healthcare Inspectorate Wales unannounced visit to Spire Yale Hospital, Wrexham on 2<sup>nd</sup> July 2014**

As you are aware Healthcare Inspectorate Wales undertook an unannounced visit to Spire Yale Hospital, Wrexham on 2<sup>nd</sup> July 2014.

**Overall View of the Healthcare Setting**

Healthcare Inspectorate Wales undertook an unannounced visit to Spire Yale Hospital, Wrexham on 2<sup>nd</sup> July 2014.

The Spire Yale Hospital is situated on the outskirts of Wrexham town centre, neighbouring the Wrexham Maelor NHS Trust hospital and is accessible by car and public transport and with enough parking facilities.

The hospital is a modern single storey building with adequate disabled access. The hospital comprises a comfortable reception area, private consulting and treatment rooms, radiology rooms, theatre and recovery rooms, a catering department and offices.

The ward area had an inpatient capacity of 27 persons. All private rooms were for single occupancy apart from one, two bedded shared room. All rooms included en-suite facilities, TV, telephone and nurse call systems. The hospital had appropriate equipment available with regard to the services the hospital provided.

Out-patient services were available to children of all ages. Surgery was provided at the hospital to children over the age of twelve years only. Access to the hospital for treatment is available following a General Practitioner (GP) referral.

On the day of inspection, the hospital was seen to be pleasantly decorated and appeared clean.

The Statement of Purpose and Patient Guide were available in the reception and in all of the bedrooms. There was also a variety of patient information available. A leaflet/information rack was also available in the reception area which held a range of general leaflets relating to Spire Yale Hospital and describing treatments and post-operative instructions.

An annual patient questionnaire survey included patient feedback. Comments were reviewed and changes to practice made if indicated. Patient satisfaction survey results were available on the Spire Yale Hospital's website. A comprehensive range of corporate and local policies and procedures were available that reflected patient centred care.

All patients had a private consultation with their named consultant prior to admission and attended a pre-admission clinic. Informed consent was obtained for all procedures. Pathways of care were available for individual operations. Patient involvement in their care and treatment provided was encouraged.

Clinical records were maintained and stored adequately with contemporaneous (live updating of records) accounts of patient care.

A sample of patient prescription sheets was reviewed. It was noted that two separate boxes had been over written. It was recommended that where this occurs, that the staff member initials and dates these changes.

A medication/prescription audit was undertaken on a two weekly basis. Outcomes and results were collated, and disseminated through various management and clinical groups. It may be helpful for the ward team to review additional methods of presentation of audit outcomes and results i.e. presentation to the staff forum or the Medical Advisory Committee (MAC).

New employees had a comprehensive induction programme and there was a programme of education to ensure critical care competency. A mandatory training update and medicines e-training has recently been added to this suite of education. All staff were made aware of policies and procedures and there was a process of recording that staff members have read and agreed to comply with these.

There had been recent staff shortages which had resulted in the use of agency staff. However, there was a clear induction programme for these staff and the hospital tried to ensure that the same staff were used in order to achieve continuity of care. Staff vacancies had been difficult to fill but there was a plan in place for advertisement and a restructure of nursing posts has been undertaken.

Staff members attitude and approach were observed and noted to be courteous, professional and enthusiastic. This was evidenced and reflected in the positive comments by patients on all aspects of the service provision. Senior management

presence and input in the service provision was positive and reflected in team working throughout the hospital.

A complaint co-ordinator leads the handling of all complaints and there had been seven complaints over the preceding three months, all of which had been dealt with at the first level.

Quarterly complaint's logs were sent to the clinical steering group. Outcomes were acted upon and could inform and/or change practice. Staff were informed through incident reporting, ward meetings and appraisals. A policy and procedure was available for staff in disclosing concerns and individual performance reviews provided further opportunities to discuss any concerns.

### **Premises, Environment and Facilities**

The inspection focused on points arising from the last announced inspection. Maintenance items in relation to the perimeter of bedroom floors and bath panels had been completed, and repairs effected to the theatre floors.

Matters in relation to the use of the Laser machines had been resolved. It had been decided to use only the Vari-Lase machine, and information regarding the servicing requirements confirmed that the suppliers automatically carry out a routine service every two years, in accordance with recommendations from the manufacturer.

New Local Rules had been issued, and these required one staff member's signature. This will be undertaken when the staff member returns to work. Clinical protocols had been prepared, and subject to small typo corrections, these were now ready for endorsement. Training guidance had been given to two of the on-site personnel.

There was a current Laser Protection Adviser (LPA) contract in place, valid until March 2015, and an LPA report was available, following a site visit in May 2014. It was noted that a new laser warning light had been installed above the entrance door to the laser room. The laser was currently stored in a locked area to the rear of the children's area, and was brought into the treatment area, as required.

A current copy of a periodic re-inspection certificate was available for the electrical wiring installation, and with new contractual arrangements, 20% of the installation will be covered each year, over a five year cycle.

There had been some difficulty sourcing a suitable replacement for a bucket sink for the store room off the kitchen corridor, but receipt of a subsequent e-mail confirmed that this was completed the day following inspection.

## The Visit Highlighted the Following Areas

- The patient group was positive in their feedback about the staff and care received
- The paperwork for clinical governance and clinical audit meetings was informative and took into account the meetings and previous actions
- There was a range of staff on duty and there were systems for ensuring that staff remain up to date with practice development
- Policies and procedures were reviewed at intervals of not more than three years in line with the corporate policy. All hospital operational policies were validated corporately by relevant directorates and special advisors, which specialised in particular fields, to ensure adherence to current national guidance and legislation
- Robust clinical and corporate strategy implemented through a scorecard system that monitors performance, sets targets and shares best practice
- Mandatory training was delivered using an on line system keeping staff up to date with their annual training. Training in medicines management was in progress
- Maintenance and facilities issues continue to be well documented with computerised records systems

Verbal feedback was given throughout and at the completion of the inspection.

There were no issues raised on this visit.

### Good Practice Recommendations:

- Medicines management training annually for all members of staff involved in medicines management
- Presentation of medicines audit outcomes in different forums to enhance and embed outcomes and increase staff awareness
- Signatures of all staff involved in transfer of care between departments required on patient's records

Healthcare Inspectorate Wales would like to thank the staff members for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

Yours sincerely



**Phil Price**  
Inspection Manager