



# **Independent Healthcare Inspection (Unannounced)**

The Vale Hospital-Nuffield Health

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2018

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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 are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **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 The Vale Hospital on the 6 and 7 February 2018.

Our team, for the inspection, comprised of three HIW inspection managers (one of whom coordinated the inspection), two clinical peer reviewers and one lay reviewer.

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. 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:

- Without exception, patients told us that they were respected as individuals and were highly satisfied with the care and treatment they received
- Patients were contacted 30 days after their surgery (specifically, those who had received total knee and hip replacement together with spinal and breast surgery), to determine whether they had experienced any signs and/or symptoms of infection post-operatively. Appropriate action was then taken accordingly
- Staffing levels were assessed on a daily basis (and during a planned weekly session); adjustments being made in accordance with patients' assessed needs

This is what we recommend the service could improve:

- Contact details of local/other safeguarding teams need to be added to the hospital's safeguarding flowchart
- Staff training in infection prevention and control and moving and handling procedures
- The registered provider is required to ensure that they undertake visits to the service at six monthly intervals (and produce a report of their findings)

We identified the service was not compliant with Regulation 26 (2) (d)-Fitness of Premises.

This is because we found that the back up generator had not been subject to regular testing. Neither had the equipment been subject to servicing by an external contractor since November/December 2016, with no regular in-house tests having taken place since July 2017. Whilst we found that the hospital did

have an Uninterrupted Power Supply (UPS) for short term use (2-3 hours) in the event of power failure, these were serious matters.

HIW therefore issued a non compliance notice to the registered service, the details of which are included in Appendix B. At the time of publication of this report, HIW had received sufficient assurance of the actions taken to address the improvements needed.

## 3. What we found

### Background of the service

The Vale Hospital is operated by Nuffield Health (the name of the registered provider), which is a not for profit organisation.

The service was first registered with HIW in 2008.

The Vale Hospital does not provide emergency care.

Facilities include operating theatres, consulting rooms, diagnostic services and a 25 bedded ward (set out as individual rooms for patients' use), together with two beds in a designated High Treatment Unit (HTU).

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 IR(ME)R<sup>1</sup> Regulations.

The main services provided at this hospital relate to surgery, details of which can be seen within the hospital's website or their written Statement of Purpose<sup>2</sup>.

The hospital employs a combined team of healthcare, administrative and ancillary staff; Consultants having defined practising privileges<sup>3</sup> within the

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<sup>1</sup> The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 is a form of legislation which provides a framework intended to protect patients from hazards associated with ionising radiation (X-Ray) imaging.

<sup>2</sup> 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.

<sup>3</sup> Practising privileges 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 Good Medical Practice.

hospital. The staff team is led by a Hospital Director (who is also the registered manager) and a Responsible Individual<sup>4</sup>.

Medical cover is provided by a resident medical officer (RMO), on a 24 hour, seven day week, basis. The medical officer is contracted by Nuffield Health to work at The Vale Hospital via a centrally held contract with an external agency.

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<sup>4</sup> 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.

## 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 who completed a HIW questionnaire during the course of our inspection, expressed a high level of satisfaction with the care and treatment received. Patients also told us that staff were kind, caring and very prompt in responding to all requests for assistance.

There were robust pre-surgery patient assessments in place, the outcome of which were shared with ward staff in a timely way. This was to ensure that patients' needs were fully understood, and met.

During our inspection, we invited patients to complete a HIW questionnaire to obtain their views on the care and support provided by the hospital. Four questionnaires were completed. In addition, a number of patients and three family members agreed to speak with us.

Patient's comments included the following:

*“Excellent care and service”*

*“A very good experience”*

*“Excellent care, would recommend the hospital”*

## Health promotion, protection and improvement

We saw Nuffield Health leaflets about wellness and fitness displayed in areas of the hospital. We also saw that the service's Statement of Purpose and Patients' Guide were available for patients/visitors to view.

Hand washing notices were present in relevant areas and hand gel sanitising stations provided in various parts of the hospital. This assisted with the promotion of effective hand hygiene and its importance in reducing the spread of infection.

## **Dignity and respect**

Without exception, patients told us that they were respected as individuals and were positive about the care and treatment they received. We heard staff introducing themselves by name and role, to patients and their families.

All four patients who completed a HIW questionnaire said that staff were always polite, kind and sensitive when supporting them to use toilet/bathing facilities and carrying out care and treatment. Patients also told us that staff called them by their preferred name.

We were able to confirm that patients' continence needs were determined on an individual basis, during their pre-assessment appointment.

All patients who completed a HIW questionnaire also told us that they had time to eat their food at their own pace and that water was always accessible.

Patients indicated that they always had access to a nurse call bell, and staff responded promptly to their requests for assistance. This helped to maintain their independence, dignity and reduced levels of anxiety.

Face to face conversations with patients and their family members revealed that staff were respectful, professional and welcoming. We also found staff to be knowledgeable and friendly in all areas visited, throughout our two day visit.

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

Each patient (children and adults) received care in a single room. We also saw staff closing, and knocking on, doors prior to entering. This assisted with maintaining individuals' privacy and dignity.

We were able to confirm that patients were provided with disposable underwear and well-fitting theatre gowns, as needed. Alternatively, patients were able to wear their own clothes pre and post operatively.

## **Patient information and consent**

All patients who completed a HIW questionnaire, agreed that staff have spoken with them about their medical condition or treatment and helped them to understand (for example, providing information about the risks, different treatment options available, the costs for services and after care services). All patients also told us that staff had listened to them. One patient commented:

*“The staff from doctors to nurses are brilliant. They are very attentive and fully appreciative of your needs. What I really like is the time they are prepared to spend with you when you are feeling apprehensive. A lovely hospital”*

We found that patient information leaflets could be produced in large print and/or braille on request. All staff wore name badges on their uniforms which assisted patients and their relatives to know who they were.

### **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 was shared between the ward team at the beginning of each shift, in an enclosed area. This was in order to ensure that specific details about patients were made known to, and clearly understood by, all members of the team.

Discussions with staff provided us with assurance that appropriate arrangements around the provision of care were put in place for patients with additional/sensory needs. This included the use of braille and/or a hearing loop, the need for which would be clearly identified at the pre-assessment clinic.

### **Care planning and provision**

We spoke with clinical staff responsible for patients' surgical pre-assessment arrangements. As a result, it was evident there was a robust and thorough approach to this element of patients' care; the outcome of all assessments being clearly communicated to the ward team. This was, in order that patients' physical, mental health and other special requirements were made known (and could be planned for), well in advance of their admission date.

Conversations with ward staff revealed that patients were supported by ward based physiotherapy staff to help them mobilise safely following surgery; appropriate equipment being provided in accordance with individuals' assessed needs.

All patients who spoke with us said that they had received help from staff in a timely manner, one person describing that staff checked on them regularly to ensure they had everything they needed.

At times when children were admitted for care and treatment, we were able to confirm that the hospital ensured the presence of trained paediatric nurses.

This was, to ensure that children received care and treatment from healthcare professionals with specific skills and competencies.

### **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 also found that people's individual needs were fully explored at pre-assessment appointments.

Patients also told us that visiting hours were flexible and arrangements could be made to enable their relatives/carers to remain with them, upon request.

In instances where patients required emergency care, there were well established arrangements in place to transport them safely to a local NHS hospital.

Parents were provided with a recliner chair to promote their comfort, when staying with their child at the hospital.

### **Citizen engagement and feedback**

All patients who completed a HIW questionnaire told us that they would know how to make a complaint if they were unhappy with the services provided at the hospital. In addition, we saw that complaint leaflets were readily available in areas occupied by patients and relatives.

Conversations with staff revealed that patients received a Nuffield Health questionnaire following their discharge from hospital, together with a freepost envelope. This was in order to encourage people to provide the hospital team with comments about their experience of the hospital facilities and care and treatment.

A senior manager, who spoke with us, described the format of an open day which took place at the hospital during November 2017. This was in order to encourage members of the public and healthcare professionals in the locality to gain a better understanding of the hospital's services. The day was considered to have gone very well; further such events being considered during 2018. This was considered to be good practice.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We were able to confirm that there was a demonstrable focus on the provision of safe and effective care to patients at this hospital.

### Managing risk and health and safety

Conversations with maintenance staff indicated that there were a range of processes in place to identify, and address environmental hazards.

We also saw that staff had access to emergency resuscitation equipment which was checked on a regular basis. This assisted with the prompt replacement of equipment at the point of expiry.

We were provided with documentary evidence of the following during our inspection:

- Periodical electrical wiring testing
- Gas safety
- Portable appliance testing
- Fire safety arrangements
- Legionella<sup>5</sup> testing

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<sup>5</sup> Legionnaire's disease is a potentially fatal infection with members of the bacterial genus Legionella. The disease is caught by the inhalation of droplets of water from water systems containing the organism at high levels. The HSE publishes guidance on Legionella control and Legionella Testing.

However, we found that the back up generator had not been subject to regular testing. Neither had the equipment been subject to servicing by an external contractor since November/December 2016, with no regular in-house tests having taken place since July 2017. Whilst we found that the hospital did have an Uninterrupted Power Supply (UPS) for short term use (2-3 hours) in the event of power failure, this matter resulted in the issue of a HIW non-compliance notice. The details of this are included at Appendix B of this report. The registered provider has since provided HIW with assurance and evidence that the back up generator has been serviced and is fully functioning.

We looked at documentation in relation to lift maintenance at the hospital and were able to confirm that visits had been undertaken by an external contractor as required. However, we found that the doors of one of the service lifts were not closing properly. The lift tended to be largely used by staff, although we were informed that there were occasions when patients (in their beds) would be transported via the lift, to the X-ray department (accompanied by staff).

We therefore brought this to the attention of senior managers at the point of discovery due to the potential impact on patient and staff safety and were informed that a maintenance visit had already been requested. The lift had however, not been marked as out of order whilst awaiting the arrival of the maintenance company.

We did not identify any obvious trip hazards within any of the areas of the hospital visited. However, we did see that some ward equipment was stored directly in front of a fire extinguisher. This was highlighted to senior managers, who arranged for the equipment to be removed during our visit.

Patients and their relatives had access to a lift to reach the first floor. The décor and furnishings in all areas visited were in a good state of repair.

The hospital was a designated non smoking site. This was in accordance with Smoke Free Premises (Wales) Regulations 2007<sup>6</sup>. We did not see any smoking cessation information available to patients or visitors. However, a member of staff told us that they were able to print off relevant information on this topic, on request.

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<sup>6</sup> <http://www.legislation.gov.uk/wsi/2007/787/contents/made>

## Infection prevention and control (IPC) and decontamination

There were no concerns raised by patients regarding the cleanliness of the hospital. In addition, all patients who completed a questionnaire felt that, in their opinion, the environment was clean and tidy. One patient commented:

*“The place is spotless”*

All areas of the hospital visited by the inspection team were found to be visibly clean, fresh and hygienic.

We also 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 at the entry to, and within, the ward for use by staff, patients and visitors.

All patients received care in single rooms with en-suite facilities, which assisted with promoting effective infection prevention and control; complimentary toiletries being provided for individual use. We also spoke with housekeeping staff who provided us with details of the agreed cleaning schedules in place.

We were informed that all patients were screened for the presence of MRSA<sup>7</sup> prior to their admission to the hospital. This reduced the risk of infection with regard to the individuals concerned, and other patients.

Conversations with a senior manager resulted in a detailed description of how patients were contacted 30 days after their surgery (specifically, total knee and hip replacement together with spinal and breast surgery), to determine whether they had experienced any signs and/or symptoms of infection post-operatively. In instances where patients reported that they had experienced any such problems, the information would be made known to the Consultant concerned, so that action could be taken, as required. The service was commended for this.

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<sup>7</sup> Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body. It's tougher to treat than most strains of staphylococcus aureus because it's resistant to some commonly used antibiotics. The symptoms of MRSA depend on where people are infected.

We looked at equipment present in the ward, all of which appeared clean. Staff also described the arrangements in place for the cleaning/decontamination of equipment used in the delivery of care to patients.

We were able to confirm that safer sharp devices were used at the hospital and sharp objects (for example, used needles), were stored and disposed of safely. Staff were also able to describe what they needed to do, in the event of a needle stick<sup>8</sup> injury. We confirmed that staff were able to secure support and advice from the Nuffield Health occupational health service as and when required.

We observed staff washing their hands at appropriate points in the delivery of care. They were also knowledgeable about existing professional standards and corporate policies regarding the prevention of cross infection.

We found that there were well established arrangements in place to check staff competencies linked with IPC. These included a competency programme for healthcare support workers and a separate training programme for registered nurses in respect of the required Aseptic Non Touch Technique (ANTT)<sup>9</sup>, intravenous practices (such as the care of intravenous cannulae). We did find however, that the service was not fully compliant with its mandatory infection prevention and control programme of training due to a recent change in personnel. We refer to this matter further in the next section of the report entitled Quality of Management and Leadership.

Staff told us that infection prevention and control meetings were held monthly, as a means of discussing procedures and arrangements; any identified improvements being assigned to a link person for prompt action. We were also informed that infection control information was shared between Nuffield Health and Public Health England; preparations being underway to create similar links with Public Health Wales.

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<sup>8</sup> Needle stick injuries are wounds caused by needles that accidentally puncture the skin. Needle stick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles.

<sup>9</sup> Aseptic Non Touch Technique or ANTT is a tool used to prevent infections in healthcare settings.

All of the above meant that there was a clear emphasis on infection prevention and control for the benefit of patients and staff.

## **Nutrition**

We were able to confirm that there was a well established system in place at the surgical pre-assessment stage, to complete a risk assessment of individual's nutritional needs using a recognised tool. This was to ensure that the service was able to plan for, and meet, people's individual needs and preferences regarding this aspect of care.

We were also able to establish that meals/snacks and hot and cold drinks were available to patients whenever required.

We found that there was a wide variety of menus available to patients; catering staff visiting individuals every day to determine their likes and dislikes. The menu included gluten free and vegetarian options and light meals.

We saw that patients were provided with hand wipes prior to their meals; food being nicely presented. We also saw that bed tables were easily adjusted to enable patients to eat in a comfortable position.

## **Medicines management**

We found that the service was compliant with medicines management legislation and good practice guidance. For example, there were comprehensive local Standard Operating Procedures (SOPs) in place regarding all aspects of this aspect of patient care. Staff also had access to the corporate medicines management policy to assist them with their day to day responsibilities. Patient medicine records had been created by Nuffield Health. Such records were found to be completed in a consistent manner and provided evidence of the administration of prescribed medication to patients. We also saw that patient allergies were clearly documented.

Hospital staff benefitted from the support and advice of a pharmacist who was present every morning, and attended daily ward rounds with clinical staff.

We were able to confirm that all patients were wearing identity bracelets, regardless of whether they were to receive any prescribed medication. This was because this was integral to the hospital's admission and safety processes.

We observed the administration of medicines during the course of our inspection and found that staff were calm and professional in their approach toward patients; providing support as needed.

We found that medicines were stored, administered and managed safely. We were also able to confirm that drug fridge temperatures were monitored centrally; any deviation from the required temperatures resulting in appropriate remedial action.

Given the potential for misuse, controlled drugs (CDs) require special storage arrangements. We therefore explored such arrangements and found that stock levels were appropriate and checked twice daily, with one exception. We explored this issue with senior managers and were provided with a detailed explanation.

We explored the content of the staff competency booklet in relation to medicines management, the use of which was considered to constitute good practice. Our advice about the need to include training about intravenous administration of medicines within the competency booklet, resulted in a very positive response from senior managers.

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

Discussions with staff revealed that they had not cared for any patients recently, who may have required a DoLS<sup>10</sup> assessment or authorisation. They also told us that patients received a thorough evaluation of their ability to make decisions about their care and treatment, at pre-assessment appointments.

We explored the detail of the safeguarding policy and procedure and found, overall, that it contained relevant and current information. We did, however, advise senior managers of the need to include the contact details of local/other safeguarding teams, so that staff could easily access advice, in instances where any form of abuse was suspected.

Conversations with a senior manager revealed that they completed spot checks in clinical areas, to test staff knowledge about safeguarding processes and their ability to access relevant information.

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<sup>10</sup> The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests

All patients who spoke with us said that they felt safe within the hospital environment. They also told us that they would be confident in speaking to a member of staff if they had any concerns about their care or safety.

### Improvement needed

The registered provider is required to provide HIW with confirmation that contact details of local/other safeguarding teams have been added to the hospital's safeguarding policy and procedure.

### 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 saw that all Wales charts and blood transfusion guidelines were used to record the use of blood components and products in the course of patient treatment.

We were informed that monthly senior team meetings included discussions regarding the ongoing systems and processes in place for patient blood transfusions. We were also informed that NHS staff from Cwm Taf would attend such meetings, as blood products were provided by the University Health Board, as and when needed.

### Medical devices, equipment and diagnostic systems

We found that the ward and HDU area had suitable equipment (such as hoists, commodes, mattresses) and medical devices available to meet the needs of patients admitted to the hospital.

Staff also showed us how their safety board was used to highlight equipment faults/estates issues so that the timeliness of remedial action could be closely monitored.

### Safe and clinically effective care

We spoke with a number of patients during our inspection, all of whom indicated that all aspects of their care had been excellent.

We found that there were clear and established processes in place to manage and evaluate patients' pain.

There were suitable systems in place to ensure that relevant and current patient status information was readily available to staff in an area of the ward that was not accessible to the public.

Conversations with staff indicated that they generally had enough time to provide safe care to patients.

Staff also demonstrated how they would access policies and procedures to help them fulfil their day to day responsibilities, if needed. Additionally, registered nurses all had individual Nursing and Midwifery online accounts, which enabled them to access up to date professional guidelines.

We found that staff were aware of the content of relevant all-Wales patient safety notices, to assist with the provision of safe and clinically effective care.

All patient service incidents were reported via a Datix<sup>11</sup> system and subject to investigation; remedial action being taken to prevent recurrence, as stated by staff. In addition, we saw a safety handover board in the clinical office which kept staff informed of any general (non patient specific) issues that they needed to be aware of.

Discussions with members of the ward team indicated that staff were aware of relevant clinical guidelines associated with their area of practice.

We were also told that the ward manager was predominantly supernumerary<sup>12</sup>. This meant that they were able to use their skills and time in monitoring the care provided to patients and to support and lead the ward team.

The above findings demonstrated that there was a demonstrable focus on the provision of safe and effective care at this service.

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<sup>11</sup> Datix enables incident reports to be submitted from wards, hospital departments, ambulance stations, GP practices and independent contractors, greatly improving rates of reporting & promoting ownership of risk.

<sup>12</sup> Supernumerary status means that staff are additional to the clinical workforce.

## Participating in quality improvement activities

We were able to confirm that the hospital was due to begin auditing compliance with the World Health Organisation WHO<sup>13</sup> checklist and Safer Steps to Surgery<sup>14</sup>. Such audit activity, we were told, had been piloted two weeks prior to our inspection; the results of which were very positive. We were informed that a small number of remedial actions were required. Those related to the need for staff to avoid wearing jewellery and watches whilst working in the theatre environment.

Senior managers also informed us that staff were made aware of wider quality and audit activities via a Nuffield newsletter.

## Information management and communications technology

We were able to confirm that the registered provider had suitable arrangements in place for information governance and confidentiality purposes.

## Records management

We looked at a sample of four patients' records and found all, to contain sufficient information to guide the multidisciplinary staff team in providing safe and effective care to individual patients. This included evidence of assessing risks to patients in relation to falls, pressure damage and sepsis<sup>15</sup>. We also found that patient records provided clear information about their care pathway, from the point of pre-assessment to discharge.

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<sup>13</sup> The WHO Surgical Safety Checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team (surgeons, anaesthesia providers and nurses) to perform key safety checks during vital phases of perioperative care: prior to the induction of anaesthesia.

<sup>14</sup> Through the reliable implementation of the five step approach to safer surgery (Briefing: three stages of the WHO Surgical Safety Checklist and Debriefing) and by paying greater attention to crucial human factors in perioperative practice, significant improvements in outcomes for patients as well a better and more efficient working environment for staff can be achieved.

<sup>15</sup> SEPSIS, also known as blood poisoning, is the reaction to an infection in which the body attacks its own organs and tissues. Sepsis is a potentially life-threatening condition; however it can be easily treated if caught early.

Conversations with a senior nurse revealed that the content of a sample of patients' records (following discharge) was audited on a monthly basis, the outcome of which was made known to the matron; action being taken to speak with relevant staff. This was to ensure that staff were recording patients' assessment, care, treatment and discharge arrangements in accordance with current professional and corporate guidelines. This was considered to be good practice.

## 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.*

Overall, we found evidence of strong and consistent management and leadership across areas of the hospital inspected.

There was a comprehensive range of processes and systems in place at the hospital in support of the provision of high quality and safe services.

Staff also indicated that they enjoyed working at the hospital and felt supported with their day to day duties.

### Governance and accountability framework

The service displayed strong leadership and management. In addition, conversations held with a variety of staff indicated that they enjoyed working at the hospital and felt supported with their day to day duties.

We found that there were quality measurement systems in place, managed by the senior management team. Regular reports were generated as a result of that arrangement which included reference to complaints, incidents and patient satisfaction. The service also had a well established structure and process in place for the Medical Advisory Committee (MAC); practising privileges being routinely discussed. Clinical governance reports were also shared at the MAC.

In addition to the above, we were able to confirm that Clinical Quality and Safety Committee meetings were held every six weeks. We were provided with notes relating to the recent matron's meeting; topics for discussion including medicines management, pathology services, medical devices and updates from the infection prevention and control committee.

Conversations with senior staff revealed that six monthly visits were not undertaken by the Responsible Individual (RI) as required by the Regulations. Following our inspection, we received information from the registered provider indicating that such visits would begin prior to the end of May 2018. However,

this matter, having been identified by HIW, will still be included in the improvement plan, as the service must provide us with details of the outcome of the planned visit.

The hospital had a risk register which was detailed with updates and the actions taken/to be taken, to mitigate identified risks.

Conversations with hospital staff, demonstrated that they understood and fulfilled their responsibilities to raise concerns and report incidents.

During our inspection we distributed HIW questionnaires to staff working within areas of the Vale Hospital we inspected. This was, to find out what their working conditions were like, and to understand their views on the quality of care provided to patients at the hospital.

In total, we received 10 completed questionnaires from staff undertaking a range of roles at the hospital.

Staff provided the following comments about the hospital:

*“I would recommend this hospital to any member of my family and friends”*

*“The hospital is a lovely place to work and I enjoy every minute of my working day”*

Staff also provided the following comments about their managers:

*“The matron is very supportive and always has time for you to talk and listen to any concerns I have”*

*“Couldn't ask for a better manager. Helpful, supportive and always around for any requirements in both personal & work tasks”*

### Improvement needed

The registered provider is required to provide HIW of the action to be taken, to ensure that they undertake visits to the service at six monthly intervals (and produce a report of their findings). Copies of all such reports are to be made available to HIW as clearly required by the Regulations.

### Dealing with concerns and managing incidents

The hospital director/registered manager undertook responsibility for responding to, and investigating, all written complaints, with the exception of those which related to clinical care. In those instances, the hospital matron led the investigation and reported back to the hospital director. The process for responding to complaints included an acknowledgement either by telephone or letter; the outcome of complaints being made known to people within 20 days.

Any complaints received by the hospital were reviewed during the six weekly matron/governance/MAC meetings, action being taken to bring about improvements to practice where needed.

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

Staffing levels were assessed on a daily basis (and planned one week in advance); adjustments being made in accordance with patients' assessed needs. We did not however, have sight of an acuity<sup>16</sup> tool, to assist with this.

Discussions with staff revealed that at least three Registered Nurses (RNs) and two to three Health Care Support workers (HCSWs) provided care within the ward during the day as a minimum; the number of RNs being reduced to two at night. We were also provided with a recent example of a ward rota where an increase in staff had been made, in direct response to the needs and number of patients who were receiving care.

We spoke with the Resident Medical Officer (RMO), who was able to describe the very effective systems in place which kept them apprised of patients' care, treatment and needs. The RMO told us that they worked very well with the ward team and visiting Consultants; undertaking a daily ward round with the on-site pharmacist. This was to ensure that the needs of patients continued to be met throughout their stay.

The RMO also provided us with details of how they provided medical support to patients during emergencies and at other times. We were also informed of the contractual arrangements in place to ensure that a RMO was present at the hospital, at all times.

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<sup>16</sup> Acuity can be defined as the measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to the patients' needs, and not according to raw patient numbers.

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.

We were able to confirm that all staff were required to complete mandatory training, largely through Nuffield Academy online courses; registered nurses also having access to NMC online for the purpose of accessing relevant and current information. In addition, external sources of training were used on a regular basis (for example Royal College of Nursing and Association for Perioperative Practice AfPP<sup>17</sup> courses and 1000 lives<sup>18</sup> resources). This was to ensure that staff maintained and developed suitable skills to care for patients safely. Senior managers monitored compliance with mandatory training, such data being compared across Nuffield Hospitals.

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 with regard to Basic Life Support (BLS). This was considered to be good practice.

We found that on occasions when new equipment was introduced to the hospital, prompt arrangements were made for representatives from the manufacturing company to train relevant staff prior to its use. In addition, at times when changes to clinical procedures were required as a result of the introduction of new equipment, staff were encouraged and enabled to visit other services where equipment was already in use. Such training/experience was

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<sup>17</sup> The Association for Perioperative Practice (AfPP) was established as the National Association of Theatre Nurses, NATN, in 1964. AfPP aims to enhance the quality of care and patient safety in the NHS and the independent sector throughout the UK

<sup>18</sup> The 1000 Lives Campaign aims to reduce risks to patient safety by implementing life-saving interventions developed by clinicians in Wales. Interventions include better management of medicines, reducing healthcare associated infections and surgical complications and improving general medical and surgical care.

subject to evaluation, as stated by senior managers. This was to ensure that the safety of patients and staff was maintained.

We were informed that NHS staff from local hospitals were invited to attend in-house training sessions as a means of learning/promoting working good working relationships across NHS and independent healthcare services. We also found evidence of a comprehensive approach to ensuring that staff were able to demonstrate competencies directly related to their roles and responsibilities.

Whilst there was a clear emphasis on ensuring that staff received regular, relevant training, we found that the hospital was not fully compliant with its mandatory training on the topics of infection prevention and control and moving and handling. This was largely due to staff transfers and the departure of the former training officer. A senior manager did, though, indicate that plans for training were underway.

#### Improvement needed

The registered provider is required to provide HIW with details of the action taken to ensure that all staff attend training on the topics of infection prevention and control and moving and handling.

#### Workforce recruitment and employment practices

The hospital did not use external agency staff at times of unforeseen staff sickness/absence. Rather, regular (Nuffield Health) bank staff were deployed within clinical areas, as needed. Senior managers also told us that there had been very little turnover of staff, which provided stability with regard to service provision.

A senior manager also told us that there was an established rota in place, to enable staff to seek advice and support out of hours.

We spoke with staff who had responsibility for overseeing human resource matters at the hospital. We also explored the content of four staff files. Overall, we found clear evidence of robust processes in respect of fair and open staff recruitment. However, we identified some deviation from those processes and the subsequent need for minor improvement as indicated below:

- Not all staff recruitment records contained the required references from individuals' most recent employer

- It was unclear as to whether employer references were always obtained from a credible source

Following the inspection, HIW received information from the registered provider which provided clarity and assurance in respect of the above issues. More specifically, the service had developed a Standard Operating Procedure, which would bring about full compliance with the regulations in this regard. In addition, we were informed that an audit of staff recruitment files had taken place, so that remedial action could be taken, where appropriate. The above matters have therefore not been included in the improvement plan.

Consultants provided care and treatment at the hospital through arrangements known as practising privileges. They were therefore required to provide evidence of mandatory training from their respective NHS employers. As part of that process the surgery and procedures undertaken in the NHS were the only ones offered to private patients. In instances where a consultant offered private care only, Nuffield central human resources department would arrange for the competencies and training associated with those persons to be explored and verified. We were further informed that the registered provider had a well established means of identifying the due dates for doctors' appraisals, revalidation, renewal and indemnity, as part of the practising privileges process. The above meant that there were robust arrangements in place to ensure that patients received treatment from competent health care professionals.

Similarly, nursing staff indicated that they were supported through the Nursing and Midwifery Council (NMC) revalidation<sup>19</sup> process. The HR coordinator based at the hospital also described the processes in place to ensure that staff were reminded of the need to provide confirmation of revalidation; the hospital HR system being updated accordingly, each time.

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<sup>19</sup> Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC. Taking effect from April 2016, revalidation helps nurses or midwives to demonstrate that they practise safely and effectively.

## 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, measureable, 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

**Service:** The Vale Hospital

**Date of inspection:** 6 and 7 February 2018

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 doors of one of the service lifts were not closing properly.	Potential impact on patient and staff safety. The lift tended to be largely used by staff. However, we were informed that there were occasions when patients (in their beds) would be transported via the lift, to the X ray department (accompanied by staff).	We brought this matter to the attention of senior managers at the point of discovery.	An external maintenance company had already been contacted by relevant hospital personnel, in order that remedial action was taken in a prompt manner. However, the lift had not been marked as out of order until the visit had taken place, to ensure the safety of patients and staff.

<p>We saw that some ward equipment was stored directly in front of a fire extinguisher.</p>		<p>The issue was highlighted to senior managers.</p>	<p>The ward equipment was moved. This enabled access to the fire extinguisher in question.</p>
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## Appendix B – Improvement plan

**Service:** The Vale Hospital

**Date of inspection:** 6 and 7 February 2018

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
<b>Quality of the patient experience</b>				
We did not identify any areas for improvement in relation to this theme.				
<b>Delivery of safe and effective care</b>				
The information below, relates to the non-compliance notice issued to the service on 8 February 2018. HIW has since received full and satisfactory information/assurance that appropriate action has been taken by the registered service, as shown in adjacent	22. Managing risk and health and safety 12. Environment 4. Emergency Planning	Vale Hospital generator annual service completed 8th February 2018 - generator was stable, performed well, and all was ok (see attached service report). Generator test performed 7th February		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>columns.</p> <p>The registered provider is required to provide HIW with evidence of the outcome of the service/maintenance visit associated with the hospital's back-up generator scheduled for 8 February 2018.</p> <p>The registered provider is required to provide HIW with full details of the action taken to ensure that the back-up generator at The Vale Hospital is subject to regular maintenance in the future.</p>	<p>Arrangements</p> <p>26 (2) (d)- Fitness of Premises</p>	<p>2018. Monthly generator tests will be performed with documented evidence. Annual service inspection tests will be performed with documented evidence.</p>		
<p>The registered provider is required to provide HIW with confirmation that contact details of local/other safeguarding teams have been added to the hospital's safeguarding policy and procedure.</p>	<p>11. Safeguarding children and safeguarding vulnerable adults</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
The registered provider is required to provide HIW of the action to be taken, to ensure that they undertake visits to the service at six monthly intervals (and produce a report of their findings). Copies of all such reports are to be made available to HIW as clearly required by the Regulations.	1 Governance and accountability framework			
The registered provider is required to provide HIW with details of the action taken to ensure that all staff attend training on the topics of infection prevention and control and moving and handling.	25. Workforce planning, training and organisational development			

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:**