

Independent Healthcare Inspection Unannounced

BMI Werndale

14 & 15 March 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non compliance process is available upon request.

3. Context

BMI Healthcare Limited is registered to provide an independent hospital at Bancyfelin, Carmarthen, Carmarthenshire, SA33 5NT.

The service has twenty seven beds and is registered to provide care to patients over the age of 16. The service was first registered with Healthcare Inspectorate Wales (HIW) on 18 November 2004.

The service employs a staff team which includes resident medical officers, visiting consultants, nurses, physiotherapists, radiographers, hospital management staff, administrators, stores and hotel staff.

A range of services are provided which include:

- Orthopaedics
- Gynaecology
- Urology
- ENT
- Ophthalmic
- Breast surgery
- Cosmetic surgery
- General Medicine
- Neurology
- Physiotherapy
- Radiology

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the service on 14 and 15 March 2016.

4. Summary

Overall, we found evidence which demonstrated that BMI Werndale place considerable emphasis on engaging with their patients and providing a quality patient experience. The mechanisms for requesting patient feedback and responding to the findings are mature and being used effectively for the benefit of patients receiving care at the hospital. We received some very positive comments from patients.

We found evidence that this hospital is run efficiently with considerable emphasis placed on providing patients with consistent high quality care. We found that some improvements need to be made to policies, training and some documentation to ensure that mental capacity is more carefully considered.

Overall, we found evidence of strong leadership and governance with good, open reporting structures which mean that staff know what to do, know they will be listened to and are motivated to do their jobs well. There is a general need to review and update policies, particularly to ensure they reflect Welsh legislation and policy.

We identified the following areas for improvement during this inspection regarding – a need to update the policies in use and ensure they are in line with Welsh standards; mental capacity within nursing and consent documentation; safeguarding (the policy and need to link with local agencies) and the need to review how the stores department access the main hospital site whilst they are located within the grounds. Although this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW taking action in accordance with our non-compliance and enforcement process.

5. Findings

Quality of patient experience

Overall, we found evidence which demonstrated that BMI Werndale place considerable emphasis on engaging with their patients and providing a quality patient experience. The mechanisms for requesting patient feedback and responding to the findings are mature and being used effectively for the benefit of patients receiving care at the hospital. We received some very positive comments from patients.

Citizen Engagement and Feedback (Standard 5)

There were six inpatients on the ward at the time of our inspection and we had feedback from all either by speaking directly to them or via our HIW patient questionnaire.

Without exception, all patients told us they were happy with the standards of care and service that they had received. They also told us that they felt they were important and mattered to the staff looking after them. Examples of some of the comments we received are:

“All staff have been wonderful! Very helpful.”

“Would recommend to friends and family.”

There are well established systems in place for collecting patient views and acting on the findings to make improvements and these were being effectively used. We saw evidence which demonstrated that engaging with patients was a high priority for management and staff at the hospital, who place considerable emphasis on providing a service that patients are happy with.

Care Planning and Provision (Standard 8)

We looked at a sample of patient care records and found that overall; they were completed and maintained to a high standard.

We had feedback from patients about how informative and helpful their discussions with staff had been and how they had felt particularly well prepared for their surgery and we commended the hospital for this.

Dignity and Respect (Standard 10)

We saw staff treating patients very courteously and professionally. Even at the first contact with front reception desk staff, the positive attitude we saw from staff towards

patients was exemplary. On the ward we also saw a good rapport between staff and patients.

Twenty three of the rooms are single with ensuite facilities and there are two double rooms (with two single beds) and a bathroom in each. The rooms and layout of the ward contribute to patients being able to receive dignified care.

Communicating Effectively (Standard 18)

We saw a copy of the current statement of purpose. This document should set out the terms of the service offered, the staff team, a review of the service and the outcome of engagement with patients. It contained the required information.

There was bilingual signage throughout the hospital and much of the patient literature was available in Welsh and English. There were other languages and large print also available if needed.

We saw comment cards and feedback forms prominently placed in reception which encouraged patient feedback but these were not obviously available on the ward. We suggested that the availability of these on the ward could be increased to capture inpatient comments.

Delivery of safe and effective care

We found evidence that this hospital is run efficiently with considerable emphasis placed on providing patients with consistent high quality care. We found that some improvements need to be made to policies, training and some documentation to ensure that mental capacity is more carefully considered.

Safe and Clinically Effective Care (Standard 7)

Staffing levels on the ward are reviewed in accordance with the planned operations and patients admissions and are increased accordingly to ensure that there are sufficient nurses.

We found evidence that the hospital worked hard to ensure that they provided patients with up to date treatment and care, based on best practice and current guidelines. For example, we found that 'enhanced recovery after surgery' (ERAS)³ principles were well embedded into normal practice and used as a matter of course. As a result of this, there was very minimal use of wound drains⁴ and a low incidence of patients requiring blood transfusions post surgery. These findings indicate that the ERAS interventions are working effectively and that patients are recovering well from the surgery they receive.

There was an excellent system in place to help ensure that staff are equipped to deal with clinical and non clinical emergencies. This included:

- Daily emails from the management team to all staff giving important information for each day
- A system for annual updates in mandatory training areas that included dealing with patient emergencies and health and safety

³ Enhanced recovery after surgery (ERAS) is a set of interventions which aim to help patients recover from surgery and leave hospital sooner by minimising the stress responses on the body during the surgery itself. Source: <http://www.nhs.uk/conditions/enhanced-recovery/Pages/Introduction.aspx>

⁴ A wound drain is a tube sometimes inserted during surgery which is used to remove pus, blood or other fluids from a wound.

- A comprehensive training package to equip staff with skills to deal with patient emergencies and resuscitation. In addition to annual training there are also three simulated emergencies which staff are not warned about but have to respond to in order to practice their skills and test out the arrangements.
- There are boxes in strategic places throughout the hospital; these contain information which may be needed in an emergency situation. For example, in the event of a water leak, relevant telephone numbers and a photograph of the stop tap needed to shut the supply off will direct staff in what they need to do. Similar information for other emergencies is also contained in the boxes. This is an example of good practice and we suggested that they undertake a table top exercise to check that the boxes will work as they are designed to.

We also found that the systems for clinical governance were strong and were designed with the aim of ensuring the consistency and safety of the care and treatment delivered.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The hospital is registered to provide care to those over the age of 16 but in practice the registered manager told us they do not usually treat anyone under the age of 18. Therefore, our main focus was on their adult safeguarding arrangements. We did however; confirm that staff had also had training in child protection and there was a policy in place to support any actions should the need arise.

All staff had also received training in adult safeguarding and benefited from a safeguarding lead (the director of nursing) whose role is to provide support to staff and ensure training and knowledge is up to date. The lead member of staff had not undertaken higher level safeguarding training (level 3) specific to Wales and we recommended that this be done, so that awareness of local procedures is improved and links with local organisations involved in protection are strengthened.

Improvement needed

The safeguarding lead to undertake Wales specific level 3 safeguarding training.

The safeguarding policy had last been updated in 2014 and we also noticed that it does not comply with Welsh guidance (In Safe Hands – the Welsh Government document which guides adult safeguarding processes in Wales). It should therefore be reviewed to bring it up to date and ensure it reflects Welsh policy.

Improvement needed

Review and update the safeguarding policy. Ensure compliance with relevant Welsh policies (In Safe Hands and Safeguarding children).

We found that the nursing documentation in use to guide patient care and assessment did not prompt staff to consider or talk to patients about mental capacity, confusion and general cognition. In general, the number of people in the UK with dementia is increasing ⁵ and with this in mind we have recommended that the hospital include this within the documentation so that the presence and any impact of cognitive issues can be appropriately assessed and supported.

Improvement needed

Include cognitive impairment as an area of assessment within inpatient nursing documentation.

To support this further, the overall knowledge and awareness of dementia, cognitive impairment and mental capacity needs to be increased amongst the nursing staff.

Improvement needed

Provide training to nursing staff on dementia, cognitive impairment and mental capacity (to include the legal considerations for inpatient care).

There is a system to ensure that patients are helped to understand the procedures being recommended for them so that they can give informed consent, this is through outpatient appointments, the pre admission process, and reinforced again at the point of admission to the ward. We found that the consent form in use was adequate for straightforward circumstances but needed to be strengthened so that the correct procedures are followed in more complex consent cases where there may be some capacity issues to be considered.

Improvement needed

Review the consent form and ensure that it accurately guides the use of best interest advocates and assessments where there are capacity issues.

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

There are waste disposal contracts in place for hazardous and non hazardous waste. There were environmental cleaning schedules in place and dedicated roles for domestic members of staff. Cleaning staff work shifts between 9am and 8pm.

⁵ Source: Alzheimer's Society at https://www.alzheimers.org.uk/site/scripts/documents_info.php

There were plentiful supplies of personal protective equipment such as gloves, aprons and masks available for staff (and for visitors in the event of a contagious outbreak).

We saw many hand sanitising points throughout the hospital (equipped with hand gel) and also sinks, both of which are designed to encourage good hand hygiene. There were also leaflets next to sinks and hand gel explaining its benefits and appropriate use.

There is an infection prevention and control (IPC) lead member of staff, who conducts hand hygiene audits, environmental cleaning audits and reports to the IPC committee, who consider and oversee all audit results.

There is also a system for monitoring the incidence of any surgical infection and responding to any actions which need to be taken as a result of this.

Nutrition (Standard 14)

The most recent food hygiene rating awarded to the kitchen at the hospital was the highest score of 5.

We identified that the relocation of the stores team to the grounds outside the hospital was resulting in the kitchen being used as a thoroughfare to bring supplies inside. The kitchen should not be an access route as good kitchen and food hygiene standards must be maintained at all times. We therefore recommended this be stopped and an alternative route into the hospital identified.

Improvement needed

Identify an alternative route for stores to be brought into the hospital building.

BMI have recently changed the way they cater within their hospitals and now offer a range of specially steam cooked meals provided by an external catering group. There are three deliveries per week of different pre prepared meals; therefore patients are still able to have a choice of hot meals. In addition to these, a variety of sandwiches, salads and lighter dishes are made to order by the hospital catering staff in accordance with what patients choose. The hospital kitchen is open between 7am and 8pm. After this time, a trolley with snacks is taken to the ward so that there is food available to patients during the night.

We were made aware that there had been some mixed feedback about this change to the catering arrangements. Staff had worked closely with the external caterers to ensure that the choices provided and variety offered was what patients wanted and told us that patient satisfaction with these meals was improving. In light of these comments, we sampled the pre prepared meals and found that they were attractively presented and was very palatable.

Nutrition is assessed at a patient's pre admission appointment and again at the point of admission to the ward. During a stay, staff provide patients with practical support to eat, or advice on meals and diet in accordance with their needs and wishes. We saw evidence that patients had been prepared at their pre admission appointment with advice about how to optimise their diet in readiness for surgery. This is with the aim of promoting the best recovery possible.

Medicines Management (Standard 15)

There were appropriate arrangements in place for the ordering, storage, prescribing, supply and administration of medication. We did not identify any concerns in this area.

Blood Management (Standard 17)

The hospital had a policy and procedure in place to guide their use of blood transfusions and blood management.

There is a designated on site lead for blood transfusions who takes responsibility for aspects of the procedure including the training competencies of staff.

BMI Werndale is near to Glangwili hospital (Hywel Dda University Health Board), who supplies them with the blood they need for patients.

There is a strict process in place for identifying a patient's blood type before surgery and then ordering blood ready for that patient so that it is available without delay in the event that it is needed.

Medical Devices, Equipment and Diagnostic Systems (Standard 16)

We saw evidence of contracts in place for ensuring that all equipment used is checked regularly to confirm that it is safe for use.

Records showed that emergency equipment was being checked regularly by hospital staff to ensure it was safe and ready to use at all times.

Each clinical area held a list of the equipment used in their area, and these were checked and updated every six months.

Staff told us that the arrangements in place meant that any repairs were actioned promptly.

Dealing with Concerns and Managing Incidents (Standard 23)

We discussed the way in which concerns and complaints are handled. There is a policy and procedure in place to guide the process and we confirmed that this had been followed appropriately in the past. The registered manager and other senior

managers told us that they are keen to speak to patients and to resolve issues promptly as they arise. They make themselves available to meet with patients, relatives and carers, as needed and also try to be visible and approachable around the hospital site.

There was also a good system in place for managing incidents. Regular staff meetings, newsletters and daily briefing emails were used to share the immediate and longer term messages and learning from incidents with staff.

Quality of management and leadership

Overall, we found evidence of strong leadership and governance with good, open reporting structures which mean that staff know what to do, know they will be listened to and are motivated to do their jobs well. There is a general need to review and update policies, particularly to ensure they reflect Welsh legislation and policy.

Governance and Accountability Framework (Standard 1)

There are clear lines of accountability and staff have well defined roles and responsibilities which they understand.

The governance systems were strong and have been set up to promote good links between management and staff working in direct patient care. There are lead staff members in key areas and a series of committees, such as infection prevention and control, radiation protection and hospital transfusion which report into an overall clinical governance committee. There is also a process in place which ensures that all issues at Werndale are reported to the regional group of BMI hospital which they are a part of (this is made up of 15 hospitals in the south of the UK) and also into the board.

There is a requirement under the Independent Healthcare Regulations (2011) that establishments report any untoward incidents which could affect patients to HIW. We discussed and clarified this process with the registered manager so that decisions about what to report in the future are easier.

There is also a requirement under the regulations for six monthly visits by the Responsible Individual (the RI - this is the person who represents the company, usually a senior manager). We confirmed that these visits were taking place and saw examples of the reports produced by the RI following these visits. The reports we saw did not provide strong evidence of engagement with staff and patients and this should be considered at future visits.

In general we found that the policies and procedures in place had an English focus and many also had outstanding review dates.

Improvement needed

Review and update policies, ensuring that relevant Welsh legislation and policies are properly accounted for.

Workforce Recruitment and Employment Practice (Standard 24)

There were appropriate arrangements in place to support the management team at BMI Werndale with the recruitment and management of staff. These included policies and procedures, HR assistance and occupational health support.

The onsite management team are closely involved in recruitment and choose the location and method of advertising for any positions that are available and also make the decisions about who to employ.

There is an induction training programme for new staff and a dedicated two weeks of training each January which is used for mandatory training updates for all staff. In addition to this, staff are encouraged to attend relevant training sessions throughout the year. Staff appraisals are conducted annually.

Agency nurses are used on occasion and there had been a recent change in the agency being used. We advised the registered manager to strengthen the safety of this system and ensure that the registration and name of each agency nurse is checked and provided to the hospital in advance of the shift they are due to work on.

We spoke informally to staff that were present and had positive feedback from them regarding their experience of working at BMI Werndale. There was a student nurse on placement who reported that the hospital offered a good learning experience with a wide variety of safe opportunities for developing experience. We also received some feedback from staff that completed our HIW questionnaire. The sample size was small; however, there was some interesting feedback which the registered manager should consider exploring further. Generally, responses received were positive, in particular about the training opportunities, management support and no blame culture at the hospital. Responses were more mixed in relation to workload, with staff responding that they are 'sometimes' unable to meet conflicting demands on their time and that there are 'sometimes' not enough staff to be able to do their job properly.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of BMI Werndale. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvements identified at BMI Werndale will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: BMI Werndale

Date of Inspection: 14 &15 March 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
	<i>No recommendations made</i>				
Delivery of Safe and Effective Care					
9.	<i>The safeguarding lead to undertake Wales specific level 3 safeguarding training.</i>	Standard 11 / Regulation 16			
9.	<i>Review and update the safeguarding policy. Ensure compliance with relevant Welsh policies (In Safe Hands and</i>	Standard 11 / Regulation 16			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>Safeguarding children).</i>				
10.	<i>Include cognitive impairment as an area of assessment within inpatient nursing documentation.</i>	Standard 8 and Standard 11 / Regulation 15			
10.	<i>Provide training to nursing staff on dementia, cognitive impairment and mental capacity (to include the legal considerations for patient care).</i>	Standard 11 and Standard 25 / Regulation 21			
10.	<i>Review the consent form and ensure that it accurately guides the use of best interest advocates and assessments where there are capacity issues.</i>	Standard 9 / Regulation 15 and Regulation 17			
11.	<i>Identify an alternative route for stores to be brought into the</i>	Standard 14 / Regulation			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>hospital building.</i>	15			
Quality of Management and Leadership					
14.	<i>Review and update policies, ensuring that relevant Welsh legislation and policies are properly accounted for.</i>	Standard 20 / Regulation 9			

Service Representative:

Name (print):

Title:

Date: