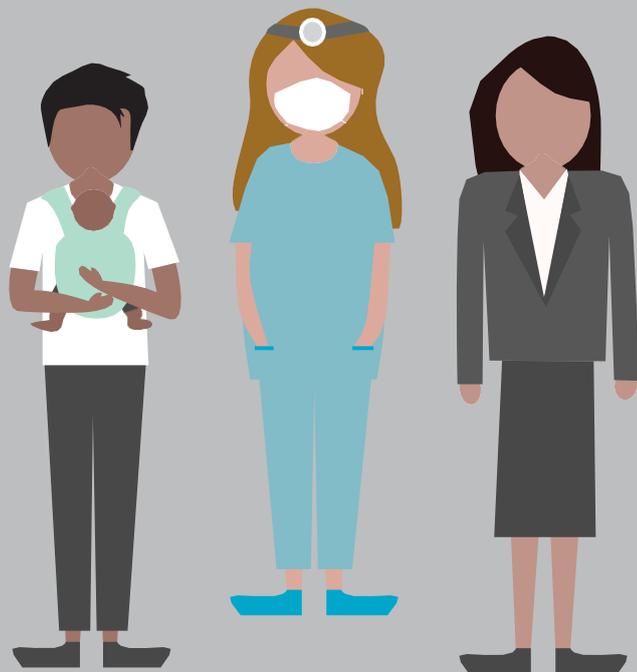


Quality Check Summary

BMI Werndale Hospital

Activity date: 19 August 2020

Publication date: 15 September 2020



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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of BMI Werndale as part of its programme of assurance work.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks capture a snapshot of the standards of care within healthcare settings. This quality check focussed on four key areas: COVID-19 arrangements; environment; infection prevention and control; and governance. More information on our approach to inspections can be found [here](#).

We spoke to the Hospital Director (Registered Manager) on 19 August 2020 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the ward environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

COVID-19 arrangements

During the quality check, we considered how the service has responded to the challenges presented by COVID-19; what changes they have made to ensure they can continue to provide a safe, effective and person centred service. We reviewed key policies, including the use of personal protective equipment (PPE).

The following positive evidence was received:

We found there to be comprehensive policies and procedures for infection prevention and control (IPC) and surveillance and outbreak management. A COVID-19 Management procedure had also been produced, which had been regularly reviewed and version controlled.

A comprehensive COVID-19 IPC risk assessment, which covered all areas of the hospital's

functions, had been completed and actions had been taken to ensure that risks to staff, patients and visitors were reduced.

We found that the service undertakes a range of meetings in order to update itself on and communicate the latest COVID-19 guidelines. These included daily and weekly calls with BMI management to ensure the safe and effective operation of the hospital. Local hospital governance meetings had been increased from monthly to weekly, involving staff from all departments within the hospital. Furthermore, daily team meetings had been maintained but replaced with video calls. It was positive to note that these calls had been extended to include all staff working on-site, including NHS colleagues.

The service told us that they have had generally good access to PPE for all staff, with access strengthening as the pandemic developed. The service described that a good relationship with the local health board had further added to resilience in their PPE supply.

We were told that staff received additional training in how to correctly use PPE and that there has been an emphasis on observing staff, to ensure that PPE guidelines were followed. We were told that five staff members had received face fit training¹ and that over 90 clinical staff have been fitted.

As part of updated pre-admission procedures in light of COVID-19, we were told that the service had implemented rigorous screening and testing procedures for patients. In line with NICE guidelines², all patients were required to undergo a period of isolation and a COVID-19 test, ensuring that a negative result was received by the hospital prior to any surgery. This helped to minimise the risk of transmission to staff and other patients, whilst supporting the recovery of the patient.

We also saw evidence of other screening measures designed to protect patients and staff, including symptom checking all persons at the entrance to the service and temperature checking.

The service described to us a number of arrangements that had been put into place to help support staff during the pandemic. This included regular communication with all staff at a BMI group and local level. The service told us that they had placed emphasis on ensuring the safety of the ward environment and access to PPE, to help build and maintain confidence amongst staff from the outset.

We were told that staff requiring shielding had been identified at an early stage and that arrangements had been made to maintain their salary level. Similarly, we also told that any staff who had not achieved their full working schedule due to the effects of COVID-19 had their salary level maintained.

Other steps described to us included access to activities and the BMI Employee Assistance Programme, which had been extended to family members of staff.

No areas for improvement were identified.

¹ This enables trained staff to ensure that respiratory protective equipment fits other staff correctly and that they are adequately trained in its use.

² National Institute for Health and Care Excellence: <https://www.nice.org.uk/guidance/ng179>

Environment

During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and any pressure or tissue damage which has occurred. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We found that an annual environmental risk assessment had been completed and that actions had been taken where appropriate. This was supported by a range of policies and procedures to help support the safety of staff, patients and visitors.

The service has a range of audits scheduled throughout the year to further support patient safety. These included audits on falls and pressure and tissue damage. We reviewed a sample of these and found the service to have scored positively.

We found that standard patient visiting arrangements to the service had been suspended during the pandemic, in line with public health guidelines. We saw evidence to confirm that visiting had been managed in an appropriate manner, which included visiting by exception and with permission of senior management. Telephone or video calling was encouraged wherever possible.

During the pandemic, there had been collaboration with the local health board to help provide capacity and capability to support urgent and time critical treatment for outpatient and surgical cases.

We discussed with the service how they had continued to meet these patients' care and treatment needs during the pandemic. They told us that COVID-19 had increased engagement and communication with patients which helped the service to better understand individual needs. Also, strengthened pre-admission checks, such as COVID-19 screening, had helped to ensure patients' suitability to access the service and for subsequent treatment.

The service told us that whilst they were not providing treatment above and beyond what they would normally provide, patients' needs could be different due to the urgent need for treatment. We briefly explored how the service would convey unwell or deteriorating patients and were assured that a service level agreement between BMI Werndale hospital and Hywel Dda UHB was in place for patients to be transferred in case of emergency.

Other changes noted were the ward environment being adapted to introduce one-way systems, the implementation of a new secure access system and all patients being cared for in single en-suite rooms, as opposed to an open ward environment.

No areas for improvement were identified.

Infection prevention and control

During the quality check, we considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

The following positive evidence was received:

We found there to be comprehensive and recently reviewed policies and procedures for infection prevention and control (IPC).

A range of recent highly scored audits had also been undertaken, these included audits on general IPC compliance, hand hygiene and social distancing. The service also told us that management undertake regular quality spot checks to ensure compliance with PPE requirements.

We saw evidence that enhanced cleaning regimes had been implemented in all patient and clinical areas, including: the decontamination of patient rooms, the environment and equipment, and also the management of linen and spillages.

We also confirmed that cleaning regimes had been enhanced in clinical areas, such as theatre, to ensure that thorough cleaning occurs at suitable intervals, e.g. following the use of aerosol generating procedures.

We were pleased to note that the service had taken steps since its latest HIW inspection to ensure that outstanding IPC issues relating to the environment had been completed in a timely manner.

No areas for improvement were identified.

Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

The service told us that they had experienced no notable staffing issues during the course of the pandemic and that forward planning had taken place in at the beginning of the pandemic. This was in part due to the service undertaking a number of elective lists, enabling them to plan ahead effectively.

Other planning included early conversations with staff regarding those who may need to isolate and supporting staff to feel confident in the workplace. It was pleasing to hear the service

confirming that the personal responsibility shown by staff had been exemplary.

We saw evidence to confirm what processes the service followed to manage staffing in line with patient dependency, including how unexpected leave or annual leave was covered with the support of a healthy cohort of bank staff. The service also told us that access to agency staff was available, but that the need for agency support remained low. The service confirmed that efforts were made to maintain a low turnover of agency staff during the pandemic to ensure familiarity with procedures and to minimise the risk of transmission.

The service indicated that agency and bank staff use may be increased in the coming months due to an accumulation of annual leave by its contracted staff. However, we confirmed that contracted staff will always be on duty each shift to support the agency and bank staff being used.

We saw evidence to confirm that completion of mandatory training was high and we were told that this was carefully monitored by on-site management. The service also told us that all new staff received a mandatory induction, familiarising them to the service, the ward environment and BMI policies and procedures.

We explored a sample of incidents and discussed these with the service to understand how incidents were reported, managed and responded to. The service described a clear process for reporting incidents through the BMI RiskMan (risk management system), including how these were reviewed at governance meetings and how feedback and learning was shared.

Under the regulations, the Responsible Individual (RI) was responsible for supervising the management of registered settings. This included visits to the service and the production of a report every six months.

We were pleased to note that, following the latest visit, a detailed report had been produced. This demonstrated a good awareness of the setting and its management by the RI.

In order to be satisfied of a clinician's suitability to practice from BMI Werndale, the service demonstrated a comprehensive procedure for granting practising privileges. This included confirmation of identity, contractual status and professional registration.

The following areas for improvement were identified:

We reviewed the COVID-19 Governance Framework procedure and found that this only took account of English regulations and the Care Quality Commission (CQC) framework for reporting incidents and statutory notifications.

The registered manager (Hospital Executive Director) told us that this procedure would be overridden by any devolved or regional requirements. However, as services are regulated under a different regulatory framework in Wales, the service must be able to evidence an updated written procedure in order to provide HIW with assurance that incidents and statutory notifications will be reported in an accurate and timely manner.

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed below:

Where an improvement plan is required, it 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 Quality Check

As a result of the findings from this quality check, 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.

Improvement plan

Setting: BMI Werndale Hospital

Date of activity: 19th August 2020

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	<p>We reviewed the COVID-19 Governance Framework procedure and found that this only took account of English regulations and the Care Quality Commission (CQC) framework for reporting incidents and statutory notifications.</p> <p>As services are regulated under a different regulatory framework in Wales, the service must be able to evidence an updated written procedure in order to provide HIW with assurance that incidents and statutory notifications will be reported in an accurate and timely manner.</p>	Regulation 31 Independent Health care (Wales) Regulations 2011	Action to update the COVID-19 Governance framework procedure to ensure appropriate reference to the different regulatory framework in Wales.	Jacky Jones	Completed

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.

Name: Jacky Jones

Date: 07/09/2020