



## Enter & View Report

---

### Spire Murrayfield Hospital:

---

Service address:	Holmwood Drive, Thingwall, Barnston Wirral, CH61 1AU
Tel	929 5181
Service Provider:	Spire Healthcare Ltd
Date and time:	Thursday 25 <sup>th</sup> January 2018
Authorised representatives:	Elaine Evans Jo McCourt Marilyn Wallace Beverly Parker Piara Miah



## Table of Contents

Acknowledgements.

What is Enter & View?

General profile of service and purpose of visit.

Type of E&V visit undertaken.

Methodology.

Discussions, Findings and Observations.

Conclusions

Recommendations

Supplementary feedback from the provider post visit

Healthwatch follow up action.

Glossary

Distribution of report



## Acknowledgements

Healthwatch Wirral would like to thank staff and patients at Spire Murrayfield Hospital for talking to Healthwatch Wirral Authorised Representatives.

Please note that this report relates to findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## What is Enter and View?

Part of the Healthwatch Wirral's work programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.



## **1.0 General profile of the service.**

Spire Murrayfield Hospital is part of Spire Healthcare Limited. It is a private hospital which has been providing independent health care services on the Wirral since 1982.

As well as providing private treatment the hospital is also contracted to provide certain NHS treatments.

The hospital has 24 inpatient beds and 17 day-case beds.

The services provided include surgery, medical care, outpatients and diagnostic imaging.

Facilities include three operating theatres, a pharmacy, a pathology laboratory, a physiotherapy treatment area, a sterile services department for the decontamination and sterilisation of theatre instruments, X-ray, outpatient and diagnostic facilities.

## **2.0 Purpose of visit**

Quality Assurance

## **3.0 Type of E&V visit undertaken**

Announced visit



## 4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues will be directed to the service provider.

**The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.**

Enter and View visits are conducted in a way that works in accordance with Knowsley, Liverpool, Sefton and Wirral (KLSW) Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

No Safeguarding issues were identified at the time of our visit.



## 5.0 Discussions, findings and observations

Healthwatch Authorised representatives used the hand gel provided at the entrance before entering the premises.

At the time of our visit, the CQC were conducting an inspection. We were unable to meet the newly recruited Hospital Director as he was meeting the CQC inspectors, therefore a meeting was arranged for Healthwatch staff to have a discussion with him at a later date.

However, during the visit, despite having a busy schedule, the Hospital Director took the opportunity to introduce himself and have a brief discussion with Healthwatch Authorised Representatives.

We were greeted by the Deputy Matron who took the time to have a discussion with us about the hospital.

She had been in post for 18 months and informed Healthwatch Authorised Representatives that there had been a lot of positive change within the organisation recently.

### **Discussions with Staff**

Healthwatch Authorised Representatives spoke to 8 members of staff during the visit, all of whom reported that they enjoyed working at the hospital.

### **Staffing levels**

We asked whether they felt that there were enough staff to manage patient workload safely and the overall response was affirmative. It was suggested that there had been problems in the past but staffing levels were more consistent now. Levels are adapted on a daily basis taking into account planned workload and the acuity of the patients. Patients are now booked in a week in advance, therefore planning of staff ratios has become more efficient.



Staff are encouraged to work in different areas and departments in order to gain experience and promote a better understanding of others' roles.

We were informed that a part time Pharmacy Assistant had recently been recruited to support the Pharmacist to alleviate any understaffing in this area.

### **Management Support**

All staff reported that they felt supported by management, but it was not the case 12 months ago when morale was low. The recent change in management structure, particularly the recruitment of the Hospital Director, appears to have made a big difference. One member of staff reported that the new HD is taking ownership of problems, recognises when change is needed, is highly visible, inclusive and supportive.

Healthwatch were informed that additional management posts, a Matron plus a Head of Clinical Services, had been recruited and were due to start soon.

### **Induction, Appraisal and Supervision**

Staff reported that they had received a comprehensive induction and annual appraisal. They also reported that they received enough supervision from their line manager.

One recently recruited member of staff was currently undergoing induction and had been given a structured timetable to assist with learning the role. Another showed Healthwatch Representatives the induction material used and informed us that staff are encouraged to undertake some of their mandatory training online during the induction period.



## **Training**

All staff, apart from the new recruit, informed Healthwatch that they had completed their mandatory training.

They reported that mandatory training is mainly online and that there are in house and external training opportunities.

Staff receive an annual reminder to ensure that they are up to date with training. Each staff member has a file with a record of their achievement and witnessed evidence.

The Hospital monitors competency by using a scoring system for degree of competence - 1 being lowest level, up to 4, which means the individual is competent to teach that particular activity/procedure.

Staff felt that they had the necessary competence for their roles or were aware of what was required and how they could achieve them.

They reported that they are not allowed to undertake any tasks that they have not been trained to do.

Staff are supported by having 'Enabling Excellence' reviews every 3 months when any deficiencies in competencies are highlighted and any further training is identified.

## **Serious Incident Reporting and Pathway**

All staff who spoke to Healthwatch Representatives reported that they knew what constituted a serious incident and what the pathway was to report or escalate the issue.

They felt confident in raising issues since the change in management and we were informed that there is a 'no blame' culture to encourage learning from incidents.

Incidents are recorded on the hospital Datix system and are discussed at the Health and Safety Committee.





The minutes of these meetings are disseminated through the monthly staff meetings and displayed on communication boards.

Although several staff members reported that learning from incidents is shared across the organisation, one member of staff did not feel that they would know about an incident that occurred in another part of the hospital.

**Healthwatch Wirral Representatives asked staff what they thought 'works well' in the hospital and received the following responses;**

"Communication has improved by having Head of Department meetings, Theatre Huddles and staff meetings"

"Handovers are comprehensive and detailed"

"The hospital now has an MDT meeting room with a patient journey board. MDT meetings are held every morning to discuss each patient followed by a bedside handover"

" It is a more organised environment now that patients are booked in advance and staff know what their workload is"

" We have a good team. We did not have enough resources and staff but this has improved quickly with the recent changes in management"

" My understanding and knowledge of my role is improving and I now appreciate other peoples roles"

" The structure is good, there is a clear direction and flexibility in working practices"



**Healthwatch Wirral Representatives asked staff what they thought 'does not work well' in the hospital and received the following responses;**

"Everything works well"

"Still some staffing issues at times, but I appreciate it is improving and is not going to happen overnight"

"Nothing - it is all very positive"

**When asked what staff would like to see done differently or improved responses received were;**

"Continue with the planned programme of work in progress to improve both the hospital both internally and externally."

"Continue to monitor and improve staffing levels"

Other comments received from staff;

"Over the past 6 months there have been massive improvements and this has made a very positive difference to my work and to the patient experience."

"There has been a huge difference in the last 6 months. It has been difficult because of the scale of change but it has all been positive and proactive"

"We have received good feedback on the changes from patients and consultants"

"It is now a much more open and business like environment, and there are better clinical facilities"

"We have a strong team and are travelling 'onwards and upwards'

"We are currently recruiting and with increased staffing levels this may result in increased bed numbers in the future"

All staff who talked to Healthwatch reported that they would recommend the hospital to family and friends.



## **Discussions with Patients**

Healthwatch Wirral Representatives talked to 8 patients on the day.

All reported that they were treated well, the food was good and that there were enough staff on duty.

Patients seemed pleased that they were kept informed about their care and condition and were briefed about their discharge from hospital and any care arrangements made for when they get home.

All reported that they would recommend the hospital to family and friends with two people responding “Most definitely” and “Very much so!”

## **Environment**

The receptionists at the front desk requested that we sign the visitors’ book and provided Healthwatch Authorised Representative with visitors ID badges. They were observed to be friendly and helpful to patients and visitors.

We also met the concierge who greets patients on arrival at the hospital and directs or escorts them to the appropriate part of the hospital. He was also friendly, welcoming and treated people with dignity and respect.

## **Reception**

The reception area was organised, clean and tidy.

Leaflets about hospital services were available for patients and visitors. A map of the hospital was displayed along with posters displaying how to identify staff by uniform, information about chaplaincy, the hospital’s ‘Dementia Vision’, suggestion boxes and details of the hospital patient participation group/forum.



## **Corridors**

All viewed were bright, clean, tidy and free from obstruction. Some had small areas for people to sit in.

Boards were displayed throughout the hospital which included information on sepsis, complaints process, Dols, dignity and respect, 6 C's end of life training and hospital charges.

'You said - We did' information was also displayed but these were not dated, therefore Healthwatch Authorised Representatives were unsure when the tasks were completed.

The patient information signs used in these areas were clear.

Fire doors in the corridors were open but had magnetic catches which would release in the event of a fire.

In one corridor, emergency anaphylaxis medication was stored on the wall.

## **Outpatients Department**

Information was on display showing which clinicians and staff were on duty.

The waiting room décor was good. The area was clean, tidy and bright.

There was a good range of comfortable seating. Complimentary beverages were available from the vending machine. Various reading materials were accessible for people waiting, including directories of services and Consultant profiles.

The Consultation rooms had recently been refurbished to a high standard.



## **Inpatient Rooms**

A small number of rooms were viewed. They were clean, fresh and well equipped with a TV, small desk and lockable storage for a patients' personal belongings.

Each room had en-suite facilities. Hand gel was available for infection control purposes.

The bathrooms had a shower provided over the bath and had appropriate aids such as hand rails for patients to use the facilities safely.

Call bells were within reach at the bedside for patients to use if they required assistance. Some rooms had views and access to the gardens.

## **Day Case Unit**

There were 17 private bays (separate male and female area) and a nurse station.

Hand gel was available throughout the area for infection control purposes.

The facility had been refurbished to a high standard and was clean, fresh and bright. The signage was good and there were male and female toilet facilities. Both were clean and fresh.

Call bells were within reach for patients and lockable storage was available.

Plenty of information was available in each bay which included a Patient Satisfaction Survey, a Patient Agreement to Investigations and Treatment form and a Discharge Information leaflet.



Each bay displayed a poster to identify the clinical and nursing team, a 'Call, Don't Fall' poster and information about reducing the risk of VTE.

## **External Areas**

### **Building**

The building externally did not look well maintained. The window frames were in poor condition and gutters, pipes and wires did not appear to be securely fixed and safe in some areas.

### **Gardens and Car parks**

At the time of our visit gardeners were working on improving the area.

The garden lawns were well maintained but the external fixtures and fittings needed improving.

The signage was adequate but could be improved to further identify the various parts of the hospital including disabled parking areas.

There did not appear to be adequate signage on how to access the main entrance for patients parking in the higher level car parks.

The pedestrian crossing outside the main entrance was not sited in the best place making it difficult for wheelchair users to exit the building. The kerbs would also need to be adapted to access and exit the crossing.

The condition of road markings and surfaces was not good in several areas and the handrails and the steps leading up to the car parks needed to be painted.

The waste skip situated near the smoking area was overfilled and the lid was not closed exposing the contents within.



## 6.0 Conclusions

Staff were welcoming, friendly and courteous.

Staff were observed treating patients with dignity and respect.

It was evident that there had been a lot of positive change recently and staff morale had improved.

Staff appeared to be confident in the new management structure, processes and procedures planned.

A number of internal areas had been refurbished to a high standard.

The external environment would benefit from improvement.

## 7.0 Recommendations

Continue with the planned programme of refurbishment and improvements both internally and externally.

Consider replacing the showers over the baths with a walk in shower as this would be beneficial to people with disabilities or mobility problems.

If possible, store emergency anaphylaxis medication in a more secure area so that it is not accessible to members of the public.

Date information displayed on notice boards.

Ensure that waste disposal is managed more efficiently.

Learning from Serious incidents - Explore different methods of communicating this to all staff.

Use the SBAR model for effective communication particularly for patient handovers.



## 8.0 Supplementary feedback from the provider post visit

We welcome the visit of Healthwatch to our facility and will always take on board their proactive comments and feedback

The hospital is undergoing major refurbishment programme and will be the case for the remaining months of 2018. All items raised regarding the physical environment for this year long programme are taken care of within the programme

Over and above that many of the items reported have already been identified by the new management team and have been rectified / improved on prior to this report being published

Examples of this are

External car parks have been resurfaced where required

Signage improved upon

Road markings repainted

Front entrance wheelchairs access altered and improved upon

Externals being taken care of and maintained appropriately

Internally all items are complete and actioned apart actual refurbishments which are ongoing





## 9.0 Healthwatch follow up action

Revisit October 2018

## 10.0 Glossary

<b>CQC</b>	Care Quality Commission
<b>DoLS</b>	The Deprivation of Liberty Safeguards
<b>6C's</b>	Nursing standard for the professional commitment to always deliver excellent care - Care, compassion, competence, communication, courage, commitment
<b>MDT</b>	Multidisciplinary Team
<b>KLSW</b>	Knowsley, Liverpool, Sefton and Wirral Safeguarding Adults Partnership Board
<b>SBAR -</b>	Situation, Background, Assessment, Recommendation is an effective and efficient way to communicate important information.
<b>VTE</b>	Venous Thromboembolism



### **11.0 Distribution of report**

Healthwatch Wirral will submit the report to the Provider, Commissioner and to CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

**Healthwatch Wirral**

**Liscard Business Centre**

**The Old School House**

**188 Liscard Road**

**Wallasey**

**Wirral**

**CH44 5TN**

**Telephone: 0151 230 8957**

**Email: [info@healthwatchwirral.co.uk](mailto:info@healthwatchwirral.co.uk)**

**Website: [www.healthwatchwirral.co.uk](http://www.healthwatchwirral.co.uk)**