



# **Independent Healthcare Inspection (Unannounced) Cardiff Spire Hospital**

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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 Wales<sup>1</sup>.

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.

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<sup>1</sup> 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 completed prior to inspection.

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 notice<sup>2</sup>. 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.

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<sup>2</sup> 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 compliance process is available upon request.

### 3. Context

Spire Cardiff hospital is operated by Spire Healthcare Ltd (which is the name of the registered provider - part of the Spire Healthcare group) and is currently registered with HIW to provide inpatient and outpatient services. The hospital has 66 beds.

Cardiff Spire is currently the largest private acute independent hospital in Wales.

The service employs a team of approximately 297 healthcare, administrative and ancillary staff; Consultants having defined practising privileges<sup>3</sup> within the hospital. The staff team is led by a Hospital Director (who is also the registered manager) and a Group Medical Director (who is also the Responsible Individual).

Twenty four hour medical cover is provided by a team of experienced resident medical officers (RMO), on a planned rota basis. The medical staff are contracted to work at Cardiff Spire via a centrally held contract with an external agency.

Cardiff Spire provides a comprehensive range of private healthcare services which include outpatient consultations and clinics, physiotherapy, rehabilitation and diagnostic services together with a full range of surgical inpatient services. A full description of the services provided can be seen within the hospital's website, or their written Statement of Purpose.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of this service on 22 and 23 November 2016.

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<sup>3</sup> Practising Privileges or PPs 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 (GMC's) Good Medical Practice (GMP).

## 4. Summary

We found that patient satisfaction with services provided at the hospital was extremely high. This was determined through comments made by patients within completed HIW questionnaires and consideration of the outcome of one of the hospital's many patient satisfaction surveys. Discussions with staff also highlighted the informal arrangements in place to seek patients' views on an on-going basis.

Patients made positive comments about the quality of care, food, cleanliness of the environment and professionalism of staff. We further found that the service recognised and addressed the individual needs of patients and staff treated patients and visitors with dignity and respect.

We found that the hospital team was responsive to patient's needs to ensure that they had access to timely treatment. Patient assessments started in the pre-operative clinic and continued throughout their stay. There was also a range of well established processes and procedures in place within the areas inspected, to assist staff in the delivery of safe and effective care.

During the course of our two day inspection, we found excellent examples of a well managed hospital. This was because we were able to confirm that there were appropriate leadership arrangements at all levels within the clinical areas inspected. We also found that there was a particular emphasis on the provision of patient focussed services and commitment to reviewing and auditing aspects of services to continually improve the care and treatment patients received.

Staff who spoke with us were very knowledgeable and professional, and told us they felt very well supported in their work. They were also seen to be respectful of one another, as well as toward patients and their visitors.

We identified an area for improvement regarding an administrative aspect of the recruitment process. Details of that can be seen within Appendix A of this report. Whilst 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 non-compliance with regulations.

## 5. Findings

### *Quality of patient experience*

**We found that patient satisfaction with services provided at the hospital was extremely high. This was determined through comments made by patients within completed HIW questionnaires and consideration of the outcome of one of the hospital's many patient satisfaction surveys. Discussions with staff also highlighted the informal arrangements in place to seek patients' views on an on-going basis.**

**Patients made positive comments about the quality of care, food, cleanliness of the environment and professionalism of staff. We further found that the service recognised and addressed the individual needs of patients and staff treated patients and visitors with dignity and respect.**

During our inspection we asked patients to complete HIW questionnaires to obtain their views on the care and support provided by the hospital. Eight questionnaires were completed, as the majority of patients present during the two day inspection were either in the process of recovering from surgery, or being prepared for theatre. Patient satisfaction among the small number of patients who completed a HIW questionnaire was extremely high; patients rating the service between nine or 10 out of 10. One patient who spoke with us did describe a delay in being shown to their room on the day of admission. Otherwise, patients provided particularly positive feedback regarding the services they had received, the cleanliness of the environment and the professionalism and compassionate approach of staff.

Some comments included:

*'Staff can't do enough for me'*

*'Can't fault them'*

### **Equality, Diversity and Human Rights (Standard 2)**

Having spoken with patients and staff and considered the approach taken to staff recruitment and health care delivery, we were assured that the needs of individuals were met in a way which promoted equality in accordance with legislation.

Patients told us that their care, treatment and recovery pathway had been clearly explained to them, without the use of medical jargon.

We were able to confirm that patients felt safe within the hospital environment. They also provided us with very positive comments regarding the prompt responses from staff at times when they required assistance.



We found that patients and their relatives were provided with useful information about the concerns (complaints) procedure, admission process and the services provided at the hospital.

Conversations with staff indicated that the approach to service delivery and provision of meals were adapted in accordance with patients' wishes and beliefs.

### **Citizen Engagement and Feedback (Standard 5)**

Discussions with senior managers at the hospital demonstrated the considerable emphasis placed on seeking views from people who use the services on an ongoing basis. We were also provided with a copy of the annual survey undertaken during October 2016 which showed the vast majority of patients were very satisfied with services provided. We also saw the action plan that had been developed following the survey, to ensure that timescales and named personnel were agreed as a means of making improvements to the service.

Members of the hospital team had recently convened a patient focus group to seek face to face views on services provided at the hospital. This had identified the need for some improvement to the patient discharge process and action had already been taken by the hospital. Senior managers were commended for their approach to engaging with the public in this way.

Staff described in some detail, the arrangements in place to provide patients with information about their care in a language of their choice. We were also provided with a practical example of how confidential translation/interpreting services would be used to support patients during their hospital stay, if required.

We found that the service's Statement of Purpose<sup>4</sup> and Patient Guide respectively were kept under regular review and updated annually, or sooner, in the event that a change was made to the services provided.

### **Care Planning and Provision (Standard 8)**

We observed staff delivering a high standard of care to patients in a timely way and found staff to be dedicated and committed to maintaining high standards.

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<sup>4</sup> A **statement of purpose** must be completed by regulated services (such as independent hospitals). The document should describe what the business does and for whom. The independent health care regulations provide such businesses with a list of information that should be present within the statement of purpose.

We looked at a sample of patient records in detail and found that care planning and record keeping was comprehensive and consistent. This meant that the ward team were provided with very good information to assist them in meeting patients' needs, wishes and preferences. We also saw that care was delivered in accordance with established clinical pathways underpinned by supporting evidence and research. We were able to confirm that patients had access to 24 hour medical care; the medical (Agency) contract being explicit in terms of the level and breadth of experience required of the persons concerned. We saw clear, recorded evidence of a multidisciplinary approach to patients' care, treatment and discharge.

We saw that appropriate patient risk assessments were in place (in relation to falls, nutrition, and oral hygiene). In addition, conversations with patients and staff highlighted that there was a focus on patient comfort and effective pain control.

Patient documentation and files were very well organised; all professionals recording aspects of care and treatment in a timely manner, which assisted the ward team in planning support and discharge arrangements. Senior managers were commended for this.

We found evidence of engagement with the World Health Organisation (WHO) surgical safety checklist<sup>5</sup> within the theatre environment.

### **Patient Information and Consent (Standard 9)**

A member of the inspection team explored the arrangements in place with regard to obtaining patients' consent to treatment. We found that patients' families were involved in this process in instances when the patient had an identified level of cognitive impairment (that is, a diagnosis of dementia, or memory loss). Pre-surgery assessment staff also determined whether family members held a lasting power of attorney<sup>6</sup> which would enable them to make decisions on behalf of their relative. Ward staff also clearly described the patient consent process, particularly for those individuals who lacked mental capacity. This meant that patients were protected and supported at this crucial point in their clinical pathway.

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<sup>5</sup> The **WHO Surgical Safety Checklist** is an evidence based process of checks that support informed consent and safe checking of patients for theatre.

<sup>6</sup> A **lasting power of attorney** (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

### **Dignity and Respect (Standard 10)**

Face to face conversations with patients and their family members revealed that staff were polite and respectful and maintained their dignity and privacy. For example, patients told us that staff always knocked on the door prior to entering their room and asked how they wished to be addressed (for example, by their first name). We also heard staff speaking with patients in a calm and professional manner throughout our two day visit.

Discussions with staff highlighted that patients were asked to confirm their understanding of what was happening in relation to their treatment, as part of the established care pathway.

### **Environment (Standard 12)**

The hospital was opened 34 years ago. Conversations with the hospital director revealed the planned maintenance and refurbishment programme which was underway. This included re-decoration of patients' rooms, changes to the layout of the main reception area and substantial work regarding part of the hospital roof. Work completed during 2015 included the refurbishment and extension of the 'Outpatient Centre of Excellence' which supported orthopaedic services provided at the hospital.

All areas of the hospital visited by the inspection team were found to be accessible, safe, well maintained and fit for purpose. We also saw that all areas were visibly clean and hygienic.

All patients' rooms had en-suite facilities and were fitted with a call bell. There was also a separate buzzer for patients to alert catering staff at times when they needed a hot drink or snack from the kitchen. Patients had access to pleasant gardens when weather permitted.

### **Nutrition (Standard 14)**

We looked at the menu and found that there was a varied choice of meals available. Conversations with staff highlighted that snacks and drinks were provided at appropriate times (for example, following surgical procedures, at a time confirmed as being safe).

Conversations with patients revealed a high level of satisfaction with the quality and quantity of food. Discussions with staff confirmed that patient specific meals were available in accordance with their health needs.

We saw that patient nutrition risk assessments were in place (in instances where care was considered to be complex). This meant that there were suitable arrangements in place to ensure that patients remained well nourished. The overall system in place for determining what patients needed, and liked to eat, were considered to be excellent.

### **Communicating Effectively (Standard 18)**

We found that there was a comprehensive range of policies and procedures available to staff to help them fulfil their duties and understand what was required of them.

The ward manager described how they had recently strengthened the exchange of information (about patients) at staff handover periods. The new arrangements ensured that all staff received relevant daily information to assist them with providing safe and effective care to patients.

Information leaflets about specific procedures and treatments were available to patients which staff told us were regularly reviewed and available in a variety of languages on request. There were however, no information leaflets available in the ward area in Welsh, or any other language or format, during our visit. Suitable arrangements were in place to produce these when required.

We were informed that a number of Welsh speaking staff were employed who would be able to assist patients who wished to communicate in Welsh during their stay.

The hospital's Statement of Purpose and Patient Guide were up to date, concise and written in clear language. This was in accordance with regulatory requirements.

## *Delivery of safe and effective care*

**We found that the hospital staff were responsive to patients' needs and ensured that they had access to timely treatment. Patient assessments started in the pre-operative clinic and continued throughout their stay. There was also a range of well established processes and procedures in place within the areas inspected, to ensure the overall delivery of safe and effective care.**

### **Safe and Clinically Effective Care (Standard 7)**

We found that treatment and care was based on agreed best practice guidelines and recognised written care pathways were used in support of the treatment of patients.

Conversations with senior managers and physiotherapy staff demonstrated that the hospital had adopted the '*Enhanced Recovery*<sup>7</sup>' approach to inpatient care for some time. As a result, inpatient stays were at an average of 1.9 days. This meant that patients were enabled to return home within a shorter period of time which reduced the risks of hospital associated infections. Such arrangements also increased the ability of the hospital to meet the demand for its services.

We looked at a sample of staff records and spoke with members of the ward team. As a result, we found that moving and handling training had been completed. In addition, moving and handling equipment was appropriately charged and displayed labels which verified that required servicing and maintenance had taken place.

### **Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)**

There were up to date safeguarding policies and procedures in place in relation to the protection of vulnerable adults, deprivation of liberty safeguards and young persons' services (including child protection procedures) which were clear and detailed.

Staff told us that they were aware of their responsibilities and actions for identifying and reporting abuse. Ward nurses also told us that a zero tolerance approach was adopted by management to non-compliance with such mandatory training. The hospital's Clinical Governance report (2015) cited that nominated safeguarding staff maintained a close relationship and links with the local safeguarding team.

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<sup>7</sup> **Enhanced recovery** is a modern evidence-based approach that helps people **recover** more quickly **after** having major **surgery**. Many hospitals – although not all – have **enhanced recovery** programmes in place, and it's now seen as standard practice **following surgery** for many procedures.

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

There were suitable infection prevention control policies in place and staff followed agreed protocols to minimise the risk of healthcare associated infections. We saw that hospital associated infection rates were at a zero level. This meant that the procedures and protocols in place were effective.

We found the environment to be visibly clean and tidy. There were also hand washing signs and facilities in all appropriate areas of the hospital visited. All equipment seen in ward areas was clean and ready for use.

There was a designated and knowledgeable infection prevention and control (IPC) nurse in place, two days per week; the remainder of their time being spent as a registered nurse in the clinical area. The IPC nurse told us that they liaised with local and national groups to ensure that hospital staff remained up to date with developments. We were also told that the hospital was awaiting an e-learning package regarding Aseptic Non Touch Technique (ANTT)<sup>8</sup>, to enable staff to demonstrate their competency in this regard.

An annual IPC audit was completed using a recognised recording tool and quarterly hand hygiene audits commenced during September 2016. This was as a means of ensuring that staff minimised the risk of cross infection. However, we advised senior managers that hand hygiene audits should be completed and reported on a monthly basis in the future, the results of which should be available to patients and the visiting public. This would then mirror the arrangements in place across the NHS.

Hospital staff were encouraged to have an annual flu vaccination and advice was given as to where, how and when to arrange vaccinations. This was as a means of reducing the risk of acquiring the virus and protecting patients and the public.

There were suitable arrangements in place at the pre-operative assessment stage, for patients to receive screening for MRSA<sup>9</sup> There were also satisfactory arrangements in place to monitor, and respond to, post-surgical site infection.

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<sup>8</sup> Aseptic Non Touch Technique or ANTT is a care method used by healthcare staff to prevent infections in healthcare settings at times when they change wound dressings or set up intravenous infusions.

<sup>9</sup> **MRSA** is a type of bacteria that's resistant to a number of widely used antibiotics. This means **MRSA** infections can be more difficult to treat than other bacterial infections. The full name of **MRSA** is **methicillin-resistant Staphylococcus aureus**

The infection control nurse led the infection control committee meetings which were held on a quarterly basis and provided a forum for discussing and addressing appropriate infection control matters at a senior management level.

### **Medicines Management (Standard 15)**

Overall, the service was compliant with medicines management legislation and good practice guidance. There was a clear medicines management policy in place and patient medicine administration records had been accurately completed. We also saw that patient allergies were clearly documented.

The ward had on-site pharmacy support and a variety of separate audits were completed in relation to medicines management (some completed at ward level and others completed by pharmacy staff). This, however, had the potential for issues to be missed (although we were told this had never happened). We therefore advised the hospital management team of the need to consolidate its audit activity on this topic, to ensure that all aspect of medicines management were checked regularly in totality; action being taken to address any issues identified.

Conversations with the ward manager revealed that they had recently developed a comprehensive training kit for staff, together with a clinical standard operating procedure for supporting staff, who may become involved in a medication incident. This is of benefit to all staff with responsibility for medicines management.

We brought two issues to the attention of the ward manager:

- The medicines fridge was unlocked which raised the potential for the door to remain open. This may have had a negative effect on the drugs being stored in the area
- We found that a cleaning agent (Presept) was being stored in the sluice cupboard which was unlocked. This could therefore have been accessed by unauthorised persons or patients.

These issues were rectified during our visit.

### **Managing Risk and Health and Safety (Standard 22)**

The day to day risk management structure at the hospital was described in detail by the hospital director and senior managers and we also saw evidence of relevant policies and procedures.

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The hospital had been inspected by the fire service earlier in the year and identified a number of areas of non-compliance. Since that time, HIW and the fire service have been provided with a detailed action plan which demonstrated how each issue would be addressed.

We saw that full and detailed risk assessments were in place to maintain patient safety during the planned refurbishment work due to take place at the beginning of next year.

We found there was an effective system in place to ensure safety bulletins and alerts were acted on and heads of department took responsibility for sharing this information with staff. In addition, we were told that policies and procedures were amended in accordance with such alerts.

We were made aware of future plans associated with the ongoing refurbishment of the hospital premises and found that a comprehensive risk assessment had been completed to ensure the health and safety of patients and staff, whilst work was underway.

### **Dealing with Concerns and Managing Incidents (Standard 23)**

We found that incidents and concerns were managed appropriately. There was a process in place to manage Regulation 31 incidents (incidents which require the service to notify HIW).

There was also a well embedded process in place for reporting, managing, and responding to, clinical incidents.



## *Quality of management and leadership*

**During the course of our two day inspection, we found excellent examples of a well managed hospital. We also found that there was a particular emphasis on the provision of patient focussed services and the concept of continuous improvement was well established within the areas visited.**

**Staff were very knowledgeable and professional, and told us they felt very well supported in their work. They were also seen to be respectful of one another, as well as towards patients and visitors.**

### **Governance and accountability framework (Standard 1)**

During our inspection, we found there were robust, well established and understood organisational, departmental processes and structures in place. For example, we saw a detailed copy of departmental information which enabled the inspection team to consider how senior managers assured themselves whether services remained compliant with the independent healthcare regulations and standards and relevant professional guidelines.

Management and leadership was provided by the hospital director and four senior managers. Assistance with the day to day operation of the services was provided by a team of multi-disciplinary/professional staff, all of whom we found to be motivated and extremely knowledgeable about their roles and responsibilities.

We saw a copy of the registered provider's clinical review report (dated 8 June 2016) which was completed in accordance with the regulations. We found that such visits were undertaken twice per year, the allocated (Spire) external review team considering all aspects of service in-depth. We also saw the resulting improvement plan which demonstrated that suitable and prompt action had already been taken by the hospital team.

HIW had been made aware of a Never Event<sup>10</sup> which had recently occurred at the hospital. HIW was provided with a copy of the comprehensive investigation report completed by the registered provider following that event. At this inspection, we were able to confirm that staff had learnt from the Never Event in question and had

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<sup>10</sup> Never Events are serious, preventable patient safety incidents that should not occur if the available preventative measures have been implemented. <http://www.patientsafety.wales.nhs.uk/never-events> and <https://www.england.nhs.uk/patientsafety/never-events/>

strengthened their processes and checks in the area of service concerned. The inspection team particularly noted the detailed nature of the peri-operative<sup>11</sup> theatre checks in place. These are known as Local Safety Standards for Invasive Procedures (LocSSIPs) which were in line with published National Safety Standards for Invasive Procedures (NatSSIPs) (NHS England guidelines). The hospital team were therefore commended for the action taken, as such local checks were not due to be implemented in NHS Wales until September 2017. Conversations with a variety of staff also highlighted the presence of a positive reporting culture at the hospital.

Staff we spoke with explained that patients and relatives feedback, especially in relation to concerns/complaints, were encouraged. Discussions with the hospital director and senior managers also resulted in the sharing of information about concerns received by the hospital and the resulting action taken.

A range of clinical audits were completed as a result of a planned rolling programme of checks in relation to aspects of the day to day provision of hospital services. We obtained copies of three separate audits (content of patient records, surveillance of pre-operative fluids for patients and patient temperature surveillance in theatre) and found that suitable improvement plans had been developed following each of the audits. We further noted that the outcome of the audits had been communicated to relevant staff to ensure that action and learning took place, for the benefit of patients.

Discussions with the Chair of the hospital's Medical Advisory Committee (MAC) revealed that Cardiff Spire continues to operate efficiently and effectively. The committee is responsible for considering the nature of, and learning from, any adverse events, focusses on patient satisfaction, re-admission rates and patients' care pathways. Such discussions also served to confirm that the hospital was well resourced in terms of medical, nursing and other staff; communication between all those involved with patient care and treatment, being of the utmost importance. We further found that there was a well established clinical governance committee which was instrumental in driving forward the clinical governance agenda regarding health and safety matters, infection prevention and control, pathology services and nursing services. The chair person in both cases was a medical Consultant with practising privileges at the hospital.

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<sup>11</sup> **Perioperative:** this literally means, around (the time of) surgery. More specifically, the period of time extending from when the patient goes into the hospital, clinic, or doctor's office for surgery until the time the patient is discharged home.

We confirmed that hospital staff had easy access to a wide range of up to date policies and procedures via computer terminals located in their area of work. We were also told that emails were sent to staff at times when such documents were revised. This meant that staff were able to refer to clear and current information, to assist them in providing services to patients

Conversations with a number of staff indicated that they were very proud to work for Cardiff Spire and felt well supported by their colleagues and senior managers. Similarly, conversations with two Consultants revealed how they were assisted to undertake their work at the hospital. They also provided us with very positive comments about the proactive and adaptive approach taken by the hospital director and staff, to continuously improve services to patients.

We saw good evidence of team and multidisciplinary working in the areas we inspected. More specifically, it was evident that staff worked as a cohesive team and were as respectful of one another, as they were toward patients and visitors.

Discussion with the hospital director and head of clinical services, revealed the efforts made to engage with staff and make them aware of how valued they were. Descriptions of how this was achieved (through staff events and forums), was commended by the inspection team.

We invited staff to complete HIW questionnaires. As a result, we were able to confirm that staff felt able to make suggestions to improve services for patients. Staff also indicated that there were enough people working within the clinical areas visited, to enable them to do their jobs properly. Additionally, staff who spoke with us, described improvements that had been made to patient services, and those which were underway.

Comments within completed staff questionnaires included:

*'My line manager is 100% supportive, helping me to implement change when needed and encouraging all aspects of everything we do, to ensure a high quality of patient care and safety'*

*'Regular meetings with staff both junior and senior'*

#### *Staff training and appraisal*

We saw details of the comprehensive mandatory training programme in place for staff and were able to verify that much improvement had taken place between 2015 and 2016 in terms of compliance.

We were also told that staff annual appraisals took place which assisted in determining the effectiveness of previous training and that which was required in the future.

### **Records Management (Standard 20)**

Having considered the content and format of a sample of patients' records, we found all to be used by the multi-disciplinary team and accessible, in accordance with the above standard.

### **Workforce Recruitment and Employment Practices (Standard 24)**

We spoke with staff who had responsibility for overseeing human resource matters at the hospital. Overall, we found clear and detailed evidence of robust processes in respect of staff recruitment and retention. However, we identified the need for minor improvement to the information gathered during the recruitment process.

#### ***Improvement needed***

***The registered provider is required to describe how it will ensure that all future employees provide evidence of a full employment history. This is to make certain that staff are safe and competent to work at the hospital, in accordance with the regulations.***

We viewed a sample of staff records and saw that two contained 'old' criminal records bureau (CRB) certificates. We brought this matter to the attention of senior managers, as those documents should have been destroyed, in accordance with current Data Protection legislation. Staff were very receptive to our suggestion that all staff records be checked as soon as possible for the presence of similar information, and action taken as advised.

### **Workforce Planning, Training and Organisational Development (Standard 25)**

Conversations with staff indicated that healthcare assistants were trained and deemed competent to provide care and support to patients from the point of admission to discharge. We considered this to be a positive use of staff. However the hospital director and head of clinical services were reminded of the need to ensure that in instances where inpatient care was allocated to a non registered member of staff (and overseen by a registered nurse), the status of the member of staff must be made known to the patient at the point of admission to the ward. Care must also be taken to ensure that all entries within patients' records are countersigned by a registered nurse.

We reviewed the staff levels and skill mix within the ward area visited and noted that the staff team were able to meet the needs of patients. Members of the ward team also told us that they were supported by the head of clinical services at such times

when they needed to obtain additional staff, in direct response to patients' identified and changing needs.

Conversation with the hospital director highlighted the challenges facing the service in the future, in terms of an ageing workforce. However, we were made aware of the efforts being made to address this issue.

We found there was a well established procedure in place to manage staff attendance (specifically in relation to sickness/absence). This was in line with the expressed commitment of senior managers, to improving the quality of service and the quality of the environment.

## 6. Next Steps

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

The improvement plan should clearly state how the improvement identified at Cardiff Spire Hospital 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

### Compliance Improvement Plan

**Service:** Cardiff Spire Hospital-reference 16193

**Date of Inspection:** 22 and 23 November 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
<b>Quality of Patient Experience</b>					
	No non-compliance issues identified.				
<b>Delivery of Safe and Effective Care</b>					
	No non-compliance issues identified.				
<b>Quality of Management and Leadership</b>					
18	The registered provider is required to describe how it will ensure that all future employees provide evidence of a full employment history. This is to make certain that staff are safe and competent to work at the hospital, in accordance with the regulations.	Schedule 2; Regulations 10 (3), 12(2) and 21 (2)	<ul style="list-style-type: none"><li>Interview record form presently includes place for exploration of employment history and CV, with suitability for role and gaps in career to be documented.</li></ul>	J.J. DeGorter	In place

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> <li>• This action to be included within the next HODS meeting to remind staff of their responsibility.</li> <li>• Biannual audit of compliance relating to this regulation to be undertaken by HR Advisor.</li> <li>• In-house refresher on interview process to be planned as required.</li> </ul>		27th January 2017  Q2 2017  Ongoing

**Service Representative:**

**Name (print): Sarah Lloyd-Davies**

**Title: Hospital Director**

**Date: 12th January 2017**