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17th June 2014

Dear Ms Harrowing,

Re: Healthcare Inspectorate Wales announced visit to Cardiff Bay Hospital on 8th May 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook announced visit to Cardiff Bay Hospital on the 8th May 2014.

Overall View of Healthcare Setting

Quality of Treatment and Care

Cardiff Bay Hospital is owned and operated by Nuffield Health, a registered charity. The Cardiff Bay Hospital had access to a wide range of policies and procedures. Governance arrangements were in place and all Nuffield Health policies and procedures were available electronically with relevant staff having access. A wide range of governance, audit and performance information was available, again electronically. However, the policies and procedures were those of Nuffield Health and not all had been customised to local activities and this should be undertaken.

All policies and procedures were being reviewed and these were available. Staff had been made aware of changes and reminded about accessing policies on the hospital intranet. The Statement of Purpose and Patients Guide had been reviewed and updated.

The system for recording controlled drugs was under review and these records were found to be in order. Medicines management training for all nursing staff was being planned and this will supplement the existing drug calculation tests that were taken regularly by staff. The hospital intranet was out of order on the day of inspection so it was not possible to review risk assessments as planned.

Patient views were regularly captured throughout the year by means of patient satisfaction questionnaires, which were reviewed on an ongoing basis by the registered manager, who immediately addressed any issues of concern. The areas surveyed included cleanliness and facilities, booking appointments and procedures, clinical care and catering services.

There was an infection control link person and links to the Nuffield Health infection control teams.

Management and Personnel

At the time of our visit, staff numbers appeared appropriate and a bank staff arrangement was in place to cover any planned and unexpected staffing absence. Cardiff Bay Hospital were currently recruiting more bank nurses especially in the specialty of paediatrics and theatres.

Training and education records were well documented and performance management processes and records were in place covering staff appraisal and supervision. All staff had received a comprehensive induction and were provided with opportunities for ongoing education.

Clinical staff were supported in maintaining their professional registration with ongoing access to continuing professional development. Individual performance review systems are currently being reviewed.

Records Management

All records required by legislation are in place and all documentation is maintained securely in line with the principles of the Data Protection Act. All data protection and Caldicott guidance is followed and the management of information was observed to be satisfactory.

A sample of care plans/assessments and other relevant care documentation were reviewed. Care plans and related assessments were well documented and there was clear evidence of patients being engaged in the care planning process.

Premises, Environment and Facilities

The premises are sited in a convenient location within the Cardiff Bay area, with suitable adjacent parking facilities.

The hospital is purpose built with modern facilities and a good range of equipment. There are processes in place for the cleaning, disinfection and sterilisation of theatre instrumentation and specialist equipment is hired as needed. Some storage areas were found to be overfull with items being stored on high shelves which are a health and safety risk. The need to rectify this was discussed on the day of the visit. Internally, the premises were well maintained.

Since the original registration the gymnasium facility had been dispensed with and the area converted for administrative use. The former three offices at first floor level were currently empty, awaiting alterations to convert them into three additional consulting rooms.

Maintenance records of the fire alarms, fire extinguishers, emergency lighting, and electrical wiring installations were all inspected, and were generally in order. The weekly rotation of fire call point testing should ensure that all zones are tested within a thirteen week period. It was noted that several of the emergency light fittings were defective, and replacements need to be made to ensure that the system remains operational. A fire risk assessment was in place, which was prepared on 13th September 2013. This reflected the two rear external escape stairs not being required for means of escape in the current use.

Portable Appliance Testing (PAT) was undertaken in-house, and records inspected. These should be extended to include the results of the tests.

The passenger lift and patient lifting hoists were duly maintained and insurance inspection certificates in place. There was some doubt over the battery efficiency of the patient lifting hoist, and this should be monitored.

There was a Legionella Risk Assessment (LRA) in place, and regular testing and inspection of the water systems were carried out in-house. There appeared to be a conflict in shower temperatures between the LRA requirement and a safe delivery temperature that needed to be resolved.

Cold water storage tanks had been cleansed in January 2014, and resultant water quality tests were satisfactory. It should be ensured that both the flow and return calorifier temperatures are checked each month.

A clinical waste contract was in place, but no current copy of a 'Certificate of Registration' notice was available for the appointed contractor.

The visit highlighted the following noteworthy areas:

- The paperwork for clinical governance and clinical audit meetings were informative and took into account the meetings and previous actions
- The number and range of staff on duty and there were systems for ensuring that staff remain up to date with practice development
- A wide range of clinical equipment is available and the premises are purpose built, clean and of a high quality

The visit highlighted the issues below and these were provided in a verbal overview to the registered manager at the end of the visit.

New Requirements from this Inspection

Action required	Timescale for completion	Regulation
Policies in use were those of Nuffield Health and had not been adapted for local use. A number required updating.	48 Hours	Regulation 8 (1) (3) (4)
Ensure an adequate rotation of test points of the fire alarm system, to ensure all zones are tested within a thirteen week period.	2 Weeks	Regulation 26(4)(a)
Replace all defective emergency light fittings noted on recent tests of the installation.	2 Weeks	Regulation 26(4)(b)
Extend records of PAT testing to include the results of the test.	Ongoing	Regulation 26 (2)(a)
Monitor the efficiency of the patient lifting hoist battery.	Ongoing	Regulation 15(2)
Resolve the safe use of electrical shower units.	2 Weeks	Regulation 26 (2)(a)
Check the flow and return temperatures of the calorifier unit monthly.	4 Weeks	Regulation 26(2)(a)
Forward a copy of the 'Certificate of Registration' for the clinical waste contract.	4 Weeks	Regulation 9(1)(n)

Good Practice Recommendations

- Medicines management training annually for all members of staff involved in medicines management
- Clinical supervision systems need to be formalised

HIW would like to thank all members of staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mr Tim Atter, Hospital Director/Registered Manager at Cardiff Bay Hospital.

Yours sincerely



Phil Price

Inspection Manager