

Spire Cardiff Hospital
Croescadarn Road
Pentwyn
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Inspection report 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager and Reviewers:
14 December 2009	Ms Price Mr M Warsop Mrs T Pope Mr P Frowen Mrs L Beaumont Ms S Martin

Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: **www.hiw.org.uk**.

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and main findings

An announced inspection was undertaken at Spire Cardiff Hospital on the 14 December 2009 led by an Inspection Manager and included reviewers and observers. The hospital was first registered in 22 December 1981.

Spire Cardiff hospital is situated in the Pentwyn area of Cardiff and is easily accessible from the M4 and the A48 (M).

The hospital had a total of 66 beds and provided a wide range of services, which had expanded considerably within the last few years; these were detailed in the statement of purpose. Pleasant gardens and lawn areas surrounded the hospital.

The reception area was attractive and welcoming and the hospital was readily accessible for wheelchair users.

In-patient accommodation was of a satisfactory standard and refurbishment was ongoing and continued throughout all departments of the hospital.

Prior to the inspection visit the registered provider submitted a completed pre-inspection questionnaire. The inspection visit focused upon the analysis of a range of documentation, discussion with the manager and other staff members, examination of patient records and a tour of the premises.

In respect of the main inspection findings, the registered person had in place:

- A statement of purpose and patient guide and copies of the patient guide were made available to patients. It was noted and commended that appropriate age range information sheets/guide were available. Additional information sheets were available and accessible to all potential patients. Translation services were available when required.
- Patient views were considered by means of a satisfaction survey the results of which were reviewed by the management team. It was noted and commended that appropriate age range questionnaires were made available to capture all patient views were possible.
- Comprehensive and detailed patient records.
- Clinical Governance strategy within the Spire organisation and its local implementation was observed to provide a clear structure.
- Comprehensive policies and procedures fulfilling statutory requirements were seen to be in place and a robust system of review and audit were noted particularly with regard to the complaints procedure.
- Training and education records were well documented and a system for monitoring performance management was in place. All staff had a comprehensive induction and opportunity for ongoing education. National Vocational Training awards had been attained by a number of ancillary staff and qualified staff, were supported in maintaining their professional registration with ongoing access to education within and outside the organisation. This was verified by the members of staff spoken to on the day of inspection.
- The hospital had a well equipped physiotherapy department which received patients via a variety of referral routes which included GP referrals, referrals from in patient locations and self referrals. All Physiotherapy staff were Health Professions Council (HPC) registered and had received all required mandatory training. There appeared to be good access to appropriate Continuous Professional Development (CPD) and there was suitable induction training for all new staff. Podiatry and Osteopathy services were provided by practitioners who were registered with their appropriate UK regulator (HPC and General Osteopathic Council. Both attended on a one day a week basis and received referrals from Consultants and from other areas. They were engaged in accordance with a Service Level Agreement and scrutiny of registration was undertaken annually. There was evidence that the quality of provision was regularly audited via a questionnaire. This audit was enhanced by a subsequent audit which recorded the patients' views of the treatments they have received as reported to the consultant responsible for their care. Mapping between the two audits was undertaken to evaluate more comprehensively, the quality of the patient treatment experience.

The quality of both inpatient and outpatient record entries was also monitored.

The hospital operated a “Centre of Excellence” which in as much as the accommodation was concerned, comprised the consulting rooms and the adjacent treatment areas. The Centre of Excellence claimed that it allows enhanced communication between consultants and senior physiotherapists, in order that a high level of clinical treatment, supported by high level consultant knowledge is readily available thereby enhancing treatment. It was not clearly evident how the other healthcare professionals fed into this process. This was discussed with the Manager on the day of the visit.

- Protection of Vulnerable Adults (POVA) and Protection of Vulnerable Children (POVC) were also reviewed and there appeared to be robust systems of staff training and awareness, monitoring and audit within the hospital.
- Members of the inspection team had the opportunity to talk with patients during the visit. High levels of satisfaction were expressed with all aspects of service provision.

However, during the visit the following was noted- During the inspection of Spire Cardiff, problems were noted with hot water temperatures within the bedroom areas. A number were in excess of safe levels.

This was discussed with the management team and an appropriate course of action was undertaken by hospital personnel during the visit. The facilities manager agreed to keep HIW informed today of progress on site.

It is noted that the senior management team had been pro-active and responsive in actioning requirements, arising from this inspection.

The inspection team would like to thank the staff team for their time, assistance and co-operation during the inspection.

Achievements and compliance

No outstanding regulatory requirements from 2008-2009 inspection.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service

Description
Independent Hospital providing medical treatment under general anaesthesia or intravenous sedation

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	No more than sixty six (66) patients may be accommodated at any one time.	Compliant
2,	Patients must be aged at least three (3) years of age.	Compliant
3.	<p>Services may only be provided as follows:</p> <p>(a) Paediatric services for patients aged between three (3) years and sixteen (16) years comprising,</p> <p>(i) surgery of a minor nature</p> <p>(ii) requiring no more than one night's inpatient stay being,</p> <ul style="list-style-type: none"> • Medical treatment under anaesthesia or sedation • Dental treatment under general anaesthesia <p>(b) for patients aged between sixteen (16) years and eighteen (18) years;</p> <ul style="list-style-type: none"> • Medical treatment under anaesthesia or sedation • Dental treatment under general anaesthesia <p>(c) for patients aged eighteen years and over</p> <ul style="list-style-type: none"> • Medical treatment under anaesthesia or sedation • Dental treatment under general anaesthesia • Cosmetic surgery • Treatment using endoscopy <p>The use of a Class 4 Laser (by hospital management authorised operatives only).</p>	Compliant

Condition number	Condition of Registration	Judgement
4.	<p>Hyperbaric Oxygen Therapy treatment using up to two (2) monoplace hyperbaric oxygen chambers classed as Type 2 provided that;</p> <ul style="list-style-type: none"> (i) no patient is to be accommodated in either chamber overnight, (ii) no therapy is to be provided for patients requiring ventilatory support (iii) no therapy is to be provided to patients under the age of eighteen (18) years (iv) patients may only receive treatment for any of the following Conditions: <ul style="list-style-type: none"> a) Carbon Monoxide poisoning and smoke inhalation: b) Clostrial Myositis and Myonecrosis (Gas Gangrene): c) Crush injury, compartment syndromes and other acute traumatic peripheral ischaemias: d) Decompression sickness: e) Problem wounds: f) Exceptional blood loss/Anaemia: g) Intracranial abscess: h) Necrotising soft tissue infections: i) Refractory Osteomyelitis: j) Delayed radiation injury (soft tissue and bony Necrosis): k) Skin grafts and flaps (compromised): l) Thermal burns (v) When the hyperbaric unit is in use it must be manned at all times by a minimum of two staff specifically trained in the safe use and operation of the chambers. Risk assessment and risk management. 	Compliant
5.	5. Intensive Care Unit to support level three (3) care for up to three (3) patients at any one time. Treatment in the Intensive Care Unit must be provided for patients aged 18 years and over. Client group may include:	Compliant

Condition number	Condition of Registration	Judgement
	<ul style="list-style-type: none"> a. Cardiothoracic surgery b. Complex General Surgery c. Neuro surgery d. Bariatric surgery e. Complex Orthopaedic surgery f. Vascular Surgery g. Gynaecological surgery h. Urology i. Cardiology 	
6.	Outpatient physiotherapy for persons over the age of three (3) years.	Compliant
7.	Outpatient consultations for persons of any age.	Compliant
8.	Outpatient treatment for sixteen (16) years and upwards including Endoscopy and Pinnaplasty.	Compliant

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard Met
C2	The treatment and care provided are patient - centred	Standard Met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard Met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard Met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard Met
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard Met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard Met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard Met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard Met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard Met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard Met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard Met
C13	Patients and personnel are not infected with blood borne viruses	Standard Met
C14	Children receiving treatment are protected effectively from abuse	Standard Met
C15	Adults receiving care are protected effectively from abuse	Standard Met
C16	Patients have access to an effective complaints process	Standard Met
C17	Patients receive appropriate information about how to make a complaint	Standard Met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard Met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard Almost Met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard Met
C21	Patients receive appropriate catering services	Standard Met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard Almost Met

Number	Standard Topic	Assessment
C23	The appropriate health and safety measures are in place	Standard Met
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard Met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard Met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard Met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard Met
C28	Patients are not treated with contaminated medical devices	Standard Met
C29	Patients are resuscitated appropriately and effectively	Standard Met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard Met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard Met
C32	Patients are assured of appropriately competed health records	Standard Met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard Met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard Met

Service specific standards - these are specific to the type of establishment inspected

Number	Acute Hospital Standards	Assessment
A1	Patients receive clear information about their treatment	Standard Met
A2	Patients are not misled by adverts about the hospital and the treatments it provides	Standard Met
A3	Patients receive treatment from appropriately trained, qualified and insured medical practitioners	Standard Met
A4	Medical practitioners who work independently in private practice are competent in the procedures they undertake and the treatment and services they provide	Standard Met
A5	Patients receive treatment from medical consultants who have the appropriate expertise	Standard Met
A6	Patients have an appropriately skilled and trained doctor available to them at all times within the hospital	Standard Met

Number	Acute Hospital Standards	Assessment
A7	Patients receive treatment from appropriately skilled and qualified members of the allied health professionals	Standard Met
A8	Patients receive treatment from appropriately qualified and trained staff	Standard Met
A9	Health and safety	Standard Met
A10	Infection control	Standard Met
A11	Decontamination	Standard Met
A12	Resuscitation	Standard Met
A13	Resuscitation equipment	Standard Met
A14	Meeting the psychological and social needs of children	Standard Met
A15	Staff qualifications, training and availability to meet the needs of children	Standard Met
A16	Facilities and equipment to meet the needs of children	Standard Met
A17	Valid consent of children	Standard Met
A18	Meeting children's needs during surgery	Standard Met
A19	Pain management for children	Standard Met
A20	Transfer of children	Standard Met
A21	Documented procedures for surgery - general	Standard Met
A22	Anaesthesia and Recovery	Standard Met
A23	Operating Theatres	Standard Met
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Standard not inspected
A25	Cardiac Surgery	Standard not inspected
A26	Cosmetic Surgery	Standard Met
A27	Day Surgery	Standard Met
A28	Transplantation	Standard not inspected
A29	Arrangements for Immediate Critical Care	Standard Met
A30	Level 2 or Level 3 Critical Care within the Hospital	Standard Met
A31	Published Guidance for the Conduct of Radiology	Standard Met
A32	Training and Qualifications of Staff Providing Radiology Services	Standard Met
A33	Published guidance for the conduct of radiology	Standard Met
A34	Training and qualifications of staff providing radiology services	Standard Met
A35	Responsibility for pharmaceutical services	Standard Met
A36	Ordering, storage, use and disposal of medicines	Standard Met
A37	Administration of medicines	Standard Met
A38	Self administration of medicines	Standard not inspected
A39	Medicines management	Standard Met
A40	Management of Pathology Services	Standard Met
A41	Pathology Services Process	Standard Met
A42	Quality Control of Pathology services	Standard Met
A43	Facilities and Equipment for Pathology Services	Standard Met

Number	Acute Hospital Standards	Assessment
A44	Chemotherapy	Standard not inspected
A45	Radiotherapy	Standard not inspected

Number	Hyperbaric Oxygen Treatment	Assessment
P7	Arrangements for hyperbaric oxygen treatment in type 1, 2 and 3 chambers	Standard met
P8	Staff qualifications and training for type 1 and 2 chambers	Standard met
P9	Facilities for treatment in type 1 and 2 chambers	Standard met
P10	Patient care in type 1 and 2 chambers	Standard met
P11	Critical care in type 1 chambers	Standard not inspected

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Standard Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Standard Met
3 (Part I)	Period for which medical records must be retained	Standard Met
3 (Part II)	Record to be maintained for inspection	Standard Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Standard not inspected
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Standard not inspected

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown. *[Note: requirements must be enforceable against a regulation. Make sure that what you require is a regulatory breach. Remember not all of the NMS amount to a breach of a regulation].*

Standard	Regulation	Requirement	Time scale
C19 & C22	Regulation 24(20(d))	<p>Findings Hot water temperatures above safety levels</p> <p>Action Required The registered person is required to ensure that all parts of the establishment to which patients have access are so far as reasonably practicable free from hazards to their safety.</p>	<p>Completed January 2010</p> <p>Immediate & 24 hours. (Completed)</p>

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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