

Dr JJ de Gorter
Spire Healthcare Limited
Spire Healthcare
PO Box 62647
120 Holborn
London
EC1P 1JH

Direct Line: 02920 92 8887
Fax: 02920 92 8904
E-mail: Philomena.price2@Wales.GSI.Gov.UK

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Dear Dr de Gorter,

UNANNOUNCED INSPECTION OF SPIRE HOSPITAL

As you are aware, Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection to Spire Hospital on 29 February 2012. HIW apologises for the delay in providing a written response to the inspection undertaken on the 29th February 2012.

The purpose of the visit was to provide independent assurance that Spire Hospital have the necessary processes and procedures in place to demonstrate compliance with the Care Standards Act 2000, associated regulations i.e. Independent Health Care (Wales) Regulations 2011 and National Minimum Standards

The scope of this inspection focused upon four key areas;

- privacy & dignity/ patient views;
- staffing numbers, records, training and organisational policies application;
- review of current incident/complaints i.e. Regulation 30/31, and
- update compliance of pre-assessment information/ Action plan completion as noted by Regulation 28¹ visits.

As part of the inspection process, discussions were held with patients and staff and the interaction of patients and staff observed. We reviewed the appropriateness of the physical environment and also evaluated the adequacy of a range of documentation including, patient care plans, policies and procedures, staff induction and training plans and complaint and incident records.

¹ Independent healthcare - Care Standards Act 2000, associated regulations i.e. Independent Health Care (Wales) Regulations 2011 and National Minimum Standards - Visits by registered provider to establishments

Privacy & Dignity/Patient Views

- Patient views were considered by means of a satisfaction survey the results of which were reviewed by the management team. The results for 2011 showed evidence of high satisfaction in all areas of service provision.
- There was evidence that appropriate age range questionnaires were made available to capture all patient views where possible.

Staffing and Organisational Policies

- Staff numbers appeared appropriate and there was a bank staff system in operation to cover any anticipated and unexpected staffing shortages.
- A sample of staff files were reviewed and we found that all appropriate documentation was available. An electronic monitoring system flags renewal dates with regard to all staff i.e annual renewal of licence to practice for nurses..
- Training and education records were well documented and a system for monitoring performance management was in place i.e supervision and appraisals.
- All staff had received a comprehensive induction and had opportunities for ongoing education. Qualified staff were supported to maintain their professional registration with ongoing access to education within and outside the organisation.

Intensive Therapy Unit (ITU)

- There is an additional requirement whereby there is a need for the Resident Medical Officer (RMO) to be experienced to specialist registrar standard in either anaesthetics or Intensive Care Medicine. The Spire hospital were currently employing 'enhanced RMOs'; that is to say that they have had a minimum of one year of Intensive Care Medicine at registrar level. Additionally, when cardiac surgery is undertaken the surgical assistant (and clinical perfusionist) were also resident in the hospital for the patients first post-operative night.
- Inspection of a number of sets of patients notes and ITU records showed that;
 - Criteria for admission were followed.

Regulation 28.—(1) Where the registered provider is an individual who does not manage the establishment, that individual must visit the establishment premises in accordance with this regulation. (2) Where the registered provider is an organisation, the establishment must be visited in accordance with this regulation by— (a) the responsible individual; (b) another of the directors or other persons responsible for the management of the (1) S.I. 2005/1541.33 organisation who is suitable to visit the establishment; or (c) an employee of the organisation who has appropriate qualifications, skills and experience for the purpose and who is not directly concerned with the conduct of the establishment. (3) Visits under paragraph (1) or (2) must take place at least every six months and may be unannounced. (4) The person carrying out the visit must— (a) interview, with their consent and in private (if necessary, by telephone), such of the patients and their representatives and such employees as appear to be necessary in order to form an opinion of the standard of treatment and other services provided in or for the purposes of the establishment; (b) inspect the premises and records of any complaints; and (c) prepare a written report on the conduct of the establishment. (5) The registered provider must supply a copy of the report required to be made under paragraph (4)(c) to— (a) the registration authority; (b) the registered manager; and (c) in the case of a visit under paragraph (2), to each of the directors or other persons responsible for the management of the organisation.

- Post-operative management was according to policies and protocols.
- Pathology services were available.
- Staffing had been appropriate.
- Radiography and physiotherapy was available.
- There was evidence that the responsible Consultant and Anaesthetist had visited as required and made contemporaneous entries in the clinical notes.

Review of Current Incident/Complaints

- Comprehensive policies and procedures which meet statutory requirements and a robust system of review and audit were in place.
- The complaints policies and procedures were comprehensive and detailed.
- Actions, outcomes and lessons learnt were disseminated to all staff through structured processes such as meetings and forums

The complaint log was reviewed and all complaints had been resolved at a local level. Final action and outcomes may be undertaken departmentally and the head of the department would record this as a file note on the individual department's complaints log. It may be useful to review this aspect of the complaints process and also fully record final actions and outcomes onto the hospital's main complaint log. This was discussed with members of the senior management team during the visit.

Care Records/ Documentation

- A sample of care plans/assessments and other care documentation were reviewed. There were some good examples of comprehensive and detailed care planning which informed the patient care processes. There was evidence of patient input and decision making throughout this process. However, it may be helpful to review the designated care documentation audit process to include additional members of staff to review that all paperwork has the required time/date and secondary signature if appropriate. Some patient documentation did not have required time and/or date inserted.

Compliance with Regulation 28 Visits and Other Agencies

- An official visit was carried out in the pathology department, Spire (Cardiff) by Clinical Pathology Accreditation (UK) Ltd on 24 June 2011. No issues were identified and therefore no action was required.
- A Health, Safety and Environment audit was undertaken at Spire (Cardiff) on 22 February 2012 by RPS Health, Safety and Environment. This produced a compliant score of 94.4%. The issues identified that required attention were of a minor nature, and the appropriate action had been undertaken to complete required outcomes at the time of our visit.

- An Environmental Health Office (EHO) visit was undertaken on 30 January 2012. The report on Food Safety scored 5/5. This is the maximum score achievable. The issues identified were of a minor nature i.e. two documentation and one structural. Action had been undertaken to complete required outcomes.
- A cleanliness spot check was undertaken by HIW on 13 January 2011. We confirmed that action had been undertaken to complete required outcomes.

The unannounced visit did not identify any regulatory breaches. However, it was noted that the registered manager may wish to review the following aspects with reference to service provision. These points were discussed with staff at the end of inspection feedback meeting.

- Review and reflect on how to test staff members awareness, understanding and application of hospital policies and procedures. i.e. should managers discuss new and/or current hospital policies at staff monthly meetings.
- Review, and monitor samples of patient care documentation outside the current audit system i.e. Staff members from another ward and/or area (outpatients) to review new and current patient documentation.

Spire is not required to submit an action plan to HIW, as no issues were highlighted above. The registered team manager may wish to discuss those aspects as noted above.

A copy of this management letter accompanied by your action plan will be published on our website www.hiw.org.uk.

We would like to take this opportunity thank the staff we met at Spire Hospital for their assistance and co-operation during our inspection.

Should you have any queries in relation to the matters detailed above, please do not hesitate to contact me.

I am copying this letter to Ms Nicola Amery, Hospital Director, Spire Hospital Cardiff for information.

Yours sincerely

P Price
Inspection Manager