

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

Direct Line: 0300 062 8163  
Fax: 0300 062 8387  
E-mail: [Philomena.price2@wales.gsi.gov.uk](mailto:Philomena.price2@wales.gsi.gov.uk)

23 April 2014

Dear Dr de Gorter

**Re: Healthcare Inspectorate Wales unannounced visit to Spire Hospital Cardiff on 13 March 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Spire Hospital Cardiff on the 13 March 2014. The visit highlighted areas that are noteworthy and include:

- The patient group was positive in their feedback about the staff and care received.
- Patients and family members spoken to reported a very positive experience preoperatively and during their stay. They felt the quality of care, including the information and support they had received following their surgery or procedure and after care was excellent. They felt that all staff were attentive, professional, caring and very helpful.
- Patients and their families spoke highly of the quality, choice and presentation of food. Menus were provided in advance and food was plated individually on the wards, each course being served separately and well presented.
- Patients throughout the inspection were observed to be treated with the utmost respect and all aspects of privacy and dignity were integral to the general ethos of the hospital.

- Record keeping seen was generally of a good standard, patients multidisciplinary care and treatment plans examined were detailed and were evidence based, or reflecting best practice, using national standards and guidelines, for example National Service Framework's (NSF's) and National Institute for Health and Care Excellence (NICE) Guidelines.
- Patient's surveys were sent out annually, approximately 600 last year. There had been a 25% response rate, indicating 95% of patients were very satisfied with their care and treatment and had a very positive experience. Issues or concerns were followed up by phone and in writing and acted on where relevant and suggestions taken on board where possible.
- Clinical Governance was well embedded through the organisation and all staff spoken to know where to access policies and procedures and felt able to raise concerns if required. Paperwork and systems were in place to ensure patients and staff safety and regular meetings to discuss quality, audit and health and safety were in evidence with a clear feedback system to ensure all staff were aware of changes, required action and developments.
- The recent paperwork for reflective and evidence based practice was informative and took into account the meetings and previous actions.
- The number and range of staff on duty and the systems for ensuring that the staff remain up to date with practice development.
- Clinical Policies seen were up to date, evidence based and reflected national guidelines, research and current best practice.
- There is a robust complaints procedure in place and all complaints were taken very seriously, followed through verbally and in writing and complaints were integral to the hospitals Clinical Governance Strategy.
- Ward based Clinical Effectiveness and Reflective Practice Discussions are held on a regular basis.
- Regular and robust Clinical Audits were undertaken and monitored as part of the Clinical Governance Process.
- Clinical Incidents were reviewed and monitored as part of the Clinical Governance Process.
- All staff spoken to and observed demonstrated a positive, highly motivated and dynamic approach to learning and to continuous quality improvement in all areas of patient care and well-being and professional practice.
- The Hospital had recently achieved a UK Quality Clinical Standards Award within the UK Spire Hospital Network.

- There was evidence of strong and inspired clinical leadership and effective and collaborative team working.
- All staff seemed really happy and were enthusiastic about their work, felt valued and were wholly committed to the provision of high standards of care to their patient group. There was evidence of a real sense of team spirit and good humour amongst the team members.
- Opportunities for training and development were provided for all staff through team briefings, sharing good practice and knowledge within the multidisciplinary teams, with General Practitioners (GPs) and across the specialties, using “Lunch and Learn” sessions, attending and presenting at workshops and conferences and development of ward based training packages. External training was also available and encouraged, based on continuous professional development and identified patient need and there were well developed links with the NHS and the Royal College of Nursing (RCN) for training and sharing of good practice.
- There was a strategic and systematic approach to Clinical Supervision, Appraisal and Mentoring in place for all nursing staff.
- Initiatives and projects to improve patient care were actively encouraged and supported.
- Patient’s leaflets were available and relevant, up to date, informative, clear and helpful.
- All patients and their families spoke of being very well informed about what was going to happen by their consultant, nurses and other relevant members of the team, similarly immediately after their procedure or surgery and after care.
- There were monthly team briefings for ward sisters and charge nurses and also a staff engagement poll held annually to enable all staff to identify areas of concern, or suggestions for improvement.
- A recently introduced staff newsletter was interesting and informative and had been well received by staff.
- An excellent Discharge and Follow up Package had been developed and provided for all patients.
- The environment is clean, welcoming, comfortable and tastefully decorated and furnished.

A limited examination of Facilities and Services information was also undertaken, in relation to Fire Preventative Systems, and Electrical Installations.

During the preliminary walk around of the Hospital, it was noted that developments had taken place in relation to Endoscopy, Cardiac and Pathology Services. In addition, there had been an expansion of the Hyperbaric Services provided by the DDRRC.

- A Fire Risk Assessment of the hospital had been completed on the 8<sup>th</sup> October 2013, and this now needed to be updated to reflect the upgraded provision of Endoscopy and Cardiac services. There were also some minor anomalies that needed correction, and the Hospital Management advised that they were aware of the situation.
- The Fire Service had visited the premises on 12<sup>th</sup> November 2103, following which a Notice of Improvement and action plan, was issued. Many of the points had already been completed, and the remainder were scheduled for completion by July 2014, due to access into certain areas.
- There was some uncertainty over the improvements required to one of the fire exits from Glamorgan House, and this was currently under discussion.
- Fire drills were carried out at least twice a year, and these were supplemented by actual/false calls. Generally, the duty Fire Marshall noted those re-acting to the fire drill, but this was not always the case.
- The maintenance of the fire alarm installation was carried out by contract, and the subsequent reports of the inspections were very informative. These inspections were supplemented by weekly in-house testing, which were adequately recorded.
- A new stand-by emergency generator had been installed, which was now fully operational in the event of a power failure. However, some minor alteration to the switching relays was required to facilitate manual local testing.
- Fire extinguisher inspection and testing records were all satisfactory, and on the last service inspection 23 extinguishers were replaced.
- The last certificate for the Re-Inspection of Electrical Services of the hospital had been completed on 27<sup>th</sup> June 2011, and was valid for a five year period. For logistical reasons, it had been decided to revise the inspection protocol, to carry out a rolling programme of testing 20% of the services each year, over a five year period. The first of these phases had been completed on 6<sup>th</sup> March 2013, and some code 1 and 2 requirements were required. All of the code 1 (urgent items) had been completed, and an action plan implemented for code 2 items, which should be completed by the end of this April.
- Testing of Portable Electrical Appliances was undertaken by contract, and contemporaneous records were maintained.

- To cater for appliances received between testing periods, a separate testing meter was retained in-house, for which a current certificate of calibration was available.
- The UPS back-up battery systems for the operating theatres was last inspected on 17<sup>th</sup> October 2013, and the report drew attention to an overhaul of the fans and cups being required. A quotation is being chased for this work.

The visit highlighted the issues below and these were provided in a verbal overview to the hospital director (registered manager) and clinical services manager and other members of the senior management team at the end of the visit. It must be noted that the senior management team were proactive in their responses to required action outcomes.

**New requirements from this inspection:**

Action Required	Timescale for completion	Regulation Number
1. There was a lack of Medical Insurance confirmation for 17 medical staff and a lack of staff photographs in personnel notes	Immediate and on-going. Completed 17 March 2014	Regulation 21(1)(c)
2. The weekly regime of fire alarm testing needed to be expanded to encompass the new Endoscopy and Cardiac units.	7 Days	Regulation 26(4)(a)
3. Complete switching relays on emergency generator, to complete testing facilities	One Month	Regulation 26(2)(a)
4. Ensure completion of code 2 improvements on electrical installation.	One month	Regulation 26(2)(a)
5. Obtain, and accept, a quotation for repairs to the Operating Theatre UPS equipment	6 weeks	Regulation 26(2)(d)

**Good practice Recommendations:**

- Signatures of all staff involved in transfer of care between departments required on patients records.
- The hospital had a named nurse system with regard to individual patient care. It may be helpful to clarify to individual patients who their named nurse per shift/day will be.

Healthcare Inspectorate Wales (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 Ms Nicola Amery Hospital Director, registered manager at Spire Cardiff Hospital.

Yours sincerely

A handwritten signature in purple ink, appearing to read 'Phil Price', is written above a solid black horizontal line.

**Phil Price**  
Inspection Manager