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Dear Dr de Gorter,

Re: Healthcare Inspectorate Wales announced visit to Spire Cardiff Hospital on the 19th July 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to Spire Cardiff Hospital on the 19th July 2014. The child and family healthcare journey from admission to discharge formed part of the inspection. HIW acknowledge and thank the patients and family members for their agreement and participation in this inspection. It is also noted the work involved for the senior management team at Spire Cardiff Hospital in coordinating all the necessary arrangements to enable this comprehensive and specialist inspection.

Overall View of the Healthcare Setting

The Spire Cardiff Hospital is situated on the outskirts of Cardiff and is accessible by public transport and by car, with ample parking facilities. There is also adequate disabled access. The hospital is a modern two storey building, and comprises a comfortable reception area, private consulting and treatment rooms, radiology rooms, theatres and recovery rooms, and a catering department and offices. On the day of inspection, the hospital was seen to be pleasantly decorated and appeared clean.

The ward area has an inpatient capacity of sixty six persons. All private rooms are for single occupancy and all include en-suite facilities, TV, telephone and nurse call systems.

The hospital is well equipped and has recently developed the endoscopy suite and introduced a cardiac catheter laboratory. Both these facilities have been developed based on the latest best practice evidence.

The hospital had a well equipped physiotherapy department which received patients via a variety of referral routes which included General Practitioners (GP), in-patient locations, and self referrals.

Out-patient services are available to adults and children of all ages. The hospital offers treatment and surgery to adults and children within its conditions of registration. Access to the hospital for treatment is made following GP referral.

The catering department offers an extensive and varied menu and accommodates individual dietary, ethnic, and religious requirements. The department hold a five score rating for food hygiene. Patients and family members express very high levels of satisfaction with regard to the catering provision within the hospital.

Quality of Treatment and Care

A statement of purpose and patient guide were available in all private rooms and there was a variety of age appropriate patient information available. A leaflet/information rack was available in the reception area, which held a range of general information relating to the hospital, describing treatments, and post-operative instructions. Translation services are available when required.

Patient views are considered by means of a satisfaction survey the results of which are reviewed by department staff, the management team and discussed at clinical governance committees. An annual patient questionnaire survey included patient feedback. Comments are reviewed and changes to practice are made if required. Patient satisfaction survey results are available on the internet.

HIW had the opportunity to speak to patients during the inspection. High levels of satisfaction were expressed with all aspects of service provision.

A comprehensive range of corporate and local policies and procedures were available that reflected patient centred care. The quality of both inpatient and outpatient record entries was also monitored and found to be maintained and stored adequately with contemporaneous accounts of patient care.

All patients had a private consultation with their named consultant prior to admission and attended a pre-admission clinic. Informed consent was obtained for all procedures. Pathways of care are available for individual operations. Patient involvement in their care and treatment provided was encouraged.

Patient Dignity and Privacy

Throughout the inspection, patients 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.

Patients Views

The patients spoken to were positive in their feedback about the staff and care received. Patients and family members spoken with reported a very positive experience pre-operatively and during their stay. They commented that the quality of care, including the information and support they had received following their surgery or procedure and after care, was excellent. They also commented 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.

Management and Personnel

All relevant personnel policies and procedures are in place. A representative sample of staff personnel records was viewed. Information relating to job descriptions, continuing professional development, education, and training records are kept by heads of department. Personal information, Disclosure Barring Scheme (DBS) checks, professional registration, and liability insurance information is held centrally. There is a system for ensuring ongoing update of this information. It is recommended that an index is developed so it is clear where different parts of the staff records are kept so that it can be easily located if required. HIW have been informed by the Hospital Director that a new personnel system commenced on 18th August 2014 and this will incorporate a central index.

Medical staff appraisal and re-validation is in place and ongoing feedback about consultants is collected, which is discussed at the Medical Advisory Committee and actions plans are developed if necessary.

All staff had relevant qualifications and training to undertake their roles. There is a system for ensuring that all registered staff are still on the appropriate professional register. The number and skill mix of staff appeared appropriate to the number and needs of inpatients at the time of inspection. New employees had a comprehensive induction programme and there was a programme of education to ensure critical care competency and mandatory training update.

There is a clear system in place for continuing professional development. Mandatory training is delivered using an on line system and staff are up to date with their annual training. All staff are made aware of the hospitals policies and there was a record of them having read and agreeing to comply with these. Training and education records were well documented and a system for monitoring performance management was in place. This was verified by the members of staff spoken with on the day of inspection.

Staff Views

There was evidence of strong managerial and clinical leadership, resulting in effective and collaborative team working. All staff appeared 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. A number of staff expressed their satisfaction with working at the hospital and noted that teamwork was an important element, in addition to training and the organisations commitment to staff development. They enjoyed working at the hospital.

Clinical Governance and Risk Management

There was a 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.

Policies and procedures were reviewed at intervals of no more than three years, in line with the corporate policy. All Spire operational policies were validated corporately by relevant directorates and special advisors, which specialise in particular fields, to ensure adherence to current national guidance and legislation.

A co-ordinator leads the handling of all accidents, incidents and complaints and records of these that had occurred over the past two months were reviewed. It was found that all had been dealt with at the first level. Quarterly complaints, incidents, and accidents information is sent to heads of departments, senior management teams, and Clinical Governance committees. Outcomes are acted upon and the information is used to inform and/or change practice.

Individual staff members were informed of the above through incident reporting, ward meetings, and appraisals. Policies and procedures are available for staff in disclosing concerns. Individual performance reviews provide further opportunities to discuss concerns. The paperwork for clinical governance and clinical audit meetings, was informative and took into account the meetings and previous actions. Robust clinical and corporate strategy implemented through the scorecard system that monitored performance, sets targets and shares best practice.

Practice was observed to be evidence based, examples of which included the recent development of the endoscopy unit and cardiac catheter laboratory following best practice guidance. There is also a plan to achieve national accreditation for the endoscopy services.

Safety bulletins and advice are shared with all heads of department and a plan of action to deal with these is developed and shared with all relevant members of staff via email, notice boards, and discussion at team meetings.

There was an annual audit plan and the results were reviewed and clear action plans were seen to be in place to improve services where necessary. Heads of departments lead audits wherever possible and the results are then immediately shared with staff so that improvements can be made as necessary.

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.

Medicines Management

Medicines management was found to reflect legislative requirements and good practice guidance. Controlled drugs books were reviewed and found to be appropriately maintained. The electronic tracking data system enables a double check, monitoring and follow-up of all stock movement. This minimises the risk of error. The organisation promotes and encourages a 'no blame culture' which enables staff to learn from mistakes and near misses.

Prescription sheets were reviewed and found to contain the required information. There was a user friendly medicines booklet available, and given to all patients on discharge. This contained information on the patient's medication and is commended as good practice.

Premises, Environment and Facilities

This element of the announced inspection focussed on the areas being used for paediatric cases on the day, together with theatre number two. Updated information arising from the last full inspection on 13th March 2014 was also reviewed.

The bedroom accommodation inspected was limited to the east wing of the second floor, where one of the bedrooms had been temporarily converted into a pleasant lounge/play area for the children, with a variety of toys available. Safety inserts had been placed into all of the electrical sockets.

The main corridor areas had been redecorated in a lighter colour scheme and it was the intention to carry this on into bedroom areas. In the meantime, and particularly in the bedroom viewed, damaged areas of paintwork on the door frames should be touched up to maintain a hygienic, wipe-able surface.

Theatre number two was inspected after the operation lists had been completed. HIW was advised that the redecoration of this particular theatre was due in the third

quarter of this year (2014). However, consideration needs to be given to the replacement of the current patched floor covering before this period. It was noted that some of the floor welds were proud of the surface, forming a ridge where a residue was collecting.

There were accumulations of adhesive on the panels of the laminar flow canopy, which had been left behind after taped drapes being removed. A suitable method of removing these accumulations needed to be resolved.

The communicating doors to the prep room and dirty utility needed attention and repair to the damaged laminate facings. The lighting in the scrub-up area was poor, with many of the light tubes not working. Accumulations of corrosion around the mixer tap spouts need to be cleaned. Furthermore, one tap was constantly dripping, and in need of attention.

The level of lighting within the main theatre corridor had been vastly improved with the installation of new LED fittings. This had resulted in less fittings being required, and infill panels were being provided where fittings had been removed. It was advised that fittings were now in stock to proceed with the recovery area.

There was an area of flooring that required attention in the female changing room. During the upgrading works, it appeared that a pipe had been removed and the hole filled in prior to laying the floor covering, and it was this fill medium that was disintegrating, leaving a soft depression in the floor covering. HIW were advised that the contractor is aware of the problem, but has failed to make repairs.

All four facility requirements outstanding from the last inspection had been completed, and services maintenance records are being well documented. The annual wiring inspection of a quarter of the installation was currently underway, and it was hoped that this would be completed shortly.

Child and Family Healthcare Journey

Background

The child and family healthcare journey review at Spire Cardiff Hospital was undertaken by a specialist children's services reviewer with HIW. The hospital provides surgical services for children and young people aged between three and eighteen years of age.

There were relevant policies and procedures in place and care is delivered by appropriately qualified and experienced medical, surgical, and nursing staff. Children's surgery takes place within designated children's theatre sessions and a planned children's surgical list was scheduled in theatre two for the day of the review on Saturday, 19th July 2014.

Quality of Patient and Family Care

The quality of patient and family care was assessed by the direct observation of five children scheduled for surgery and on the designated children only theatre list.

The child's healthcare journey began on the ward with an explanation from the Lead Paediatric Nurse and preparation for surgery. This is followed by the anaesthetic induction process in the theatre anaesthetic room, the surgical procedure in theatre, first stage recovery in theatre followed by continuous observation and the recovery process on return to the ward. Children, families and the staff caring for them were interviewed at each stage of the healthcare journey and a high standard of clinical and child and family centred emotional care was delivered by appropriately qualified and experienced staff.

Students are placed within the hospital and the student on duty on the day of the children's theatre list provided appropriate care under the supervision of the qualified staff. The staff communication and interaction with children is good with extra care being given to nervous or anxious children and parents.

Exceptional practice was demonstrated in the anaesthetic room prior to and during a nervous child's anaesthetic induction process, the communication was effective, age appropriate and calming for the child and parent. This was excellent practice and is highly commended.

Good discharge processes were seen and children receive a follow-up telephone call on the Monday morning following their surgery the previous Saturday. The purpose of the call is to check on the child's post operative progress and the child and family's satisfaction with the service provided.

HIW noted that this call is made by administration or clerical staff and that best practice would be for the call to be made by a member of the clinical staff. This would allow appropriate advice and guidance to be given immediately should any problems be identified. It may reduce the need and time required for the family to receive a call back from a clinician to deal with any problem raised on the initial call. HIW have been informed that a nurse is available to contact the patient when required and necessary.

Good Practice Recommendation

We recommend that Spire Cardiff Hospital consider follow-up phone calls to check on post operative progress and child and family satisfaction with the service provided being made by a member of the clinical and not clerical staff.

Dignity and Privacy

The dignity and privacy of the children and their families was maintained at all times with obvious attention being paid to protecting the children's modesty whilst changing into theatre gowns.

Patient Confidentiality

Relevant policies relating to patient confidentiality were seen and staff demonstrated preserving patient confidentiality during the review.

Health Records

The sample of health records reviewed were properly maintained and age appropriate patient documentation was used, particularly for recording of early warning scores to note possible patient deterioration. This is good and recommended practice.

Risk Management

Risk management procedures are in place especially in relation to risk assessing the safety of children attending the hospital. Risk assessments are undertaken regarding the suitability of the environment and controls are put in place to minimise risk. Children's clinical safety is monitored by recording pre and post operative vital signs on age appropriate early warning scoring charts.

Comprehensive clinical handover of the treatment, care given, and follow-up care required, highlight any possible risks and the action to be taken to manage the risk. Staff receive regular education in Paediatric Life Support via scenario based training and formal courses. A procedure is in place to provide high dependency care and to transfer a child to a Paediatric Intensive Care Unit (PICU) if necessary. Appropriate resuscitation policies and equipment were seen.

The Lead Paediatric Nurse ensures awareness of child protection and that child protection procedures are in place. This aspect of care has a high priority in the hospital.

Environment and Facilities

The environment of care is excellent in relation to the range of age appropriate bedding available and the variety of play and distraction materials provided. Younger children are able to travel to theatre in a battery powered toy car and one child was absolutely delighted to 'drive to theatre'.

General facilities are good but improvements could be made to the decor within the rooms in the ward, for example, more interesting, brighter coloured artwork displayed on the walls. The rooms can also become very hot and fans are offered to assist with patient and parent comfort.

Theatre two is showing general signs of wear and tear and requires maintenance in relation to chipped paintwork on the walls and theatre annexe doors. The floor underneath the operating table is badly stained and there are significant areas of glue residue marks on the central canopy above the operating area. Staff advised that they have tried various methods to remove the glue but these have been ineffective. The staff will seek professional advice to deal with this issue.

The reviewer noted that extension leads were trailing across the floor and had potential to cause a trip and fall for theatre staff. This hazard will be risk assessed by the staff and a solution suggested in the schedule of refurbishment for theatre two that is due in the third quarter of 2014.

An indentation in the floor of the female changing room was noted and is thought to be due to the floor integrity failing over a redundant pipe. This issue is being addressed by maintenance staff.

The reviewer noted that a number of items were dusty within the post operative recovery area, these were a hole punch and stapler and the lower shelves of three patient transfer trolleys. The reviewer recommended that these be cleaned immediately and that these items be added to the theatre cleaning schedule.

It was noted that the theatre cleaning schedule list was headed 'BUPA' and not Spire Cardiff Hospital and the reviewer made a recommendation that the paperwork be updated.

Clinical Leadership and Multi-Disciplinary Team (MDT)

Strong, clear and effective leadership was noted from the clinical medical and nursing teams and the management and clerical teams were seen to communicate effectively and courteously with all the teams.

Communication and Information

There is excellent communication with children and families and a range of relevant information about services provided by the hospital is available. Information about the procedures undertaken for children could be improved by providing age appropriate information in a range of formats.

Clinical, Organisational and Personnel Policies

A range of relevant policies are in place.

Medicines Management

Theatre medicines are administered in accordance with best practice and medicines were in date and stored appropriately.

Summary of Child and Family Discussions

The children and families interviewed were very pleased with the service delivered. All parents stated that the care and treatment of their child was either up to, or beyond, their expectations. Most parents said that they were particularly satisfied with the speed at which appointments and consultations were made and the way that the surgery had been scheduled.

Pre and post operative care and instructions were clear and all parents were appreciative of the service delivered by the Lead Paediatric Nurse and the surgical team.

Summary of Staff Discussions

The nursing, medical, management, and clerical teams appeared clear and satisfied with their roles and responsibilities. The theatre staff were appropriately qualified and experienced; some had been members of hospital staff for a number of years and felt valued as established core staff.

The staff were aware of the requirement for continuous professional development and personal development plans. Theatre recovery staff commented that the scenario based resuscitation training and e-learning was a very effective way of keeping up-to-date.

The student nurse stated the placement at Spire Cardiff Hospital had been an informative and valuable experience that could be recommended to other students.

Summary of Satisfaction Surveys

The level of satisfaction was high on the satisfaction survey seen.

Summary of Complaints

No complaints summaries were seen.

Feedback was given throughout and at the end of the inspection.

New Requirements from this Inspection

Action Required	Regulation
Maintain defective areas of paintwork within ward bedroom areas	Regulation 26(2)(b)
In advance of the redecoration of theatre two, carry out repairs and/or replacements noted within this report	Regulation 26(2)(b)
Attend to area of defective floor covering in female changing room	Regulation 26 (2)(b)
Forward a copy of the electrical wiring certificate, when received	Regulation 26 (2)(a)

Good practice Recommendations:

- Medicines management training annually for all members of staff involved in medicines management is recommended
- Signatures of all staff involved in transfer of care between departments required on patient records
- Information about the procedures undertaken for children could be improved by providing age appropriate information in a range of formats

HIW would like to thank all 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.

Yours sincerely



Phil Price
Inspection Manager