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Dear Dr Jones

UNANNOUNCED INSPECTION OF CARDIFF BAY CLINIC

Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection visit to Cardiff Bay Clinic, (known as Vale Clinic, at the time of our visit) on 26 March 2012. This was followed up by a meeting with Karen Healey and Lis Neal in December to discuss the overarching governance arrangements in place for the Cardiff Bay Clinic and Vale Hospital, Hensol.

The visit undertaken in March together with discussions held in December enabled us to test and assess Cardiff Bay Clinic's compliance with the Care Standards Act 2000, associated regulations i.e., Independent Health Care (Wales) Regulations 2011 and National Minimum Standards.

As part of the inspection process, discussions were held with patients and staff and observations of the environment and patient staff interactions undertaken. We also tested the adequacy of a range of documentation including patient care plans, policies and procedures, staff induction and training plans and complaint and incident records.

A Governance Framework and Arrangements

As part of Vale Healthcare which is owned and operated by Nuffield Health, a registered charity, the Cardiff Bay Clinic has access to a wide range of policies and procedures. Strong governance arrangements were in place, which while developed at a UK level took account of the Welsh context and relative Welsh regulations and standards.

All policies and procedures were available electronically with relevant staff having access. A wide range of governance, audit and performance information was available, again electronically.

The registered manager was able to clearly demonstrate how she regularly used the information to drive improvement and ensure a focus on the quality of care.

Clear evidence of learning and a quality driven service was provided; with the registered manager demonstrating her in depth knowledge and understanding of the organisation and the services it provides.

It was evident that Cardiff Bay Clinic was driven by quality standards and that the registered manager was extremely motivated to deliver against this agenda. Her leadership of this agenda was visible.

B Staffing and Organisational Policies

- 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.
- Training and education records were well documented and performance management processes and records were in place covering staff appraisal and supervision.
- A sample of staff files were reviewed and all appropriate documentation was found to be available. Staff records were kept up to date with the aid of an electronic monitoring system.
- 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.

C Privacy & Dignity/Patient Views

- The observations undertaken as part of our visit corroborated the above findings. Staff were courteous and polite and all areas were well presented.
- Patient views were regularly captured throughout the year by means of a patient satisfaction questionnaires, which are reviewed on an on-going basis by the registered

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.

manager, who immediately addressed any issues of concern. A patient satisfaction report is published annually. This report contains the results for the Bay Clinic and Vale Hospital. The results for 2012 showed evidence of high satisfaction in all areas of service provision. The areas surveyed included cleanliness and facilities, booking appointments and procedures, clinical care and catering services.

D Care Records/ Documentation

- A sample of care plans/assessments and other relevant care documentation was reviewed. Care plans and related assessments were comprehensive and well documented; they clearly underpinned all care provided. There was clear evidence of patient's being engaged in the care planning process.

E Review of Current Incident/ Complaints

- Complaints policies and procedures were comprehensive and clearly set out. A review of the complaint log confirmed that there were no clear trends and that complaints and incidents were low.
- Final actions and outcomes had been clearly recorded in the complaint log.
- There was clear evidence that actions, outcomes and lessons had been disseminated to all relevant staff and that the loop had been closed on action.
- Quality of care was monitored through; clinical audit, performance indicators, comparative data, clinical incident reporting and complaints and there was evidence that the results of these were acted upon. The Clinic had a link to a central data base (Datix) for clinical and performance indicators that included deaths, unplanned transfer (to another hospital) and adverse clinical incidents. This was an on-line system linked with Nuffield Hospitals and included bench-marking facilities.

I would like to take this opportunity to thank the staff we met at Cardiff Bay Clinic for their assistance and co-operation during our inspection.

You are not required to submit an action plan to HIW, as no regulation issues were highlighted during our visits.

A copy of this management letter will be published on our website www.hiw.org.uk

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

A copy of this letter will also be sent to Ms Karen Healey, Registered Manager of Cardiff Bay Clinic for information.

Yours sincerely



P Price
Inspection Manager