

Independent Healthcare Inspection (Unannounced)

Cardiff Bay Hospital-Nuffield
Health

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Cardiff Bay Hospital (Nuffield Health) on the 31 October and 1 November 2017.

Our team, for the inspection comprised of two HIW inspectors (one of whom led the inspection), the HIW Clinical Director (in attendance), one clinical peer reviewer and one lay reviewer.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the hospital provided safe and effective care to patients. High standards of care and treatment were identified, with staff placing a particular emphasis on the delivery of patient centred holistic care and support.

However, we identified that the service was not fully compliant with all standards/regulations.

This is what we found the service did well:

- All patients were provided with a 'Sepsis¹ Booklet' to help them identify and understand this serious matter
- Without exception, patients expressed a very high level of satisfaction as a result of the professional and friendly approach of staff and the services they had received
- Staff were provided with regular training on relevant health care topics
- The service extended invitations to NHS staff from local hospitals, to attend training sessions

This is what we recommend the service could improve:

- The registered provider must ensure that they visit the service every six months, and produce a report of their findings, as clearly required by the Independent Health Care (Wales) Regulations 2011

¹ Sepsis is a life threatening illness caused by the body's response to an infection.

- A large number of Nuffield Health policies and procedures were being reviewed at the time of inspection. In addition, corporate policies did not demonstrate compliance with standards and regulations that apply in Wales. This matter was raised at our previous inspection during 2014
- Elements of communication and support between hospital staff and the senior management team needs to be strengthened
- Staff we spoke with demonstrated varying levels of understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards

Healthcare Inspectorate Wales (HIW) previously completed an unannounced inspection of this service on 8 May 2014. Following that inspection, we received written assurance that all matters of non-compliance would be addressed.

As indicated above, we identified that the service was not fully compliant with the Independent Health Care (Wales) Regulations 2011 and associated National Minimum Standards during this inspection. The issues identified, with the exception of the need for revised/updated policies and procedures, had not been identified at our previous inspection. Further details of such issues can be found in Appendix B of this report.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW enforcement action.

3. What we found

Background of the service

Cardiff Bay Hospital is operated by Nuffield Health (the name of the registered provider), which is a not for profit organisation.

Cardiff Bay Hospital is registered with HIW to provide medical assessment, diagnostic imaging and treatment to people, as day cases or outpatients.

Surgical treatments can also be provided to a maximum of 14 persons over the age of 16 years at any one time.

The service was first registered with HIW in 2008.

Cardiff Bay Hospital does not provide emergency care.

A full description of the services provided can be seen within the hospital's website, or their written Statement of Purpose².

The service does not have a dedicated day ward; rather it has a pre-theatre comfortable seating area which is able to accommodate four people. The hospital also has an endoscopy suite. There are however, no in-patient beds at this service.

The hospital has a range of X-ray facilities. Such facilities were not inspected during this visit, as they are considered by HIW through an alternative strand of its inspection programme associated with IR(ME)R³ Regulations.

² A Statement of Purpose (SOP) is a document that registered services must provide in accordance with the Regulations. The SOP must contain specific information which includes the aims and objectives of the service, together with details of the staff employed, their qualifications, the registered provider's organisational structure and details of the kinds of treatment, facilities and services provided.

³The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 is legislation which provides a framework intended to protect patients from the hazards associated with ionising radiation (X-rays/imaging).

The service employs a combined team of 30 healthcare, administrative and ancillary staff; Consultants having defined practising privileges⁴ within the hospital. The staff team is led by a Hospital Director (who is also the registered manager) and a Responsible Individual⁵.

Medical cover is provided by a resident medical officer (RMO), during the hospital opening hours, 8:00am to 8:00pm, Monday Thursday and 8:00am to 4:00pm every Friday. The medical officer is contracted to work at Cardiff Bay Hospital via a centrally held contract with an external agency.

We were further made aware that the hospital occasionally opened at weekends subject to its workload and to cover major sporting events in Cardiff.

⁴ Practising Privileges or PPs are a discretionary personal licence for Doctors to undertake consultations, diagnosis, treatment and surgery in accordance with relevant legislation, regulation and General Medical Council's (GMC's) Good Medical Practice (GMP).

⁵ The Responsible Individual is a named individual (as required by the Independent Healthcare (Wales) Regulations 2011) who is a director, manager, secretary or other officer of the registered organisation. The Responsible Individual is responsible for supervising the management of the establishment.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We received numerous positive comments and compliments from patients about the way in which staff provided them with care, treatment and support.

We also found that the registered provider had a pro-active system in place for seeking patients' views on the services provided; acting on issues identified in a prompt manner.

During our inspection, we invited patients to complete a HIW questionnaire to obtain their views on the care and support provided by the hospital. Seven questionnaires were completed. In addition, seven patients and three family members agreed to speak with us.

Patient feedback was very positive; patients rating the care and treatment that they received, as 'excellent'. Patients' comments praising the environment and care/treatment provided at the hospital included the following:

"Personalised, co-ordinated, clean and fresh. Happy"

"Saw consultant and had an appointment that fitted my needs in about 8 weeks. I feel fully informed. Staff are very friendly"

"I have had 11 operations and have used this facility many times for x-rays and to see consultant. So pleased its here, always respectful, kind and friendly. Clear information, given timely information"

Health promotion, protection and improvement

We saw numerous Nuffield Health leaflets about wellness and fitness displayed in various areas of the hospital. We also saw that the service's Statement of Purpose and Patients' Guide were available for patients/visitors to view.

Hand washing notices were present in relevant areas and hand gel sanitising stations provided in various parts of the hospital. We also saw leaflets at reception about the importance of hand washing to help reduce the spread of infection.

Conversations with nursing staff highlighted that every day case patient was provided with a leaflet entitled Sepsis: Information About Post-Operative Sepsis for Patients and Relatives. The service was commended for this.

Dignity and respect

Without exception, patients told us that they were respected as individuals and were positive about the care and treatment they received. The only negative comment made in relation to the issue of dignity, related to the ill-fitting disposable underwear items provided prior to theatre procedures.

Face to face conversations with patients and their family members revealed that staff were respectful, friendly and welcoming. We also heard staff speaking with patients in a calm and professional manner in all areas visited, throughout our two day visit.

The doors of consulting rooms were closed at times when patients were speaking with clinical staff. This ensured that all conversations were private and confidential. The registered provider may, however, wish to consider the use of signs such as 'vacant' and 'engaged' on the doors of consultation rooms in the future, so that it is clear to all, whether a room is in use.

We saw signs on display within consulting rooms alerting patients to their right to request a chaperone be present during intimate examinations. This is, to support those who may feel embarrassed or distressed.

There were no curtains in the pre-operative patient waiting area and patients were in close proximity to one another at times when clinical staff spoke with them. Staff did, however, speak in quiet tones at all times. This assisted with maintaining patient confidentiality.

We saw there were curtains in use around each of the four 'bays' in the theatre recovery area for the purposes of preserving patients' privacy and dignity.

Patient and staff toilet facilities were clearly signposted and in good order.

Some patients wore their own clothing which would be protected in theatre with disposable items. Other patients were provided with clean gowns to wear prior to, and during, some theatre procedures.

Patient information and consent

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the risks, different treatment options available, the costs for services and after care services.

All patients who completed a questionnaire strongly agreed that staff listened to them during their appointment.

We were told that written consent for surgical procedures was given during consultations with medical staff, ahead of pre-admission assessment, or at times, on the day of surgery.

Patients and family members we spoke with told us the consultant had discussed their procedure with them and they had been given time to consider that information before consenting. Senior managers also described occasions when patients had either decided not to proceed and a small number of instances when surgery had been cancelled due to changes in the health presentation of patients on the day of surgery. This was in-keeping with good practice guidelines.

Patients, who completed a HIW questionnaire, and those who spoke with us, said that they felt they were fully informed about their care and treatment. We also found that patients were provided with a range of written information relating to their care and discharge. Such information had been developed by Nuffield Health in language which avoided the use of jargon. This helped to promote patients' understanding.

There were clear signs above doors within the hospital to assist patients/visitors to know where they could locate toilets, consulting rooms and other facilities.

There was however, no display of information for carers, or local organisations which could provide people with additional support, if required. Senior managers were receptive to our suggestion that such information be obtained and displayed in the future.

Communicating effectively

We found that reception staff were very helpful and attentive toward all visitors. We were also able to confirm that staff introduced themselves prior to speaking with them. The service was commended for this professional approach.

We found that there was a comprehensive range of policies and procedures available to staff to help them fulfil their duties and understand what was required of them. However, many of those were in need of review. This matter

is discussed in more detail in the section of this report entitled 'Quality of Management and Leadership'.

Information leaflets about specific procedures and treatments were available to patients which staff told us were regularly reviewed and could be printed in a variety of languages on request. There were however, no information leaflets available in the ward area in Welsh, or any other language or format, during our visit.

We were informed that a small number of Welsh speaking staff were employed who would be able to assist patients who wished to communicate in Welsh during their stay.

We saw a British Sign Language poster in the staff room as a guide to staff. In addition, a member of staff described the recent efforts they had made to support a patient with complex communication needs. We were also informed that the relative of the patient concerned did not feel the need to accompany their family member at their second visit as they had observed staff communicating effectively with them. This was identified as good practice.

The hospital had a portable hearing loop available at reception. However, staff indicated that this was rarely used.

The hospital's Statement of Purpose (SOP) and Patients' Guide were concise and written in clear language. This was in accordance with regulatory requirements.

Conversations with a family member indicated that a Consultant had contacted their relative three days after their operation to check that all was well. Two other family members confirmed that communication between the hospital staff and their relatives was very good.

Care planning and provision

Patients could either refer themselves to the hospital and pay for their care directly, or pay via their health care insurer. We were informed that patients would usually wait approximately three weeks to receive treatment following their first consultation; more prompt arrangements being made where health care issues were considered to be of a more urgent nature. Patients, who spoke with us, further highlighted that staff had been very helpful in altering their appointments on request.

On arrival, patients reported to the hospital reception and were then guided to the outpatients department, theatre suite, or X-ray department.

Patient treatments were planned and co-ordinated in a safe way following full consultation in order to meet their needs. For example, patients were provided with appointments for day surgery procedures following a pre-admission assessment which tended to be completed via telephone, as stated by staff. The patient documentation completed during those telephone conversations was then used by staff from the point of patients' admission, to continue recording care and treatment provided. Instances were also described where patients were provided with a face to face pre-admission assessment (if they had additional/complex needs). This was to ensure that risks to their wellbeing were easily identified and their needs met.

Outpatient appointment times were staggered. This appeared to work well and prevented delays in people being seen by clinical staff.

The needs of patients living with dementia, or additional needs would be identified at pre-assessment, as stated. Patients also told us that staff were attentive in all areas of the hospital we inspected.

Conversations with patients revealed that in instances where they were accompanied by a family member, they could be involved in their care, in accordance with their expressed wishes.

In the event that patients presented with any health care complications during their stay, or were not well enough to be discharged home at the end of the defined hospital working day, arrangements were made for them to be transported safely to the most appropriate NHS hospital as a result of existing service level agreements. Those arrangements also applied if patients required emergency treatment.

Patients who were transferred to the recovery area on completion of their surgical procedures/endoscopy⁶ were monitored by trained nursing staff.

Discussions with senior managers and clinical staff highlighted that rehabilitation was based on individual patients' assessed needs. This included support from physiotherapists, personal trainers and consultants.

⁶An endoscopy is a procedure during which your doctor uses specialized instruments to view (and operate if required) on the internal organs and vessels of your body. An endoscope is a flexible tube with an attached camera that allows your doctor to see.

We looked at a sample of patient records in detail and found that care planning and record keeping was satisfactory and consistent. This meant that the clinical team were provided with sufficient information to assist them in meeting patients' needs, wishes and preferences. We also saw that care was delivered in accordance with established clinical pathways underpinned by supporting evidence and research. We were able to confirm that patients had access to a resident medical officer during hospital opening times. This meant that any changes required to patients' treatment could be considered and addressed in a timely way.

We saw that patients were provided with contact telephone numbers should they need to seek any advice following their return home.

When patients were discharged, the hospital worked with external services. For example, we found that a letter was sent to patients' GPs on discharge to inform them of the treatment and care that had been provided.

We were made aware of Recovery Plus, (Nuffield Health's recovery programme) which was available to private patients for a number of procedures. This programme was described as an optional enhanced recovery pathway that started after patients had finished their post-operative physiotherapy. This feature of care was designed to enable patients to continue their recovery at their local Nuffield Fitness and Wellbeing Gym at no extra cost. Whilst complex, surgical procedures were not undertaken at the Cardiff Bay Hospital, Recovery Plus was discussed with patients prior to their admission to the Nuffield Health sister hospital (The Vale) for in-patient treatment.

Senior managers stated that the admission process, care pathways and treatment plans were the same for private and NHS patients.

Conversations with theatre staff indicated that all patient safety notices were made available to them, so that they were able to consider whether any changes to service provision needed to be made. Staff also told us that they had easy access to relevant and current clinical guidelines to assist them in providing care to patients.

Equality, diversity and human rights

Conversations with senior managers demonstrated that equality practices were regularly reviewed by Nuffield Health to help prevent and eliminate discrimination of any kind. Additionally, conversations with patients and their family members during our inspection revealed that their choices in terms of health care delivery were promoted and respected by hospital staff.

We saw that patients, who had received surgical procedures through the use of local anaesthetic, were accompanied by their relatives in the recovery area of the theatre suite. Similarly, visitors who accompanied their relative to the hospital for procedures that required sedation were able to wait in the pre-theatre waiting area, until such time that their relative was sufficiently recovered.

Citizen engagement and feedback

Only three of the seven patients that completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the hospital.

Discussions with senior managers at the hospital demonstrated the considerable emphasis placed on seeking views from people who use the services on an ongoing basis.

We further found that all patients were invited to complete a satisfaction survey post discharge; the form being sent to their home.

There were How to Complain leaflets displayed in all areas. This meant that patients were encouraged to raise any concerns they may have with staff.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We were able to confirm that the service regarded the health, safety and welfare of patients as a priority. For example, we spoke with patients and staff and explored the processes in place in support of the delivery of safe and effective care and found that every effort was being made to improve the quality of services.

Improvements identified at this inspection related to elements of health and safety and medicines management.

Managing risk and health and safety

Cardiff Bay Hospital was opened in 2008. All areas of the hospital visited by the inspection team were found to be accessible, safe, well maintained and fit for purpose. We also saw that all areas were visibly clean and hygienic. Patients and their family members who spoke with us confirmed this positive view of the environment, as well as commenting on the calm atmosphere in all areas.

Car parking appeared to be ample and was conveniently located at the front of the hospital.

There were automatic doors at the main hospital entrance, and at the entrance to the theatre area. There was also a lift from the ground to first floor. Those arrangements assisted patients and their families access, and move around the premises safely.

Waiting areas appeared to have sufficient seating. There were also small armchairs available for visiting children within the outpatient department.

Theatre access was secure; staff at the reception areas being present to greet patients on arrival.

We saw that equipment in all areas was well maintained and kept clean to minimise the risk of infection. We were able to confirm that an external company was responsible for servicing fire safety equipment. In addition, the

hospital had conducted a fire evacuation exercise during September 2017; documentation showing that people had been evacuated from the building in a prompt way. We were further able to confirm that there were robust arrangements in place in relation to legionella⁷ testing and the service and maintenance of all hospital equipment (including the electrical wiring system).

There was a valid and current Certificate of Employer's Liability Insurance on display.

We did however, identify that one plant room had not been accessed during the most recent fire safety visit. This was because there were patients present in the nearby theatre recovery area. Whilst we were informed that arrangements were in hand to ensure that a further visit was undertaken by an approved contractor, HIW advised senior managers of the need to provide us with evidence of the outcome of that future visit.

Documentation following a further fire safety visit was made available to HIW following the inspection, the content of which indicated that no remedial action was required.

Infection prevention and control (IPC) and decontamination

There were suitable infection prevention control policies in place and staff followed agreed protocols to minimise the risk of healthcare associated infections. Surgical lists were organised with infection prevention and control standards in mind. We also saw that hospital associated surgical infection rates were at a very low level. This meant that the procedures and protocols in place were effective.

We found the entire environment to be visibly clean and tidy. There were also hand washing sinks, signs and facilities in all appropriate areas of the hospital visited. All equipment seen appeared visibly clean and; I am Clean signs were attached to equipment indicating that it was ready for use. The hospital cleaning schedules were also described in detail during our inspection. However, we would advise the registered provider to consider replacing cloth curtains in

⁷ Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella. All man-made hot and cold water systems are likely to provide an environment where Legionella can grow.

consultation rooms with a disposable type, to promote IPC further. We also advised that staff discontinue storing a sharps box on the window sill in the pre-operative waiting area to prevent accidents/injury to patients or staff.

There was a designated and knowledgeable senior manager in place whose remit included the maintenance of required infection prevention and control (IPC) standards. In addition, all clinical areas of the hospital had a nominated link nurse who would be involved in regular audit activity, although we were told that it had been a while since any audit activity had been undertaken. We were further informed that the hospital was subject to external peer review with regard to this aspect of service.

Discussions with staff who worked in the theatre suite revealed that disposable instruments were used on occasions. Otherwise, surgical instruments were decontaminated promptly via an offsite hospital sterile services department; appropriate arrangements for collection and delivery being in place.

There was a clear system in place for the segregation of clinical/household waste. This included safe storage and disposal of sharp items.

Conversations with senior managers confirmed that hospital staff were supported by an occupational health service. This included the provision of advice during periods of illness and vaccinations as required (including annual flu vaccinations). That meant that there was a system in place to promote the health of staff and protect the public.

Nutrition

We were informed that the hospital had recently received a revised rating in respect of their food hygiene. As a result, the maximum score of five had been awarded.

Complimentary hot drinks and fresh water were available to patients and their families in the outpatient area.

The hospital had a coffee shop where patients and their families were able to purchase hot and cold drinks and a range of sandwiches and snacks. There were no other catering facilities at the hospital as people attend for day case procedures/outpatient appointments only.

We did not therefore; explore this element of care provision in any more detail.

Medicines management

We found that the service was compliant with medicines management legislation and good practice guidance. There was a medicines management policy in place; however, this was currently being revised. Patient medicine administration records were not usually completed due to the short stay nature of the care provided. We saw though, that patients' Take Home medication charts were fully completed having been signed by a doctor (accompanied by a dispensing sheet signed by two nurses). We also saw that patient allergies were clearly documented.

Staff told us that a local community pharmacist visited the hospital daily to assist with medicines management.

We saw that all patients were wearing identity bracelets, regardless of whether they were to receive any prescribed medication. This was because this arrangement was part of the hospital's admission and safety processes.

We found that medicines were stored, administered and managed safely. We were also able to confirm that drug fridge temperatures were monitored centrally; any deviation from the required temperatures resulting in appropriate remedial action.

Given the potential for misuse, controlled drugs (CDs) require special storage arrangements. We therefore explored such arrangements and found that stock levels were appropriate and seen to be checked. However, the CD ordering book was stored in an unlocked draw. We therefore advised that this was relocated to prevent unauthorised access.

The hospital had a range of adult and paediatric resuscitation equipment which was regularly checked by clinical staff.

Improvement needed

The registered provider is required to inform HIW of the action taken to ensure that unauthorised persons are prevented from gaining access to the CD ordering book.

Safeguarding children and safeguarding vulnerable adults

Safeguarding policies and procedures were in place to assist staff to understand their responsibilities to protect vulnerable adults.

We discussed how staff had handled a recent safeguarding incident. Whilst action had been taken to report the matter to a healthcare professional, the all-Wales procedures for the protection of vulnerable adults were not followed. We were however, informed that this matter was to be addressed, the day after our inspection.

Staff we spoke with demonstrated varying levels of understanding with regard to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS).⁸ We refer to this, and the above matter further, in the following section of this report.

Medical devices, equipment and diagnostic systems

We found that the hospital had the right medical equipment and medical devices to meet the needs of patients who receive care and treatment at this hospital.

As already stated above, we were able to confirm that there were suitable arrangements in place to ensure that equipment was regularly maintained and tested. Those arrangements included all portable appliances.

Safe and clinically effective care

We were informed that theatre staff followed a series of professional and corporate guidelines to assist with the delivery of safe and effective care to patients. Such guidelines included those, developed by The Association for Peri-operative Practice (AfPP)⁹.

Staff informed us that some blood tests were undertaken within the hospital, other samples being sent to larger laboratories associated with Nuffield Health.

⁸ The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA and associated Deprivation of Liberty Safeguards are designed to protect and restore power to those vulnerable people who lack capacity

⁹The Association for Perioperative Practice (AfPP) was established as the National Association of Theatre Nurses (NATN) in 1964. The AfPP works to enhance skills and knowledge within operating departments, associated areas and sterile services departments.

Staff also offered assurance that there were robust arrangements in place to ensure that those samples were transported safely and securely.

Participating in quality improvement activities

Conversations with senior managers and other staff revealed that a varied and regular schedule of corporate audit activity took place. Examples of audit activity related to infection prevention and control standards, medicines management (led by pharmacy staff), information governance and the presentation and maintenance of the hospital environment.

We were also informed by a staff member that since the nominated IPC nurse for Nuffield had retired, they were unsure what current arrangements were in place to complete the IPC audits. Subsequent conversations with senior managers however, provided assurance that the responsibility for this aspect of service had recently been transferred to an alternative senior manager.

Whilst the results of audit activity undertaken were not displayed for members of the public to see, we were informed that they were shared via the Private Hospital Information Network¹⁰.

Information management and communications technology

We were able to confirm that the registered provider had suitable arrangements in place for information governance and confidentiality purposes.

Records management

We looked at a total sample of five patient's records across the two days of our inspection. As a result, we found that the amount of information recorded in terms of patient care, depended on the type of surgical procedure performed. This reason for this was explained and described in some detail by a member of the nursing staff, as a result of which, we were sufficiently assured.

¹⁰ In December 2014, the Competition and Markets Authority appointed the Private Healthcare Information Network (PHIN) to make information on the performance of hospitals and consultants, available via an independent public website.

Patient documentation and files were well organised; all professionals recording aspects of care and treatment in a timely manner.

Patients' records were generally located in an area which was not accessible to members of the public. However, we saw some patient records in an open cupboard in one of the outpatient consulting rooms. Whilst we were not made aware of any incidents that had led to a breach in patient confidentiality, we would advise that the hospital review the storage of patient records within consultation rooms.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Overall, we found evidence of strong and consistent management and leadership across areas of the hospital inspected.

There was a comprehensive range of processes and systems in place at the hospital in support of the provision of high quality and safe services.

We did however; identify that the registered provider was not fully compliant in relation to elements of governance, staff recruitment and staff training.

Governance and accountability framework

We saw that there were quality measurement systems in place, which were managed by the senior management team. Regular reports were generated as a result of that arrangement which included reference to complaints, incidents and patient satisfaction. A comparison was then made with previous reports and other hospitals in the Nuffield Health group. Clinical governance reports were also shared at the Medical Advisory Committee (MAC). The chairperson of the MAC had been in place for some time and clearly demonstrated their motivation and passion for the services provided. We were also informed that the registered provider placed considerable emphasis on patients' safety and positive patient outcomes.

In addition to the above, we were able to confirm that Clinical Quality and Safety Committee meetings were held every six weeks. We were provided with management papers of the meeting to be held on the 3 November 2017; topics for discussion including medicines management, pathology services, medical devices and updates from the infection prevention and control committee.

Whilst it was evident that there was a comprehensive range of processes and systems in place at the hospital in support of the provision of high quality and safe services, there was some concern about the presentation of findings in relation to the Cardiff Bay Hospital. Specifically, the senior management team who were responsible for the day to day operation of the hospital and the Vale Hospital were exactly the same. As a result, all overarching corporate documentation available at inspection was presented as combined information about both hospitals. Senior managers indicated that this was purely for practical reasons.

However, distinct and clear information must be available in relation to Cardiff Bay Hospital in the future. This is because HIW is required to consider the day to day operation of the service in accordance with its agreed, unique conditions of registration. This will also apply to the Vale Hospital ahead of any future inspection visits.

Conversations with senior staff revealed that six monthly visits were not undertaken by the Responsible Individual (RI) as required by the Regulations. Rather, they described that individuals employed by Nuffield Health in the role of Quality Partners completed audit activity in relation to service provision at various points throughout the year. Such arrangements however, did not comply with the Regulations, especially as we found that Quality Partners were not sufficiently familiar with the standards and Regulations that applied to Wales. This matter was highlighted during our inspection and re-iterated during our inspection feedback session.

We also informed senior managers that the Statement of Purpose needed to be revised to accurately reflect the name of the registered provider and the services they were registered to provide. HIW was subsequently provided with a revised version of this document.

The hospital's risk register included details of the risks relevant to the various departments and the action to be taken by hospital staff to reduce those risks, as far as possible. For example, we were shown the steps that would be taken in the event of a loss of power and the measures in place to maintain the health and safety of patients, visitors and staff.

Staff indicated that governance arrangements promoted safe practice; six-weekly clinical governance (full day) meetings taking place. Information was then cascaded to all staff across the organisation, as reported. Conversations with hospital staff further demonstrated that they understood and fulfilled their responsibilities to raise concerns and report incidents.

Two members of the inspection team attended the weekly hospital capacity meeting. Here, a number of day to day operational issues were discussed by senior managers. These included hospital maintenance, infection prevention and control matters, staff training and information technology; remedies to any issues raised being agreed, and appropriate action planned.

During our inspection we distributed HIW questionnaires to staff working within areas of Cardiff Bay Hospital we inspected. This was, to find out what their working conditions were like, and to understand their views on the quality of care provided to patients at the hospital.

All staff who completed a questionnaire said that the training or learning and development they had completed, had helped them to stay up to date with professional requirements, to do their job more effectively, and deliver a better experience for patients.

The majority of staff said that there were usually, or sometimes, enough staff at the hospital to do their jobs properly. They also indicated that the registered provider was committed to the provision of safe and effective care to patients.

All staff members told us they had participated in an annual appraisal of their work in the last 12 months.

However, it was evident from comments made by staff within completed HIW questionnaires and face to face discussions, that they would very much welcome improvement to elements of support and communication with senior managers as shown below:

- Six staff who completed a questionnaire said that they were only sometimes, or never, involved in deciding on changes introduced that affected their work area, team or department
- Six staff who completed a HIW questionnaire told us that the organisation was not always supportive of them (specifically at times when errors were identified)
- A small number of respondents indicated that communication between senior management and staff was only sometimes effective, and that senior managers never involved them in important decisions

Policies that we looked at were accessible to staff within a large file and electronically. However, many were in need of revision (with notes on the front indicating that they were currently under review by Nuffield Health). Whilst it was encouraging to note that such work was underway, we were not provided with assurance that the date for revision was imminent, or had been agreed.

In addition, all policies were based on Regulations that applied in England. We therefore advised senior managers of the need to ensure that the current drive toward revising policies and procedures included adaptations to local/all-Wales guidelines.

We found there were suitable arrangements in place to support nursing staff to complete their re-validation with the Nursing and Midwifery Council; records being kept to verify this issue.

Improvement needed

The registered provider is required to provide HIW with details of how it will ensure that information available for inspection in the future, relates only to this service. This is because it is vital for HIW, as Regulator of Independent Healthcare in Wales, to obtain a clear view of the operation of the service in accordance with its conditions of registration.

The registered provider is required to inform HIW of the action to be taken, to ensure that they undertake visits to the service at six monthly intervals (and produce a report of their findings), as clearly required by the Regulations.

The registered provider is required to inform HIW of the action taken to ensure that the day to day interface between senior managers and staff is improved.

The registered provider is required to provide HIW with details of the plan in place to revise all policies and procedures in support of patient care at Cardiff Bay Hospital. This is in order that staff have access to relevant and current guidelines in their day to day work.

Dealing with concerns and managing incidents

The hospital director/registered manager undertook responsibility for responding to, and investigating, all written complaints, with the exception of those which related to clinical care. In those instances, the hospital matron led the investigation and reported back to the hospital director. The process for responding to complaints included an acknowledgement either by telephone or letter; the outcome of complaints being made known to people within 20 days.

Any complaints received by the hospital were reviewed during the six weekly matron/governance meetings and MAC meetings. Outcomes, lessons learnt and improvements to practice were also discussed at those meetings. An

example of lessons learned involved the provision of some additional staff training regarding the completion of patient documentation, as stated.

We were informed that there were two complaints currently under investigation. We were also told that all concerns/complaints were monitored in order to identify any themes, or trends. This was, with a view, to improving hospital services.

Workforce planning, training and organisational development

All staff who worked at the hospital were required to complete mandatory training largely through 'Nuffield Academy' online courses to ensure that had suitable skills to care for patients safely. Senior managers monitored compliance with mandatory training and compliance was compared across Nuffield Hospitals.

We also found that the majority of clinical staff were trained in the use of adult Intermediate Life Support (ILS) techniques; others having completed training at the advanced level. We were also informed that all staff had received training with regard to Basic Life Support (BLS). This was considered to be good practice.

Discussions with a senior member of staff highlighted that an annual study day was held at the hospital where a variety of topics were covered and external speakers invited. We were also informed that NHS staff from local hospitals were invited to attend this, and other in-house training sessions as a means of learning/promoting working good working relationships across NHS and independent healthcare services. The senior management team were commended for adopting this approach to staff training.

Similarly, NHS staff had delivered training to members of the hospital team in relation to wound care, care of patients needing spinal surgery and male catheterisation.

Whilst it was acknowledged that there was an emphasis on ensuring that staff were supported to complete training on relevant health care topics, we identified the need for further training in respect of the Mental Capacity Act/DoLs and all Wales adult/child safeguarding procedures. This was because we were able to confirm that staff presented with varying levels of understanding on those topics, despite, having already completed such training. Senior managers were very receptive to our advice about this matter.

Improvement needed

The registered provider is required to provide HIW with a description of how it will ensure that staff are made aware of their specific duties in relation to the Mental Capacity Act, Deprivation of Liberty Safeguards and all Wales child/adult safeguarding procedures.

Workforce recruitment and employment practices

Senior managers confirmed that the hospital never used agency nurses to fill gaps created by annual leave or unforeseen sickness. Rather, Nuffield Health bank nurses would be used.

We spoke with staff who had responsibility for overseeing human resource matters at the hospital. We also explored the content of seven staff files. Overall, we found clear evidence of robust processes in respect of fair and open staff recruitment. However, we identified some deviation from those processes and the subsequent need for minor improvement as indicated below:

- Not all staff recruitment records contained the required references from individuals' most recent employer
- The registered provider must ensure that the reasons for all gaps in the employment history of prospective employees are explored and recorded
- The registered provider must ensure that employer references obtained are from a credible source

We were able to confirm that there was sufficient and appropriately qualified and experienced staff, working in the outpatient department and theatres to keep people safe at the time of this inspection.

Staff told us that there had been very little turnover of staff, which provided stability with regard to service provision. We were also informed that bank nurses would work at the hospital to fill gaps created by annual leave and unforeseen sickness.

A resident medical officer (RMO) was present at the hospital site during working hours; the hospital operating between 8:00am and 8:00pm Monday to Friday. At times when the RMO took annual leave, we were informed that the agency contracted to provide the hospital with medical cover, would ensure that an

alternatively qualified doctor would be assigned to Cardiff Bay hospital. All clinical care was otherwise consultant led.

Consultants provided care and treatment at the hospital through arrangements known as practising privileges. They were therefore required to provide evidence of mandatory training from their respective NHS employers. As part of that process the surgery and procedures undertaken in the NHS were the only ones offered to private patients. In instances where a consultant offered private care only, Nuffield central human resources department would arrange for the competencies and training associated with those persons to be explored and verified. We were further informed that the registered provider had a well established means of identifying the due dates for doctors' appraisals, revalidation, renewal and indemnity, as part of the practising privileges process. The above meant that there were robust arrangements in place to ensure that patients received treatment from competent health care professionals.

Similarly, nursing staff indicated that they were supported through the Nursing and Midwifery Council (NMC) revalidation process.

We were provided with details of the staff induction training and staff told us that they felt well supported when they started to work at the hospital.

Conversations with staff confirmed that medical and nursing staff, therapists and pharmacy staff worked well together in order to ensure the safe and effective delivery of services to patients.

Improvement needed

The registered provider is required to describe how it will ensure full compliance with workforce employment and recruitment practices. This is to make certain that staff are safe and competent to work at the hospital, in accordance with the Regulations.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified during this inspection.			

Appendix B – Improvement plan

Service: Cardiff Bay Nuffield Hospital

Date of inspection: 31 October and 1 November 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
We did not identify any matters for improvement to this area of service.				
Delivery of safe and effective care				
The registered provider is required to inform HIW of the action taken to ensure that unauthorised persons are prevented from gaining access to the CD ordering book.	15. Medicines management			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
<p>The registered provider is required to provide HIW with details of how it will ensure that information available for inspection in the future, relates only to this service. This is because it is vital for HIW, as Regulator of Independent Healthcare in Wales, to obtain a clear view of the operation of the service in accordance with its conditions of registration.</p> <p>The registered provider is required to inform HIW of the action to be taken, to ensure that they undertake visits to the service at six monthly intervals (and produce a report of their findings), as clearly required by the Regulations.</p> <p>The registered provider is required to inform HIW of the action taken to ensure that the day to day interface between senior managers and hospital staff is improved.</p> <p>The registered provider is required to provide HIW with details of the plan in place to revise all</p>	<p>1 Governance and accountability framework</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
policies and procedures in support of patient care at Cardiff Bay Hospital. This is in order that staff have access to relevant and current guidelines in their day to day work.				
The registered provider is required to provide HIW with a description of how it will ensure that staff are made aware of their specific duties in relation to the Mental Capacity Act, Deprivation of Liberty Safeguards and all Wales child/adult safeguarding procedures.	25. Workforce planning, training and organisational development			
The registered provider is required to describe how it will ensure full compliance with workforce employment and recruitment practices. This is to make certain that staff are safe and competent to work at the hospital, in accordance with the Regulations.	24. Workforce recruitment and employment practices			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: