

**Sancta Maria Hospital
Ffynone Road
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Inspection 2010-2011

Healthcare Inspectorate Wales

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Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards*,' which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at:

www.hiw.org.uk

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

Sancta Maria Hospital is owned by the Hospital Management Trust (H.M.T.) a registered health care charity. The hospital is situated in a residential location in the Uplands area of Swansea and a short journey from the city centre. There could be difficulty in respect of access for patients with limited mobility; however, good access for such patients was available from the rear of the establishment. To ensure no difficulty is experienced by patients with limited mobility, they were contacted prior to

their visits to ensure that those who needed such access were provided with clear instructions and directions to this entrance. It was also noted that there is an intention to provide a lift that will lead to the main entrance in the future.

The building is set in its own grounds, with service and administrative areas situated in the basement. Most of the ground floor accommodated an outpatients department, theatre and endoscopy suites, x-ray, pathology, administration and catering areas. The hospital had accommodation for up to thirty three in-patients, within twenty seven single rooms and four shared rooms, (children under the age of three are not admitted). Several rooms are en-suite and had views over Swansea Bay. Some rooms are large enough for a parent to stay with a child. Four day chairs had been installed for day surgery.

Reception was well manned and patients were clearly treated in this area with every courtesy and respect.

The service user's guide and statement of purpose provided useful information for patients, who were also encouraged to make comments and suggestions during their stay at the hospital.

Prior to the inspection visit the registered provider submitted a completed pre-inspection questionnaire. The inspection visit focused upon the analysis of a range of documentation, discussion with members of the senior management team and a tour of the premises. The Inspection team had opportunities to converse with patients and staff during the visit. Patients and visitors expressed satisfaction with regard to service provision within the hospital.

Statement of Purpose & Patient Guide

The statement of purpose and patients guide was available and accessible to patients.

A patient information folder was available in each in-patient's room. The folder was very informative in respect of the day to day running of the hospital. It also included the aims and objectives of the hospital, details of the facilities and the procedure for making a complaint. Information leaflets were provided prior to or on admission, which were treatment or condition specific. Each patient was given the opportunity to make comments and suggestions following treatment by completing a survey form or speaking to a nurse.

Additional Information

Separate brochures were available for specific services, such as orthopaedic and cosmetic surgery, etc. Pre operative information was also provided to patients prior to admission. In and outpatient satisfaction questionnaires were used to obtain patient/relatives views on care provision. The results of these were available to the public. The outcome of these demonstrated a high level of satisfaction with the service received.

Advertising

All advertising appeared to comply with Advertising Standards Authority standards and the British Medical Association (BMA) Guidelines for Advertising. The senior management team had responsibility and accountability for the quality of promotional materials and campaigns.

Quality of Care

Patient Care Pathways and pre-assessment patient information were viewed during inspection and were found to be satisfactory. Protocols, policies and procedures demonstrated up to date evidence based information. A clinical audit programme was in place but in some instances the action plans following audits required greater clarity to illustrate changes made. There was a policy in place if palliative care or terminal care was required but generally Sancta Maria does not care for dying patients and the focus of care was on short stay surgical procedures. Pastoral care

was available and provided where appropriate through the Catholic sisters and a chaplain with links to the Local Health Board (LHB) for other particular religious care needs. The involvement of relatives and friends was encouraged. Bereavement counselling would be arranged for family or staff if required.

Arrangements for Immediate Critical Care

Policies and procedures indicated that the arrangements for immediate critical care were suitable. The senior nursing staff and duty doctor were experienced and appeared competent to deal with all emergencies. There were level one critical care facilities available for patients who received treatment under general anaesthetic. Patients who required level two or three critical care would be transferred immediately to Singleton Hospital where it is provided, as indicated by the relevant policies and procedures. Five patients have been transferred within the proceeding year but most of these were for diagnostic imaging which could not be undertaken at Sancta Maria.

Staff Training

A formal and extensive induction day was arranged on a regular basis for new staff, which covered in detail the policies and procedures used within the hospital. The Royal Marsden Hospital Manual of Clinical Nursing Procedure Book was used to direct nursing practice. Some aspects of mandatory training updates were undertaken on a two yearly basis and the system for this was currently under review.

Quality Audit

Clinical audit was undertaken on a regular basis with an on-going programme undertaken by the matron and the Medical Advisory Committee (MAC). A clinical effectiveness committee meet every four months to discuss aspects of clinical care that required attention identified through audit or complaints processes, action plans

are developed and implemented. Introduction of a system of follow up audit would enhance the process and this was discussed on the day of the visit. A clinical governance policy and strategy was place.

Policies and Procedures

Comprehensive policy and protocol files were available. A number of staff personal files were viewed and there was a signed statement to evidence that they had read the hospital policies.

Registered Manager

The manager had the required skills, knowledge and extensive management experience within the Independent Healthcare sector. There was a clear system of clinical support and oversight within the management system. There was a clear line of accountability for the delivery of services.

Human Resources

Human Resource policies reflected current employment legislation. Criminal Record Bureau (CRB) checks, verification of professional fitness to practice and recent references were evident in personnel records. The job descriptions reflected relative roles and responsibilities. All staff received a handbook on commencing employment at the hospital.

Induction/training, continual professional development and performance management for staff was also demonstrated. There were systems in place for verifying Nursing and Midwifery Council (NMC) registration. Arrangements were in place to support staff for training and continuous professional development. A comprehensive induction programme was in place for all new members of staff and staff-training and performance review was evidenced during the inspection. Staff annual appraisals were undertaken. A clinical supervision policy and procedure was

in place and supervision was documented, however none of the clinical supervisors has received specific training for the role and it is recommended that they attend an educational course.

Medical Practitioners/ Consultants

Medical practitioners who wished to apply for admitting rights must complete a formal application and submit it to the hospital manager. Practising privileges were then dependent upon approval by the Medical Advisory Committee (MAC).

Consultants were required to demonstrate that they were on the Specialist Register of the General Medical Council (GMC), their Hepatitis B status and that they had adequate indemnity insurance with a medical or dental defence organisation. This was required in the event of a claim against medical practitioners and dentists.

There was an induction programme for new consultants. Enhanced Criminal Records Disclosure Clearance was obtained for all consultants and a system will be developed for flagging up when these would be due.

There was a Clinical Governance Committee that had links to the MAC. There was also a Clinical Effectiveness Committee. Minutes of the meetings of the MAC were viewed during the inspection. Consultants were required to submit evidence of satisfactory annual appraisal. A Resident Medical Officer (RMO) was available 24 hours a day, seven (7) days a week with access to a consultant.

Physicians/Anaesthetists were available for the hospital if advice was required in the management of post-operative complications. Some consultants had no up to date appraisal available and this should be rectified. However, it was noted that signed off forms with reference to any restrictions of practice were available in the files.

Allied Health Professionals

Allied Health Staff appeared to have the appropriate skills and knowledge. There was evidence that policies associated with the protection of vulnerable adults and children was well understood, however, the provision of such training on a regular

basis was variable. It was established, however, that child protection training is normally provided at Ty Coch by the Local Child Protection Training Unit. All staff demonstrated knowledge of a range of policies and were aware of where they might be found if required. There was evidence that opportunities for staff development were in place and all maintained appropriate continuous professional practice development (CPPD) and it was indicated that in addition to events arranged in-house opportunities to attend events in Singleton and Morriston Hospitals were taken when appropriate. The Operating Department Practitioner (ODP) indicated that reflective practice was encouraged.

Physiotherapists and radiographers were employed by Sancta Maria Hospital and neither physiotherapy nor radiography services were provided by external contractors. Whilst the St David's Health Unit utilises facilities provided by the hospital they do not engage their own allied health professionals (AHPs), however they may be referred to them at Sancta Maria Hospital. The physiotherapy, radiography and operating department staff were confident that they were able to work within the regulatory frameworks that were set by their statutory and professional bodies.

There was a part time physiotherapist who provided an in patient service mainly to orthopaedic patients, on a service level agreement (SLA) and details in respect of communications, including details of CPD and training needs were recorded in the personnel file.

A radiography service was provided on a 24/7 basis through four radiographers sharing the work-load and cover. Radiographers worked to specific standards and there was a professional network of radiographers across Wales which provided peer support. An on-call system was in operation. CT and MRI scans are not carried out within the hospital. Radiographers worked in a regulated environment and the hospital had access to a radiation protection advisor (RPA). The radiographers had been trained in risk assessment and along with all clinicians in basic life support and use of defibrillators.

The operating department practitioners (OPD) work closely with the anaesthetists and other consultants in their specialist role of theatre practice.

Both the physiotherapists and radiographers frequently worked single-handedly but chaperones were available when required. The risks associated with single handed working to the health professionals in respect of their own safety were adequately met by the hospital security systems. Staff members were confident that a clear management structure was in place and they were able to influence change where appropriate, they indicated that the management structure was open and approachable and that they were able to bring matters of concern to their attention.

Staff Occupational Health

Human resource policies and records indicated that the '*occupational health*' nurse screened new staff for Hepatitis B, C and HIV. Immunisation to Hepatitis B was available to all staff in accordance with Department of Health guidance. There was also a policy guiding practice regarding those staff undertaking exposure prone procedures.

Adult & Child Protection

Adult protection policies and procedures were consistent with national guidelines and local arrangements. The matron co-ordinated the protection of vulnerable adults training and ensured that adult protection was covered in both induction and continuing professional development arrangements. However, some staff have not received training updates for more than two years, although were aware of the issues surrounding Protection of Vulnerable Adults/Children (POVA/C) and the need for training was discussed at inspection. Whilst formal training in child protection and protection of the vulnerable adult was not always provided to administrative staff it was apparent that the factors that would draw their attention to mistreatment were known to them and the chain of personnel that should be involved was clear. It would be advised as good practice for administrative staff to receive formal training

and /or updates in child protection and the protection of vulnerable adults. There is no regulatory requirement for administrative staff to be trained in POVA & POVC. However, please note that HIW is recommending that it would be good practice to do so.

Generally knowledge of policies and protocols pertinent to their patient contact was well established.

Complaints Management

There was a clear policy and procedure for handling complaints and a register of these was maintained, which demonstrated that complaints were generally dealt with in line with standards and recommended time-scales and developed action plans.

Whistle-Blowing

A policy and procedure was available The nursing and medical staff were aware of their duty to express any concerns about poor standards, as required in the professional codes of practise issued to each nurse and doctor and in accordance with the Public Interest Disclosure Act 1998. The Public Interest Disclosure Act 1998 (PIDA) had taken effect through amendments made to the Employment Rights Act 1996 in July 1999. It protects employees from being dismissed or penalised by their employers as a result of blowing the whistle on certain serious concerns.

Opportunities were provided at quality meetings or whenever necessary to discuss concerns.

Risk Management

Staff induction and training programmes covered risk management. There were comprehensive policies and procedures in place to support risk management issues but some of these require review and updating. There was no evidence of a corporate policy and/or procedure with regard to managing challenging behaviour. There was a need for all relevant staff to undertake training in managing challenging behaviour.

Health and Safety

The hospital manager was responsible for health and safety at the hospital. A committee chaired by the matron met every four months and took action or obtained advice on any relevant issues and produced an annual health and safety report. An infection control meeting followed on from the above meeting.

Policies and procedures were available, including risk management policies. All staff received training in health and safety at induction and at intervals during the year. Clinical staff were routinely screened to include Hepatitis B and Hepatitis C. Mechanisms were in place for dealing with adverse incidents and events with regular audits of health and safety issues.

There was evidence that internal health and safety audits were undertaken and action plans produced. Staff were provided with protective equipment and clothing to prevent risk of harm or injury to themselves. Appropriate equipment was available i.e. gloves/aprons.

Staff Fire Training

Fire training was part of the hospital training manual. Fire drills were held every six months, and attendance recorded.

Pharmacy Services

The registered manager had the responsibility for the safe and secure handling of medicines and that the management of medicines was clearly defined. In the absence of a pharmaceutical department, alternative arrangements had been made for the provision of pharmaceutical services including out of hours arrangements. Medicines within a ward, theatre or department were the responsibility of the registered nurses designated for the purpose by the registered manager and were administered appropriately. Medicines brought into the hospital by individual patients which were not used, were held in a separate, safe place until discharge.

All medicines were administered to a patient with a written prescription or drug administration chart, signed by a legally authorised prescriber. Controlled drugs were administered by a medical practitioner or senior nurse and witnessed.

Management of Pathology Services

The department was staffed by a part-time qualified Medical Laboratory Scientific Officer (MLSO) with all specimens going to the local Health board.

Infection Control

The hospital had good links to the local health board for advice and support and the local health board manual for Infection Control was available for reference but the hospital has their own policies, which required review, updating and objectives.

There were meetings on a regular basis to discuss all issues in connection with controlling and preventing infections. Microbiology was not carried out on site but advice on results was available from the local health board infection control nurses and microbiologist.

An '*e-learning*' package was available to cover areas of health and safety and infection control as part of the induction package. Hospital staff complete the package during their induction period.

There was a functioning infection control committee within the hospital that had clear aims and objectives and met four monthly to discuss all issues in connection with controlling and preventing infection. Infection control audits were undertaken quarterly and outcomes viewed on inspection. However no action plan was in evidence to follow up from an external infection control audit undertaken in May 2010 and it is recommended that this is remedied.

Facilities and Maintenance

There was a rolling programme of maintenance and refurbishment in place. A system which incorporated monitoring of the hospital's water, electricity and heating facilities was available in an electronic format. This should assist with identifying potential problems within the above systems. A back-up system was in place if required.

Outpatients

The out-patients' areas were well maintained and the treatment rooms and consultation rooms appeared clean. A new endoscopy suite has recently been developed which provides more space and privacy for patients undergoing the procedures.

Ward Area

The rooms looked clean and tidy and multi-point room checks were undertaken daily to ensure a clean environment for the patient and rooms were found to be clean on inspection. Many rooms had recently been decorated and renovated.

Theatre Department

There was one theatre with a small recovery area which was satisfactory. However, it was noted that no cleaning protocol was available with regard to the theatre area desk and console. The clinical matron will investigate and forward relevant information to Healthcare Inspectorate Wales. A revised theatre cleaning policy and schedule that incorporated the theatre area desk and console was forwarded to HIW on the 24 November 2010.

Administrative and Storage Areas

However, it was noted that obsolete equipment was stored in one of the maintenance areas which were situated in the basement. This was discussed with the facilities manager and removed by the end of the day. It was also noted that electrical equipment and potentially inflammable material had been stored in another room within the same area. Again, this matter was dealt with immediately. It was also observed that a concrete area within both of the above rooms appeared to be soft and crumbling.

HIW have been informed that action has now been taken to treat the affected areas. It was advised that daily room temperatures be monitored and recorded. The recording of room temperature should also be undertaken within the laundry room as this was also situated in the basement area.

Kitchen

It was noted that water was pooling in the separate passage way area between the kitchen and storage rooms. Interim repairs were undertaken during the visit. Facilities manager to investigate and undertake further action as required.

Resuscitation

Resuscitation policies and procedures were evident. The resuscitation equipment on the ward was available and checked daily by a registered nurse. Written records were kept of these checks with signatures being provided by the nurse responsible for checking the equipment. The equipment was prominently sited in the ward. All staff were aware of the location of the resuscitation equipment.

Records Management

The policies and procedures viewed on records/documentation were comprehensive and robust. Details of the mechanism to maintain and retain records for the period specified in the regulations were included. The hospital had a policy and

procedures for completion, storage, security and transfer of health records. Sancta Maria Hospital had a system available to audit that hospital procedures for record management policies were followed.

Confidentiality

Sancta Maria Hospital had a confidentiality policy in place. This complied with Medical Confidentiality Guidelines and Data Protection legislation. The staff induction programme included training on data protection and confidentiality.

Children's Services

Children were normally only admitted for day surgery. Each child was anaesthetised by a paediatric anaesthetist and operated on by a paediatric surgeon. Registered Sick Children's Nurses (RSCN) were responsible for planning the overall care of children and an RSCN attended theatre during a child's operation. Children were always first on the list and must have a parent or guardian present in the ward. Two rooms were particularly equipped and decorated for children. Children were only admitted to the rooms that had been assessed as safe and suitable.

Feedback to the manager, management team members and staff was undertaken throughout and at the end of the inspection.

The inspection team wish to thank the patients, relatives, management team and staff and for their assistance, time and co-operation during the inspection process.

Achievements and Compliance

There were no outstanding regulatory requirements from 2009-2010 inspection cycle. It is noted that the manager and senior management team had been proactive in undertaking required actions.

Registration Types

This registration is granted according to the type of service provided. This report is for the following type of service

Description
<p>Independent Hospital</p> <p>Independent hospital providing listed service:</p> <ul style="list-style-type: none"> • Independent hospital providing medical treatment under general anaesthesia or intravenous sedation. • Cosmetic surgery.

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition Number	Condition of Registration	Judgement
1.	No more than 33 (thirty three) patients may be accommodated overnight.	Compliant
2.	The registered person must give the Healthcare Inspectorate Wales at least 28 days prior written notice of the provision of any new or different treatment or service.	Compliant
3.	<p>In patient treatment for children is restricted to those aged 3 (three) years of age and upwards, with the following exceptions:</p> <ul style="list-style-type: none"> ▪ Male patients aged 6 (six) months and above undergoing circumcision. ▪ Male patients aged 6 (six) months and above undergoing revision of circumcision surgery 	<p>Compliant</p> <p>This specific service provision has not yet commenced.</p>

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment.	Standard met
C2	The treatment and care provided are patient – centred.	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patients are assured that monitoring of the quality of treatment and care takes place.	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard met
C6	Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff.	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively.	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard met
C13	Patients and personnel are not infected with blood borne viruses.	Standard met
C14	Children receiving treatment are protected effectively from abuse.	Standard met
C15	Adults receiving care are protected effectively from abuse.	Standard met
C16	Patients have access to an effective complaints process.	Standard met
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard met

Number	Standard Topic	Assessment
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met
C21	Patients receive appropriate catering services.	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard almost met
C23	The appropriate health and safety measures are in place.	Standard met
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard almost met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard met
C32	Patients are assured of appropriately completed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects.	Standard met

Service Specific Standards- these are specific to the type of establishment inspected

Number	Acute Hospital Standards	Assessment
A1	Patients receive clear information about their treatment.	Standard met
A2	Patients are not misled by adverts about the hospital and the treatments it provides.	Standard met
A3	Patients receive treatment from appropriately trained, qualified and insured medical practitioners.	Standard almost met
A4	Medical practitioners who work independently in private practice are competent in the procedures they undertake and the treatment and services they provide.	Standard met
A5	Patients receive treatment from medical consultants who have the appropriate expertise.	Standard met
A6	Patients have an appropriately skilled and trained doctor available to them at all times within the hospital.	Standard met
A7	Patients receive treatment from appropriately skilled and qualified members of the allied health professionals.	Standard met
A8	Patients receive treatment from appropriately qualified and trained staff.	Standard met
A9	Health and safety.	Standard met
A10	Infection control.	Standard met
A11	Decontamination.	Standard met
A12	Resuscitation.	Standard met
A13	Resuscitation equipment.	Standard met
A14	Meeting the psychological and social needs of children.	Standard met
A15	Staff qualifications, training and availability to meet the needs of children.	Standard met
A16	Facilities and equipment to meet the needs of children.	Standard met
A17	Valid consent of children.	Standard met
A18	Meeting children's needs during surgery.	Standard met
A19	Pain management for children.	Standard met
A20	Transfer of children.	Standard met
A21	Documented procedures for surgery – general.	Standard met
A22	Anaesthesia and recovery.	Standard met
A23	Operating Theatres.	Standard met
A24	Procedures and facilities specific to dental treatment under general anaesthesia facilities.	Standard not inspected
A25	Cardiac surgery.	Standard met
A26	Cosmetic surgery.	Standard met
A27	Day surgery.	Standard met

Number	Acute Hospital Standards	Assessment
A28	Transplantation.	Standard not applicable
A29	Arrangements for immediate critical care.	Standard met
A30	Level 2 or Level 3 critical care within the hospital.	Standard met
A31	Published guidance for the conduct of radiology.	Standard met
A32	Training and qualifications of staff providing radiology services.	Standard met
A33	Published guidance for the conduct of radiology.	Standard met
A34	Training and qualifications of staff providing radiology services.	Standard met
A35	Responsibility for pharmaceutical services.	Standard met
A36	Ordering, storage, use and disposal of medicines.	Standard met
A37	Administration of medicines.	Standard met
A38	Self administration of medicines.	Standard met
A39	Medicines management.	Standard met
A40	Management of Pathology services.	Standard met
A41	Pathology services process.	Standard met
A42	Quality control of Pathology services.	Standard not inspected
A43	Facilities and equipment for Pathology services.	Standard not inspected
A44	Chemotherapy.	Standard not applicable
A45	Radiotherapy.	Standard not applicable

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose.	Standard met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Standard met
3 (Part I)	Period for which medical records must be retained.	Standard met
3 (Part II)	Record to be maintained for inspection.	Standard met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Standard not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Standard not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C14&15	Regulation 17(2)(a)	<p>Findings:</p> <p>Some staff had not received Protection of Vulnerable Adults/Children (POVA/C) training for more than two years.</p> <p>Action Required:</p> <p>The registered person is required to ensure that staff POVA/C awareness/training is made available. HIW have been informed 05.11.2010 that training has now been sourced. Confirmation will be forwarded to HIW of staff training.</p>	(Advised on day of visit). Three Months from receipt of report.
C22&A9	Regulation 24(2)(a)(b)(c)	<p>Findings:</p> <p>Some storage areas were a health and safety risk.</p> <p>Action required:</p> <p>Storage areas need review to ensure that they comply with meeting health and safety regulations.</p> <ul style="list-style-type: none"> • Separation and appropriate storage of items. • Monitor and record room temperatures in basement areas. • Water presence in passage way. 	(Advised on day of visit). 3 November 2010 (Completed) One Week from date of visit. Immediate action 3 November 2010 (Completed) 12 December 2010 (Completed).

Standard	Regulation	Requirement	Time scale
		<ul style="list-style-type: none"> Cleaning protocol for theatre desktop and console. 	24 November 2010 (Completed) forwarded to HIW.
C23 (3)	Regulation 17(2)(a)	<p>Findings:</p> <p>There was no evidence of a corporate policy and/or procedure with regard to managing challenging behaviour. There was a need for all relevant staff to all staff undertake training in managing challenging behaviour</p> <p>Action Required:</p> <p>The registered person is required to ensure that there is a corporate policy and procedure available with regard to managing challenging behaviour and that staff awareness/training is made available.</p>	(Advised on day of visit). Three Months from receipt of report. HIW have been advised that training has been organised for staff.
C22&9	Regulation 8(1)(e)	<p>Findings:</p> <p>Some of the hospital risk management policies required reviewing and updating.</p> <p>Action Required:</p> <p>The registered person is required to maintain current policies within the hospital setting.</p>	(Advised on day of visit). To review and update required policies within one month of receipt of report. Confirmation to be forwarded to HIW.
C27	Regulation 14(6)	<p>Findings:</p> <p>Some of the hospital infection control policies, required review, updating and objectives.</p> <p>Action Required:</p> <p>The registered person is required to maintain current policies within the hospital setting.</p>	(Advised on day of visit). To review and update required policies within one month of visit. Confirmation to be forwarded to HIW.

Recommendations

Recommendations may relate to aspects of the standards or to national guidance.

They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
A3	Some consultants had no up to date appraisal available and this should be rectified.
A8	Staff need to undertake training in clinical supervision.
C27& A9	No action plan was in evidence to follow up from an external infection control audit undertaken in May 2010 and it is recommended that this is remedied.
C22	The introduction of a system of follow up audit would enhance the process of clinical effectiveness and this was discussed on the day of the visit.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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