



# Independent Healthcare Inspection (Unannounced)

Spire Cardiff Hospital

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2019

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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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Spire Cardiff Hospital on the 24 and 25 April 2019.

Our team, for the inspection comprised of three HIW inspectors, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

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 that Spire Cardiff Hospital provided a high standard of care to their patients that was safe and effective.

Patients were treated with dignity and respect and we saw positive interactions between staff and patients.

There were good processes in place to enable patients to provide their views on the care they had received at the hospital and we saw improvements had been made as a result of patient feedback.

There was an engaged multi-disciplinary team in place that provided individualised care to patients.

We found that the standard of patient record keeping was of a high standard.

We saw there were robust processes in place to ensure that medicines management was safe.

We found that there was a strong leadership team in place, who were able to describe a clear vision for the hospital. There were clinical governance processes in place to support the provision of safe and effective care.

Staff told us they felt supported and had good access to training opportunities.

We recommended a small number of improvements during the inspection, including some maintenance issues to improve the standards of infection control. Improvements were also required to the organisation of some training documentation.

This is what we found the service did well:

- Patients were positive about the care and treatment they received in the hospital

- Changes as a result of patient feedback had been implemented, demonstrating they were a listening service
- Patient records were maintained to a high standard
- Clear processes were demonstrated to support the effective management of medicines
- Patient care was individualised and person centred
- A strong, visible management team was in place with a clear vision and strategy for the hospital
- Links with other Spire hospitals to share best practice and learning
- Clinical governance processes, which supported staff in delivering safe and effective care
- Staff told us they felt supported and had good access to training.

This is what we recommend the service could improve:

- Overall patient experience could be improved with the refurbishment of all patient bedrooms
- Maintenance and upkeep of some areas of the operating theatre
- Organisation of some staff training records.

There were no areas of non compliance identified at this inspection.

### 3. What we found

#### Background of the service

Spire Cardiff Hospital is registered as an independent hospital at Croescadarn Road, Pentwyn, Cardiff, CF23 8XL. It forms part of the wider Spire Healthcare Ltd group which provides a range of healthcare services across England, Scotland and Wales.

The service is registered to accommodate 66 patients overnight. However, during the inspection the service was in the process of refurbishing some bedroom facilities, which lead to a reduction in the number of available patient rooms. We were told that other patient rooms were being utilised as staff offices and not currently available to be used by patients.

The service was first registered on 23 December 2003.

The service employs a team of approximately 317 healthcare, administrative and ancillary staff and engages a range of Consultant Doctors who have defined practising privileges<sup>1</sup> within the hospital. The staff team is led by a Hospital Director. At the time of the inspection the Hospital Director was in the process of finalising their registration with HIW as the Registered Manager, this was confirmed shortly after the inspection.

Twenty four hour medical cover is provided by a team of experienced resident medical officers (RMO), on a planned rota basis.

Spire Cardiff Hospital provides a comprehensive range of private healthcare services which include outpatient consultations and clinics, physiotherapy, rehabilitation and diagnostic services together with a full range of surgical inpatient services. A full description of the services provided can be seen within the hospital's website, or their written Statement of Purpose.

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<sup>1</sup> 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).

## 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 concluded that the patient care provided at the hospital was of a high standard. Staff were empowered to deliver care in a patient centred way, concentrating on individual needs.

Patients we spoke with, and those who completed a HIW questionnaire, were very satisfied with the standards of care being provided. We observed staff and patient interactions to be friendly, polite, professional and caring.

Patient food was of a high standard and accommodated individual preferences and dietary requirements.

The hospital was in the process of refurbishing some patient bedrooms, which looked to be finished to a sleek and exemplary standard. It was disappointing to find that the refurbishment did not extend to the remainder of the patient bedrooms.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the care and treatment they received at the hospital. We also spoke with a number of patients during the course of the inspection.

In total, we received six completed questionnaires from in-patients.

All patients who completed a questionnaire provided positive feedback on their experience during their time in hospital, with all of the patients rating their overall experience as excellent or very good.

Patient comments included the following:

*"Just been great, absolutely lovely, on hand for everything"*

*"Staff go the extra mile! Nothing is too much trouble"*

*"Superb"*

Whilst the inspection concentrated on the inpatient facilities of the hospital, we also spoke with a number of patients who were attending outpatient appointments. Overall, we found that these patients provided us with positive comments about the care and treatment received. Comments included the following:

*"My experience so far has been really good. Only rang yesterday for appointment. Staff have been very efficient and very friendly."*

*"Visited several times, always a very good service. Staff are very helpful. Waiting time is minimal."*

*"Exceptional service"*

*"Several appointments excellent service. Good communication, no complaints"*

*"2nd appointment. Tremendous service, feel cared for. Coming in for op on Friday - fully informed of procedure"*

### **Health promotion, protection and improvement**

We found that the focus of the hospital is to provide patient care on an individual basis. This is carried out through a range of methods, including clinical and therapeutic support such as physiotherapy and guidance from a multi-disciplinary team (MDT).

Information was provided to patients on an individual basis, relating back to their specific needs and treatments. Patients were also provided with detailed information following their discharge from hospital, including contact numbers should they require any support or advice from their clinician whilst at home. We also saw that aftercare guidance was provided that was specific to individual patient needs.

### **Dignity and respect**

We observed staff treating patients and relatives in a dignified and courteous manner. Patients told us they had positive experiences, praising the staff for the quality of care provided to them.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. All patients agreed that staff were always polite and listened, both to them and to their friends and

family. All patients who completed a questionnaire told us that staff called them by their preferred name.

Patient bedrooms were predominantly single occupancy, with ensuite facilities. At the time of inspection the hospital was in the process of refurbishing 18 patient bedrooms. We saw that these were being finished to a very high standard. It was disappointing to find, however, that the refurbishment did not extend to all patient bedrooms across the hospital. Whilst clean and tidy, the remainder of the patient bedrooms appeared tired and dated and we did not feel they represented the level of care being provided to patients. The Hospital Director accepted these comments.

We observed staff knocking bedrooms doors prior to entering, and closing doors whilst treatment and/or discussions with patients were being held. This was to ensure that patient privacy and dignity was upheld. Every patient that completed a questionnaire felt that they had been treated with dignity and respect during their time in hospital.

There were individual outpatient consultation rooms located on the same site, in an adjacent building. We saw that these doors were also closed whilst staff were speaking with patients.

We observed the reception staff at the hospital to be polite, friendly and informative, guiding patients around the building to their appropriate appointments in a respectful way.

Patients also strongly agreed that staff were kind and sensitive when carrying out their care and treatment. All patients told us that they were given a choice by staff about which method they could use if they needed the toilet, and all but one agreed that when necessary staff helped with their toilet needs in a sensitive way so they didn't feel embarrassed or ashamed.

All of the patients who completed the questionnaire confirmed that they had access to a buzzer, and patients agreed that staff would come to them when they used the buzzer.

### **Patient information and consent**

The hospital had a Statement of Purpose and Patients' Guide which provided detailed information about the hospital, its ethos and services offered. They were available in both English and Welsh.

Patients who completed a questionnaire either strongly agreed or agreed that staff had talked to them about their medical condition(s) and helped them to

understand them. We looked at a sample of patient records and found that patient consent was clearly documented.

Patients who completed a questionnaire told us that overall, they felt that they have been given enough information about all aspects of their care during their stay at the hospital. One patient who completed a questionnaire told us that staff were very informative and the Consultant/Anaesthetist had explained everything to them.

### **Communicating effectively**

We observed polite and friendly interactions between staff, patients and their relatives and it was clear that staff were aware of the need to maintain discretion at all times. Patients were spoken with in their own bedrooms, to maintain their dignity and prevent conversations being overheard.

There was a portable loop system available for patients with hearing difficulties and hospital staff had access to a language line if required. We were told, following feedback from a deaf patient, that the Hospital Director is currently learning British Sign Language, to help support patients who are deaf or have limited hearing.

Patients were positive about their interactions with staff during their time in hospital. All patients who completed a questionnaire strongly agreed that they, and their family and friends, had been listened to by staff during their stay.

### **Care planning and provision**

We looked at a number of patient records and found that they were detailed and demonstrated a high level of care provided to patients. The information was clear and comprehensive.

We found that care plans were clear and patient specific. There were detailed risk assessments in place that were relevant to the individual.

The hospital held a weekly MDT meeting every Friday, to discuss the forthcoming admissions. A number of different members of staff attended the meeting from across the hospital and the key focus was on providing a patient focused experience. Patient's individual needs were discussed and appropriate arrangements put in place. This included providing information to the catering team about dietary requirements.

### **Equality, diversity and human rights**

We observed staff protecting the privacy and dignity of patients when delivering care or having discussions with patients and relatives. For example doors to rooms were closed when care was being delivered and staff always knocked on patients' room doors prior to entering.

### **Citizen engagement and feedback**

The service had a number of ways that patients were able to provide feedback to the hospital about the care and treatment they received. In every patient bedroom there were blank postcards that allowed patients to complete and provide feedback, anonymously if they wished, about their experience at the hospital.

Patients were also sent an email following their discharge asking them to complete a patient satisfaction survey. The results were collated by a central head office team on a monthly basis and the results shared across all Spire hospital sites. There were a number of categories that patients were asked to comment on and rate, such as cleanliness and food. The hospitals were then scored in each category and rated against the other Spire hospitals. Individual hospitals were able to determine, against other Spire hospitals, and also against their own previous results, how patients rated their experiences. We saw that some of this information was also displayed in patient areas for them to see.

It was positive to see that as a consequence of the patient satisfaction surveys, Spire Cardiff Hospital was able to obtain funds centrally to refurbish a number of patient bedrooms. This was because their results were consistently low in terms of patient satisfaction regarding the bedroom facilities/environment. This demonstrated that patient views were taken into consideration and acted upon.

## 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 found that the hospital delivered a high standard of patient care that was safe and effective.

There were robust processes and procedures in place to support the safe prescribing, storage, administration and dispensing of medicines.

There were clear processes and procedures in place to ensure that clinical standards were maintained.

We found that patient records were kept in accordance with professional standards and that care plans were produced on an individual basis. The records were clear and easy to navigate.

There were some maintenance issues identified that were in need of addressing.

## Managing risk and health and safety

Overall we found that the service had processes and procedures in place to protect patients, staff and those visiting the hospital.

We saw that there were a range of risk assessments in place, highlighting where improvements were required. The patient areas were free from obvious hazards and were clean and tidy.

The hospital was in the process of refurbishing a number of patient bedrooms. At the time of inspection we found that this was being managed appropriately and safely. We saw that individual risk assessments had been carried out to manage this specific piece of work.

We were able to see that there were robust processes in place to ensure that the environment remained safe for staff and patients. Fire safety equipment was available, tests were carried out regularly and we saw that staff had received appropriate training. We saw evidence of different emergency test scenarios the hospital carried out, to prepare staff for a number of eventualities,

such as adverse weather conditions, floods and missing patients. We were also able to see that an evaluation of these training scenarios was carried out, to help make improvements to the plans.

There was a clear reporting system in place that ensured any health and safety issues identified were managed appropriately until they were resolved.

We found that cleaning materials were stored securely and staff only areas and rooms were locked appropriately to help prevent unauthorised access.

The hospital had appropriate equipment available for use in a patient emergency, which was checked on a regular basis. In the event that a patient became acutely unwell, the service would call 999 services to transport the patient to services for more specialised care and treatment.

### **Infection prevention and control (IPC) and decontamination**

During our visit we found the hospital to be clean and tidy. Patient bedrooms and bathrooms were cleaned daily to a high standard. We saw that generally sufficient personal protective equipment (PPE) was available, however there were a number of bedrooms that did not have disposable aprons in. We observed staff using PPE appropriately. Patients we spoke with confirmed that housekeeping staff were visible and that their rooms were very clean and tidy. We observed staff washing their hands between tasks and saw that hand hygiene products were readily available throughout the hospital.

During a tour of the hospital, however, we found that the sluice room was cluttered, with boxes containing equipment on the floor. This could inhibit effective cleaning. We also saw during the tour of the hospital that the doors leading into the theatres were in need of repair, as they were chipped at the bottom, which may also inhibit effective cleaning. There was a radiator in the theatre corridor that needed attention, as we found it to be rusty. These issues were brought to the attention of the Hospital Director, who confirmed shortly after inspection that the sluice room had been tidied, removing the boxes off the floor and a new radiator had been ordered.

We observed that once equipment had been cleaned it was clearly labelled. This demonstrates to staff and patients that equipment is ready to be used and promotes good practice in relation to infection control and prevention.

Discussions with housekeeping staff clearly demonstrated a good understanding of their roles and we found that cleaning schedules were visible on the ward.

The hospital had a lead nurse responsible for infection control. Regular infection control audits were carried out and we saw that an improvement plan was in place to address any issues identified.

We saw that infection prevention and control was excellent on the wards with staff aware of their role in preventing cross contamination and maintaining good standards of cleanliness. Staff of all grades had received training in relation to infection prevention and control. The hospital also had a range of infection control policies and procedures in operation.

#### Improvement needed

The service must ensure that the doors leading into the theatre are able to be cleaned effectively.

The service must ensure that the radiator in the theatre corridor is replaced or repaired to enable it to be cleaned effectively.

#### Nutrition

During our visit we observed the lunchtime meal service. The food looked appetising and nutritious. Patients were able to select their choices from a varied menu which changed on a regular basis.

Patient records showed that nutritional risk assessments were completed on admission, helping to identify and assess patient needs.

Food was prepared and delivered to patients on an individual basis, meaning that patients had a choice about what they wanted to eat. The service was able to offer meals for those with religious needs and those with special dietary requirements. The chef for the hospital attended the weekly MDT meeting, to discuss the patient admissions the following week. We were told that dietary requirements, needs and wishes of patients were discussed and the chef would be able to prepare and accommodate as required.

Overall, we found that the arrangements for food and drink were appropriate and of a very high standard.

Patients we spoke with told us that the food they had received was of a high quality.

#### Medicines management

Overall, we found that there were strong processes and procedures in place to support the safe prescribing, storage, administration and dispensing of medicines.

The hospital used the all Wales Drug Charts, which were completed thoroughly and consistently to ensure the safe and effective management of medication administration. The charts had been adapted to also include prescribing of venous thromboembolism (VTE)<sup>2</sup> prophylactics<sup>3</sup>.

Patients were able to bring in their own medication, which they were able to store securely.

We found that all medicines were stored securely to prevent unauthorised access. We saw that the hospital monitored and recorded the temperature of the fridges where medication was stored, to demonstrate they remained safe to use.

We looked at the controlled drugs register and entries had been recorded appropriately.

Patients were required to wear identity bands to support safe administration of medication. During the inspection we observed all patients were wearing them appropriately.

A pharmacist was based on site at the hospital and we found that they were able to provide a supportive service to both staff and patients. We were able to see that medication audits were carried out on a regular basis and there was an updated pharmacy audit plan in place to help drive improvements.

### **Safeguarding children and safeguarding vulnerable adults**

There was an appropriate policy in place regarding safeguarding of both adults and children. We also found that staff had received training in safeguarding and all staff were required to complete this on a regular basis.

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<sup>2</sup> A blood clot that has formed in a vein and moves to another location in the body

<sup>3</sup> A medicine or course of action used to prevent a disease

The hospital had appointed members of staff as safeguarding leads, for adults and children. We saw that these positions were displayed, with staff photographs and contact numbers, around the hospital, promoting the leads and encouraging staff and patients/carers to contact them with any safeguarding concerns. However, through discussions with some newly appointed staff, they remained unclear who the safeguarding leads were. The Hospital Director told us that this would be rectified immediately to ensure all staff knew who to contact with any safeguarding concerns. We received confirmation shortly after the inspection of confirmation sent out to all staff outlining details of the safeguarding leads for the hospital.

### **Medical devices, equipment and diagnostic systems**

The hospital had sufficient numbers of items of varied pieces of equipment to support the different patient groups attending the hospital.

We found that there were robust processes in place to make sure that equipment was serviced and calibrated within relevant timescales, to demonstrate they were safe to use. External companies were used for specialised equipment and we saw that this process was managed effectively.

All of the staff members told us that they generally have the adequate materials, supplies and equipment to do their work.

### **Safe and clinically effective care**

There were information boards on the ward by the reception area that detailed the patients who had been admitted, their status and any other relevant information. This provided staff with the information needed to provide effective care to patients.

At the time of inspection there were no patients with a diagnosis of dementia, or showing signs of confusion. We were told that the hospital had low admission rates from patients with dementia needs, and explained that at the weekly MDT individual needs would be discussed and action taken where appropriate. There was a patient bedroom that had two single beds, and we were told that this could be used by a relative or carer should there be a need to provide additional support to a patient with dementia needs. We were also told that there was a plan in the future to further adapt a patient bedroom to make it more appropriate to patients with specific dementia needs.

We saw that the hospital used a pain management tool to assess patients' pain and prescribe medication as appropriate. We found that this was used clearly and documented the action taken on an individual basis.

## Participating in quality improvement activities

We found that there were good links between different Spire hospitals that allowed for the sharing of best practice and learning from incidents. There were regular meetings that leads were expected to take part in, to share learning and developments in other Spire hospitals and to disseminate information back to their own hospital. Staff who took part in these meetings told us that they were positive and supportive.

Staff were encouraged to raise and discuss any issues and ideas with the management team, through a number of ways. We were told by the Hospital Director that she encouraged staff to do this as a way of driving improvement through the hospital.

Most staff members who completed a questionnaire said that they were able to make suggestions to improve the work of their team or department, and are often involved in deciding on changes introduced that affects their work area, team or department.

## Records management

We found patient records were being stored securely when not in use to prevent access by unauthorised persons.

We looked at a sample of patient records and found they were maintained to a high standard. The records were comprehensive, detailed, organised and clearly written, meaning that staff had good access to legible notes. The records were reflective of the high level of care being provided to patients.

## 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 saw that there was a strong, effective and visible management team in place. There was a clear strategy and vision for the hospital, driven by the Hospital Director and supported by the management team and staff.

We found there were clear clinical governance processes and procedures in place to support staff in delivering a high standard of care to patients.

Staff told us that they felt supported and had good access to training opportunities.

Improvements were required to the organisation of some staff training records.

### Governance and accountability framework

During our inspection we met with numerous members of the management team and staff, who were very accommodating, open and honest and engaged with the inspection process. The Hospital Director was in the process of finalising her registration with HIW to become the Registered Manager, which was confirmed shortly after the inspection.

We found that the Hospital Director demonstrated a drive and commitment to improving standards and was supported by a management team that displayed strong leadership and management skills. The objectives for the year, and progress against them, was clearly displayed in the Hospital Director's office demonstrating this. Where we made recommendations and suggestions to improve the service, the management team were committed to making changes. A number of the suggestions and improvements made during the course of the inspection were completed prior to finalising the report.

Clear lines of management and accountability were demonstrated by all levels of staff. Staff we spoke to told us they were aware of their responsibilities and were confident to question any decisions made by management should the need arise.

We saw that there were a number of relevant meetings to support the effective running of the hospital. There were clear processes in place to ensure that information was shared with staff and cascaded upwards and downwards. Such processes included a daily morning meeting where the Hospital Director and heads of departments shared information about the up-and-coming day. This focussed on patient safety issues and any urgent information that required disseminating. We saw that a written briefing was produced quickly and shared with all staff.

We were satisfied that there were robust internal and organisational audit and clinical governance arrangements in place to ensure compliance with regulations and best practice guidance. We saw records to show a number of processes that demonstrated the hospital, and wider organisation, were committed to providing a safe and effective service to patients and that there was regular oversight of the hospital. There was a clinical governance lead within the hospital who was clear about their role and responsibilities, and was able to clearly show the governance activities that take place, as well as action plans where improvements were needed.

There were positive links between leads within the hospital and with the wider organisation. We saw that there were regular meetings with other Spire hospital managers, clinical governance leads and infection control leads. The aim of these meetings was to be able to share best practice across the organisation.

### **Dealing with concerns and managing incidents**

We found that the hospital had robust systems in place for managing complaints and any incidents.

Information was available for patients, their families and visitors informing them about how to raise a concern or complaint. This information was displayed around the hospital, contained in the information booklet found in patient

bedrooms and on the website. The contact details for HIW and the Independent Healthcare Sector Complaints Adjudication Service<sup>4</sup> was also included.

We were told that where possible, issues were dealt with at a local level to allow for early and swift resolution. We saw, during the course of the inspection, that verbal complaints were also recorded formally, to allow the hospital to consider any patterns or themes of concerns raised. This also applied to formal complaints received via letter or email. There was also a process in place to inform the wider organisation of any concerns or complaints raised, to maintain oversight of the process.

We were told that all staff were encouraged to report incidents and near misses to help prevent issues from reoccurring. Staff were able to report concerns electronically, via Datix<sup>5</sup>, and these were then managed appropriately. The majority of staff confirmed in a questionnaire that they were encouraged to report incidents, near misses or errors, and that they would be treated fairly. However, a small number disagreed with this statement.

We found that the hospital had a number of ways that staff were able to report incidents, issues or concerns to the management team. There was a box in the staff restaurant that they were able to leave information in, which the Hospital Director had access to. The hospital also had a process that allowed staff to raise concerns in an anonymous and confidential way, called Freedom to Speak Up. The hospital had appointed a number of members of staff that were contact points, should they wish to discuss any issues. Staff reported that this was a positive initiative.

### **Workforce planning, training and organisational development**

We saw that the hospital maintained information relating to mandatory and additional training for all staff. We found that on the whole it was completed to a good standard, highlighting where training needed to be completed and/or refreshed.

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<sup>4</sup> <https://www.iscas.org.uk/>

<sup>5</sup> Electronic recording system for complaints handling

We found, however, that the system for recording resuscitation training for staff was difficult to navigate and confusing. The hospital was moving from bespoke records to an organisational system that recorded individual training. We saw that resuscitation training was being kept in a number of different ways, by a number of different people, meaning it was difficult to cross reference whose training was in date and who required refresher training. We were provided with assurances on the day of inspection that an improved process for recording training was being implemented shortly and that the service would conduct an audit of resuscitation training to confirm staff skills and experience.

We saw records that evidenced staff appraisals were being performed in a timely manner.

All but one of the staff members who completed a questionnaire told us that they had an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in such meetings that did take place, they told us that their manager always supported them to achieve these needs.

#### Improvement needed

The service must ensure that resuscitation training records are maintained to demonstrate staff have the skills and experience applicable to their roles and that training has been completed within relevant timescales.

#### Workforce recruitment and employment practices

We looked at a number of staff files and found that the hospital placed an emphasis on safe recruitment to help ensure only suitably qualified and experienced staff are recruited. We also noted that appropriate pre-employment checks were conducted, helping to safeguard patients and staff.

We found that there were clear processes in place to support the safe recruitment of Consultants prior to appointment. The hospital also carried out regular checks to ensure their appointment remained appropriate. Practising privileges were only granted following a robust process. The hospital obtained appraisals on a regular basis from a Consultants' NHS employer to help ensure that their appointments remained appropriate.

We found the compliment of nursing staff on each shift to be appropriate, meaning that they were able to provide a high level of care to patients. The hospital used a tool to support them in deciding on the number of staff needed, depending on the number of patient admissions, their treatments and their level

of need. We were told that staffing levels would be increased, or decreased, depending upon the need.

Some staff told us that there had been recent staffing issues due to increased patient admissions, however, admissions had reduced and staffing levels had returned to an appropriate level. We saw that the hospital were in the process of recruiting bank staff, to support them when increased staffing numbers were needed.

## 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, measurable, 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
No immediate concerns were identified on this inspection			

## Appendix B – Improvement plan

**Service:** Spire Cardiff Hospital

**Date of inspection:** 24 and 25 April 2019

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
<b>Quality of the patient experience</b>				
No improvements were identified during the inspection				
<b>Delivery of safe and effective care</b>				
The service must ensure that the doors leading into the theatre are appropriate so that they are able to be cleaned effectively.	13. Infection prevention and control (IPC) and decontamination	The doors leading into Theatre have been inspected by an external contractor and will be repaired	Heather Dob	30/06/2019
The service must ensure that the radiator in the theatre corridor is replaced or repaired to enable it to be cleaned effectively.		The radiator has been repaired and repainted	Heather Dob	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
The service must ensure that resuscitation training records are maintained to demonstrate staff have the skills and experience applicable to their roles and that training has been completed within relevant timescales.	25. Workforce planning, training and organisational development	All resuscitation records are now stored in one place electronically to enable easy access and provide assurance staff are appropriately trained for their respective roles	Joanne Morris	Completed

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): Heather Dob**

**Job role: Hospital Director**

**Date: 14/06/2019**