

# **Independent Healthcare Inspection Unannounced**

Cardiff Bay Hospital – Nuffield  
Health

Inspection date: 22 and 23  
February 2022

Publication date: 24 May 2022

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## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	17
4.	What next? .....	23
5.	How we inspect independent services .....	24
	Appendix A – Summary of concerns resolved during the inspection .....	25
	Appendix B – Immediate Improvement plan .....	26
	Appendix C – Improvement plan .....	28

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 Nuffield Health Cardiff Bay Hospital on 22 and 23 February 2022.

Our team, for the inspection comprised of two HIW inspectors and two clinical peer reviewers.

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

Cardiff Bay Hospital provided safe and effective care in an environment that was welcoming and well-maintained.

Patients expressed high levels of satisfaction with the care and treatment received and we observed kind and respectful interactions between staff and patients at all times.

We found evidence of overall good management and leadership at the hospital, which was supported by robust governance arrangements.

We identified a small number of improvements as identified below.

This is what we found the service did well:

- Patients expressed high levels of satisfaction with their experience
- Kind and respectful interactions between staff and patients were observed
- High levels of cleanliness and housekeeping
- Robust governance arrangements

This is what we recommend the service could improve:

- Aspects of storage and security of medication

We identified a regulatory breach during this inspection regarding the checking of emergency resuscitation equipment. Further details can be found in Appendix B. HIW received sufficient assurance at the time of publication of this report that action had been taken to prevent this happening again.

## 3. What we found

### **Background of the service**

Cardiff Bay Hospital is operated by Nuffield Health, which is a not for profit organisation.

The hospital provides a range of outpatient consultations, diagnostic tests, and surgical treatments (excluding those requiring an overnight stay).

Facilities include 15 private consultation rooms, day case theatres, endoscopy suite and a diagnostic imaging suite.

The hospital employs a team of nurses, healthcare workers, diagnostic imaging staff, theatre practitioners, administrative and support staff. Consultants are employed as independent medical practitioners through practicing privilege arrangements. The resident medical officer (RMO) is contracted through an external agency.

Cardiff Bay Hospital works closely with its sister service in the nearby Vale Hospital, also part of Nuffield Health.

## 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.*

Patients expressed high levels of satisfaction with their experience at Cardiff Bay Hospital and we observed caring and respectful interactions between staff and patients at all times.

The hospital environment was welcoming and well maintained. Patients appeared to be comfortable and cared for in a professional and dignified manner.

During the inspection we distributed HIW questionnaires to patients to obtain their views on the services provided. A total of ten were completed. Patients were asked in the questionnaire to rate their overall experience of the service. All ten rated the service as 'very good'. Patients told us:

*"Everybody was understanding and patient. I was treated as an individual."*

*"Friendly environment and quick service."*

*"It was all very good, no complaints whatsoever"*

### Health promotion, protection and improvement

There was a range of information leaflets available in the waiting areas for patients to read and take away. These leaflets were treatment specific and provided patients with an overview of their procedure.

There were a number of posters and reminders related to COVID-19 safety. This included reminders to wear masks, social distancing and good hand hygiene.

### Dignity and respect

We observed kind and respectful interactions between all staff and patients at all times. All ten patients who completed a HIW questionnaire told us that they had been treated with dignity and respect by the staff at the hospital. Without exception, patients also told us that they felt listened to by staff when attending their appointment,

The hospital environment was modern and provided patients with a dignified experience. The outpatient area included a number of private consultation rooms, with the doors closed during consultation to help maintain patient privacy.

The pre-operative theatre waiting area included four comfortable chairs. Whilst these were in close proximity to each other, all patients told us that they were able to speak to staff about their care and treatment without being overheard. The four-bedded recovery area benefitted from curtains to further support patient dignity when direct care was provided.

All staff who completed a questionnaire told us that they felt patients' privacy and dignity is always maintained.

### **Patient information and consent**

We saw that there was a range of information available to patients to help them better understand their condition, care and treatment.

There were arrangements in place to provide patients with information on how to minimise the risks associated with COVID-19 prior to their planned procedure. This included information on how to effectively isolate where required and how to obtain a COVID-19 test.

We found that there were appropriate mechanisms in place to gain and record patient consent prior to treatment. All but one patient told us that they completed a medical history form or had their medical history checked before undertaking any treatment.

All patients who completed a questionnaire told us that felt involved as much as they wanted to be in decisions about their treatment and that they were given enough information to help them understand their treatment. This included receiving enough information about the risks and benefits associated with their treatment.

For patients who were responsible for funding their treatment, all patients told us that the cost of treatment was made clear before they received the treatment.

All but one patient told us that they had been given information on how to care for themselves following their treatment.

### **Communicating effectively**

We observed staff talking to patients in a kind, professional and appropriate tone at all times during the inspection. This extended to clinical and non-clinical staff throughout the patient journey.

All patients who completed the questionnaire told us that their preferred language was English and that they were able to communicate with staff in their preferred language. This included receiving healthcare information in their preferred language

### **Care planning and provision**

We observed good team dynamics between by the clinical teams. Staff teams, including nurses and consultants appeared to work cohesively for the benefit of patients. We found patient involvement to be good, with patients being given time to ask questions about their proposed treatments.

It was positive to observe a consultant provide a patient with a detailed explanation of the procedure as part of the information and consent process. The patient was advised clearly of what the procedure involved, individualised expectations and general outcomes. It was notable that the consultant provided both national statistics and their own success and failure rate for the planned procedure. It was evident that this provided reassurance to the patient.

We noted that comprehensive assessments were being undertaken relevant to the proposed procedure and that these were being reviewed where required.

We found that there were appropriate discharge processes in place for patients who underwent surgical procedures. This included use of a standard checklist, follow-up phone calls at an appropriate interval and written information, such as information relating to pain relief or if there the patient has any concerns.

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

Patients are advised to attend appointments alone in an effort to minimise the transmission of COVID-19. However, we were told that exceptions could be made, for example if a patient required a chaperone or additional support in accessing the service.

Staff we spoke with were generally aware of the Deprivation of Liberty Safeguards (DoLS) and providing care to those who may lack capacity. All staff told us that they had received mental capacity / DoLS training and we confirmed this through reviewing mandatory training records. One staff member told us that a dementia study day had been postponed due to the pandemic and that they would find it useful if re-organised.

### **Citizen engagement and feedback**

Patients who completed a HIW questionnaire provided overwhelmingly positive feedback relating to their experience at this service.

We found that there were appropriate systems in place to obtain, review and respond to patient feedback and complaints. This included patient satisfaction surveys provided to patients following their treatment.

Feedback leaflets were also available throughout the hospital and this included details on the formal complaints process if required. Details of external organisations, including HIW, were listed in this literature in order to provide additional support and advice for patients.

We found that there had been a low number of complaints. We reviewed a sample of these and found that they had been acknowledged and responded to in an appropriate timeframe. There were suitable governance processes in place to review and monitor feedback and complaints at a senior level within the service.

## 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 staff were committed to providing patients with safe and effective care.

There was a high standard of cleanliness and housekeeping in the hospital and risks were managed in an appropriate manner.

We made one improvement in relation to the storage and security of medication.

## Managing risk and health and safety

We found that there were a range of risk assessments aimed at maintaining a safe environment for staff, visitors and patients. These risk assessments appeared to be comprehensive and had been recently reviewed to ensure their on-going effectiveness.

Monitoring and oversight of risk is monitored through a range of governance processes, including a hospital health and safety committee which is attended by senior members of the hospital management team and which meets regularly throughout the year.

We were told that there were known issues with aspects of the emergency lighting and fire system at the hospital. We were told that remedial work was underway imminently to rectify these.

We noted that regular checks had been completed and logged for the nurse call bell and cardiac arrest button in the clinical areas.

Fire extinguisher servicing had been completed within the last twelve months and alternating fire alarm button checks were undertaken. There was a designated fire warden at the hospital and all staff had completed mandatory training in fire safety.

We noted that regular water flushing to minimise the risk of legionella and water temperature checks were completed and logged. All cleaning and maintenance substances were stored in a locked storage room.

We found that all relevant staff had at the minimum completed immediate life support (ILS) training and all but one had completed paediatric basic life support (PBLIS) training.

The hospital had two resuscitation trolleys which were accessible in an emergency situation. However, we found that daily and weekly checks had not been logged on a consistent basis.

Due to the nature of this concern, we dealt with this matter through the HIW non-compliance process. We received sufficient assurance from the service that this had been rectified by the time of publishing this report. Details of the action taken can be seen in Appendix B.

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

All areas of the hospital were visibly clean and well-organised. We observed and spoke with housekeeping staff who were completing tasks diligently and who demonstrated much pride in their work.

Staff wore the correct personal protective equipment (PPE) at all times. We observed staff putting on and removing PPE appropriately when entering and leaving clinical areas. All but one staff member told us that there had been sufficient PPE during the pandemic. However we confirmed that there were sufficient stocks at the time of the inspection.

Clinical staff that we spoke with were knowledgeable of IPC matters and how it related to their roles. All but one staff member who completed a questionnaire told us that the service had implemented the necessary environmental and practical changes in response to COVID-19. Staff comments included:

*“Strong C19 protocols in place throughout the pandemic with changes made to protect staff and patients”*

*“Always felt safe with COVID the [role] ensured we had everything we needed and good lateral flow testing”*

*“Only fault is some [staff] not respecting any distance between patients when going through the COVID screening”*

All staff told us that overall infection prevention and control procedures are always followed.

Without exception, patients who completed a questionnaire rated the service as ‘very clean’ and indicated that ‘COVID-compliant’ procedures were ‘very evident’ during their time at the service.

We observed generally good adherence to hand hygiene protocols. Staff were observed using alcohol gel when moving between patients and we saw some staff wash hands when appropriate.

We observed that shared equipment and reusable medical devices were appropriately decontaminated in between their usage. Labels to indicate that an item had been cleaned were in use.

We found that there was a rolling programme of infection control audits. All of these had been completed and were overall highly scored. There were clear governance processes to monitor and provide oversight of IPC matters. This included a hospital-wide IPC committee, which was attended by designated clinical IPC lead staff.

## **Nutrition**

There is no overnight provision at this service, therefore, there is a reduced need to offer a full catering provision for patients. However, we found that surgical patients were offered appropriate refreshments following their procedure. We also noted that a facility is available to provide a more substantial offering if required. Water and hot drinks were accessible and available at all times.

## **Medicines management**

There was an appropriate medication management policy and procedure. Staff we spoke with were aware of how it applied to their role, including the procedures for the correct prescribing of medication, and how to access the policy when required.

We found medication storage to be generally good. However we observed some matters relating to access and security of medications. These included:

- Intravenous (IV) fluids were stored in an unlocked room that was used for storage of mugs and other equipment. The service must ensure that the mugs are removed from the same shelf as the IV fluids and that the door is locked when not in use
- Storage of medication in fridges and cupboards within the theatre department were not always locked when not in use. The service must ensure that medications are appropriately secured.

We found that medication storage and overall organisation in the outpatient department to be of a notably good standard.

We reviewed storage of controlled drugs and found that these were consistently checked twice daily and logged appropriately. We noted that fridge temperature checks were monitored automatically by an external company and there were arrangements in place should a fault develop out-of-hours.

#### Improvement needed

The service must ensure that medications are stored and secured appropriately at all times.

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

The service had an appropriate policy and procedure in place for following in the event of any safeguarding concerns relating to potentially vulnerable adults or children.

There was a designated safeguarding lead for the hospital and staff were aware of who to contact if they had any concerns. All staff confirmed that they had undertaken safeguarding training and we confirmed that this had been completed to an appropriate level by all staff.

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

The service had a range of medical devices, equipment and systems which appeared to meet the care and treatment needs of patients.

We found that there were suitable processes in place for regular maintenance and for the reporting of any issues. There were designated facilities management staff based at the hospital to support this.

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

We found that there were a number of robust policies, procedures and governance processes in place in order to support and monitor the delivery of services.

Clinical updates, incidents and learning are discussed in a range of specialised internal committees, which are attended by all clinical heads of departments. The minutes of these meetings appeared to be robust and any actions were monitored and updated appropriately.

Individual patient risk assessments were completed as part of the pre-assessment process for patients undergoing surgical procedures. This included

a robust process for confirming the isolation status and testing of patients for COVID-19 prior to their planned procedure.

We found there to be good communication between the medical, nursing and non-clinical teams. We observed professional interactions at all times.

Staff told us that they were aware of how to access the sepsis procedure. Staff were able to describe the actions they would take and appeared confident in knowing how to respond appropriately.

There was a clear procedure in place for the transfer of patients who may require increased clinical care at a local hospital. We noted that any transfers to an alternative hospital would be investigated and the procedure contained a provision to notify HIW of these incidents.

### **Participating in quality improvement activities**

The hospital had a range of mechanisms in place to gain patient feedback and there was evidence that feedback is shared to the relevant teams to ensure wider learning.

We also found that incidents are reviewed in a timely manner and that outcomes from incidents are shared from formal governance processes to teams within the hospital. It was positive to note that the governance committees also shared learning from other sites within the Nuffield group to minimise the risk of incidents being replicated elsewhere.

### **Records management**

Patient records were stored on an electronic system, which appeared to be secure with restricted access.

We reviewed a sample of records and found that they had overall been completed to a good standard.

There were clear audit processes in place to monitor the quality of record keeping. The latest audit demonstrated that there was some room for improvement, but a re-audit had already been scheduled to monitor improvements.

## 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 good management and leadership in the hospital. Staff teams appeared to work well together for the benefit of patients.

Robust governance arrangements were in place for the monitoring and auditing of systems, practice and processes within the hospital. We found that there was a good flow of information between staff and hospital management.

The hospital should reflect on feedback provided in this report to aid any further learning or actions.

### Governance and accountability framework

We found that the registered manager and interim hospital director demonstrated a strong commitment towards supporting staff and providing patients with safe and effective care in a welcoming environment. Management were receptive of our views and findings throughout the course of the inspection.

There were clear lines of management and accountability through management and staff teams. Staff we spoke with were clear in how they conducted their roles and were aware of their responsibilities towards patients and other colleagues.

There were a number of governance committee meetings to support the effective running of the hospital and communication between hospital teams. A daily morning huddle meeting between heads of departments enabled an effective burst of information relating to patient numbers, staffing matters and matters of concern every day.

### Dealing with concerns and managing incidents

We found robust governance processes in place to investigate and respond to concerns and incidents. This included appropriate policies and use of the DATIX system to record all incidents, accidents and near misses.

We reviewed a sample of incidents and found that learning had been disseminated to relevant staff and teams throughout the hospital. It was positive to note that learning from other sites within the Nuffield group was shared to minimise the risk of incidents being replicated elsewhere.

Eight staff who completed a questionnaire said they had seen an error, near miss or incident in the last month, but all staff agreed that their organisation encourages them to report these. However, a quarter of staff responded neutrally that the organisation treats staff involved in an error, near miss or incident fairly. All staff agreed that when errors, near misses or incidents are reported, their organisation takes action to ensure they do not happen again.

All but one staff agreed that they would know how to raise concerns about unsafe clinical practice and all but one told us that they would feel secure raising these concerns. Almost all staff added that there is always or usually a culture of openness and learning within the organisation.

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

Overall we found a professional and committed staff team within the hospital. This extended to both clinical and non-clinical teams. Staff were seen to demonstrate a commitment towards providing a positive patient experience and high quality care.

Staff we spoke with told us that they felt happy and supported in the workplace. Some staff added that whilst there had been a number of staffing changes within the hospital, they expressed that this change had been managed well and that a positive impact is being felt.

We found that there were a small number of vacancies at the time of the inspection, but we were told that active recruitment efforts were underway to fill these vacancies.

We were told that clinical agency staff are needed on occasions, but that the hospital has access to a regular pool of bank nurses who are familiar with the hospital environment.

We reviewed a sample of staff rotas and found that there was a sufficient number of staff to meet patient needs. Staff told us that theatre lists and outpatient appointments are scheduled in advance which helps to plan appropriate staffing arrangements.

## Workforce recruitment and employment practices

We reviewed a sample of staff files and found that all staff had undergone appropriate pre-employment checks. This included conducting interviews, obtaining references, and completion of disclosure and barring service (DBS) checks to help to ensure the suitability of staff.

There was a clear and appropriate governance process in place to review and grant practising privileges to independent medical practitioners who treat patients at the hospital.

### Training and Professional Development

All the staff who completed the HIW questionnaire told us that they had received training in health and safety, fire safety, infection control, safeguarding and deprivation of liberty safeguards / mental capacity. We found that mandatory training levels were high in all of these areas.

Additional mandatory clinical training areas achieving equally high levels of compliance included: consent to examination or treatment, Aseptic Non Touch Technique (ANTT)<sup>1</sup>, COVID-19 awareness and health record keeping.

We also noted there was a range of external clinical training opportunities that had been organised for the year ahead. We were told that these were based on training needs requests submitted by staff.

The majority of staff told us that they had received other training relevant to their area of work. Some comments on training that staff would find useful included:

*“Role specific E-Learning”*

*“Alcon training on machine”*

*“Training on what to do when the alarm goes off (emergency chords) & how to help”*

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<sup>1</sup>

Almost three quarters of staff told us that training and development needs were identified. Whereas a little over three quarters of staff told us that their manager supported them to receive training and development.

We found a high level of compliance with the annual staff performance and appraisal process. Almost all staff told us that they had completed an appraisal within the last twelve months.

All but one of staff told us that training always or usually helped them do their job more effectively and two indicated that it sometimes did.

All staff told us that training always or usually helped them stay up-to-date with professional requirements.

All but one of staff told us that training always or usually helped them deliver a better patient experience and one indicated that it sometimes did.

### **Immediate Manager**

Almost all staff who completed a questionnaire told us that their immediate manager encourages team working and that they could be counted on to help with a difficult task at work.

Almost all staff told us that their immediate manager always or usually gives clear feedback on their work. Whereas three quarters told us that their manager asks for their opinion before making decisions that affect their work.

A little over three quarters of staff told us that their immediate manager is always or usually supportive in a personal crisis.

We received the following comments from staff about their immediate managers, some included:

*"[Name] has been an amazing manager and I confidently can always count on their kindness, help, compassion and support in both the workplace and ... my personal life."*

*"I've always felt very supportive by the immediate manager and also the rest of the senior leadership team at the hospital. Regular feedback on performance is given and is always constructive with personal development encouraged at all times."*

*"My line manager has been amazing to me and very supportive since I began ... [Name] and the team have been so amazing with swapping shifts and generally supporting me through this awful time. Couldn't ask for a better manager"*

*“My manager definitely tries [their] hardest to balance the demands from upper management with the reality of the workload we face, but [they are] limited in how much [they] can do when the demands are from higher up in the organisation.”*

## **Senior Management**

Nearly all the staff who completed the online questionnaire told us that they knew who senior managers were in their organisation.

Almost all staff told us that communication between senior management and staff is effective. Whereas two thirds told us that senior managers always try to involve staff in important decisions.

Three quarters of staff told us that senior managers act on staff feedback and almost all staff told us that they are committed to patient care.

We received the following comments from staff about senior managers:

*“Senior managers have always been visible at site and have always found each member of the senior management team open and easy to engage with and have always been open to suggestions to improve and take on board my views and concerns...”*

*“Senior managers are remote from staff issues and briefly improve after an inspection but in general they are distant”*

## **Health and wellbeing at work**

Three quarters of staff agreed that their job is not detrimental to their health and almost all staff agreed that their immediate manager takes a positive interest in their health.

Three quarters of staff agreed that they are offered full support in the event of challenging situations. Almost all staff agreed that they are aware of the occupational health support available.

A little over three quarters of staff told us that their current working patient allows for a good work life balance. Some comments included:

*“... I feel the hospital allows me to maintain a good work-life balance, there is excellent support for staff around wellbeing via our Healthcare scheme and instant access to mental health support.”*

*“There are mental well-being champions who are great”*

*“I have had [physical] problems which have been exacerbated by my work but my line manager has been very supportive to put things in place to reduce this”*

*“Unfair shift pattern/rota amongst staff who share the same contract hours”*

## **Equality**

Almost all staff agreed that they have fair and equal access to workplace opportunities regardless of a protected characteristic<sup>2</sup>. Three staff indicated that they believed they had faced discrimination at work within the last 12 months, on the grounds of age or disability.

Whilst staff responses to the HIW questionnaire were largely positive, the service should reflect on the feedback provided by staff to determine whether any further actions are required.

### **Improvement needed**

The service should reflect on the feedback provided by staff to determine whether any further actions are required.

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<sup>2</sup> E.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

## 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 summarises 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
-	-	-	-

## Appendix B – Immediate Improvement plan

**Service:** Nuffield Cardiff Bay

**Area:** -

**Date of Inspection:** 22-23 February 2022

Description of non compliance / Action to be taken	Regulation	Service Action	Responsible officer	Timescale
<u>Resuscitation trolley checks</u> <ul style="list-style-type: none"><li>The service must ensure that daily and weekly checks of the emergency resuscitation trolley are completed at all times.</li></ul>	Regulation 15	Responsibility for daily and weekly checks of the emergency resuscitation trolley now sits with the Radiology Manager and Theatre Manager for their respective departments. Matron to carry out weekly audits using audit tool (attached) and results will be fed back into the quarterly Resus Committee Meeting.	Matron	28 <sup>th</sup> February 2022

**Service Representative:**

**Name (print):** **Melanie Webber Maybank**

**Role:** **Interim Hospital Director**

**Date:** **28<sup>th</sup> February 2022**

## Appendix C – Improvement plan

**Service:** Nuffield – Cardiff Bay Hospital

**Date of inspection:**

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>Delivery of safe and effective care</b>				
The service must ensure that medications are stored and secured appropriately at all times.	Independent Health Care (Wales) Regulations 2011 Regulation 15(5) (a)	Cups have been removed and fluids moved to alternative locked room.	Theatre Lead	Completed
<b>Quality of management and leadership</b>				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service should reflect on the feedback provided by staff to determine whether any further actions are required.	Regulation 19	Feedback will be monitored via our in-house PEAKON staff survey.	Senior Management Team	Ongoing

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): R Thomas**

**Job role: Registered Manager**

**Date: 7<sup>th</sup> April 2022**