

# Inspection Report

7 February 2024



## Kingsbridge Private Hospital North West

Type of service: Acute Hospital  
Address: Church Hill House, Ballykelly, BT49 9HS  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kingsbridge Healthcare Group	<b>Registered Manager:</b> Mr Anthony Mc Kenna
<b>Responsible Individual:</b> Mr Mark Regan	<b>Date registered:</b> 7 June 2022
<b>Person in charge at the time of inspection:</b> Mr Anthony Mc Kenna	<b>Number of registered places:</b> 38 inpatient beds 8 day-case beds
<b>Categories of care:</b> Acute Hospital Inpatients (AH) Acute Hospital, Day Surgery (DS) Prescribed technologies, Endoscopy PT(E) Prescribed technologies, Laser PT(L) Private Doctors (PD)	
<b>Brief description of the accommodation/how the service operates:</b> Kingsbridge Private Hospital North West (KBPHNW) provides a wide range of surgical, medical and outpatient services for both adults and children. The hospital is registered for 38 overnight beds and 8 day-case beds.  The hospital has four main operating theatres, two of which have laminar clean air system specifically designed for orthopaedic and ophthalmic surgery. The hospital also has a dedicated endoscopy suite; x ray department and magnetic resonance imaging (MRI) scanner; a central sterile services department (CSSD); and a range of consulting rooms. The in-patient and day surgery accommodation comprises of en suite rooms situated on the ground floor of the hospital.	

## 2.0 Inspection summary

An announced inspection took place on 7 February 2024, by two care inspectors and an estates Inspector.

The inspection sought to assess a variation of registration application made by Mr Anthony Mc Kenna, Registered Manager (RM) on behalf of Kingsbridge Private Hospital North West (KBPHNW) in respect of:

- Conversion of two, day case bayed areas to ten individual PODs and additional toilets (VA012431).

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; the Independent Health Care Regulations (Northern Ireland) 2005; the Regulation and Improvement Authority Independent Health Care (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

There was evidence of good practice in relation to the arrangements for infection prevention and control (IPC); and governance.

No areas for improvement were identified as a result of this inspection.

The variation application received RQIA approval on 20 February 2024.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to this inspection a range of information relevant to the service was reviewed. This included:

- the registration status of the establishment;
- written and verbal communication received since the previous inspection;
- previous inspection reports;
- the variation application and supporting plans.

Inspectors examined records in relation to the area inspected, and met with Mr Anthony Mc Kenna, registered manager (RM), and two members of the estates team.

#### **4.0 What people told us about the service**

Views of service users and staff were not sought during this inspection as the area inspected was not operational.

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

There was no Quality Improvement Plan (QIP) from the previous variation inspection to the service on 17 July 2023.

#### **5.2 Inspection findings**

##### **5.2.1 Has the Statement of Purpose been developed in keeping with Regulation 7, Schedule 1 of the Regulations?**

A review of the proposed Statement of Purpose evidenced it reflected the key areas and themes as specified in Regulation 7, Schedule 1 of the Independent Healthcare Regulations (Northern Ireland) 2005. Mr Mc Kenna is aware that the Statement of Purpose should be reviewed and updated as and when necessary.

##### **5.2.2 Has the Patient Guide been developed in keeping with Regulation 8 of the Regulations?**

A review of the Patient Guide evidenced that it reflected the key areas and themes as specified in Regulation 8 of the Independent Healthcare Regulations (Northern Ireland) 2005.

Mr Mc Kenna is aware that the Patient Guide should be reviewed and updated as and when necessary.

##### **5.2.3 Are there safe practices in place for the day surgery services?**

Arrangements for IPC were reviewed in relation to the new day case PODs. Six of the PODs will be used for patients undergoing cataract surgery, and four PODs will be used for patients undergoing endoscope procedure. There is a main conservatory area which may accommodate a waiting area.

The PODs were finished to a high standard and included a chair, table, nurse call system, emergency call system, walled oxygen and suction point. Clinical and household waste bins were visible and clearly labelled. Blinds are in place to provide privacy for the patient, and a heat regulator is in each room. The PODs will be numbered 1-10 and inspectors were advised number plates have been ordered. This has since been confirmed as actioned.

One heating regulator was indicating an error during this inspection, and was brought to the attention of the RM, who addressed the issue during the inspection.

Two PODs had small windows overlooking a car park. To address potential privacy concerns this was escalated to the RM during the inspection and has since been confirmed as addressed by the service's estates team.

A range of consumables and hand washing facilities were readily available to promote adherence to hand hygiene practices and a stocked personal protective equipment (PPE) station was located in the immediate area.

A cleaning schedule was in place and was noted not to have the PODs and extra toilets included. This was brought to the attention of the RM and addressed during the inspection.

While there was guidance on the soap dispensers describing the correct hand hygiene technique, this was small and difficult to read, extra poster signage was suggested to aid good practice.

The toilets had hand washing facilities and nurse call systems. The RM confirmed additional sanitary bins have been ordered for each toilet.

Fire exits were clearly highlighted, with a range of fire extinguishers available.

There is an emergency resuscitation trolley situated in the corridor adjacent to the PODs, and daily checklists were evidenced and viewed as completed.

The system for sharps and waste management was evidenced to be managed appropriately in line with best practice.

The PODs and toilet areas had undergone a certified deep clean on 5 – 7 February 2024.

An IPC audit was carried out on 7 February 2024 which confirmed the area met current standards, although a small number of actions were outlined in the IPC report. Evidence has since been submitted to RQIA following the inspection confirming all outstanding actions have been completed.

There was no change in the surgical pathway or staffing requirements as a result of this variation.

#### **5.2.4 Is the premises fit for the purpose of providing safe and effective care?**

A review of the Authorising Engineer (AE) validation reports for the critical engineering services confirmed compliance with the following Health Technical Memoranda Standards:

- HTM 02:01 Medical gas pipeline services
- HTM 03:01 Specialist ventilation for healthcare premises
- HTM 04:01 The control of legionella, hygiene, safe hot water & drinking water systems
- HTM 06:02 Electrical services supply and distribution.

Architectural consultant design compliance with HTM 05:02 Fire Safety in the Design of Healthcare Premises, and Health Building Note (HBN) 00 03, Clinical and Clinical Support Spaces letter was dated 6 Feb 2024.

The fire safety consultant letter report dated 31 Jan 2024 concluded that the fire safety strategy and fire evacuation policy was not negatively impacted by the building alteration works.

The mechanical and electrical consultant engineers confirmed the design and installation compliance for: Electrical services, fire alarm system, emergency lighting system, ventilation system, heating system, hot water, cold water and drinking water systems.

The 29 January 2024 Legionella risk assessment review action plan recommendations are being implemented in accordance with the report time-frame requirements.

The building control application ref. F/2023/2728 plans approval certificate was dated 15 December 2023. The works completion certificate was dated 6 February 2024.

A number of minor building defects were noted during the inspection. All issues were confirmed as rectified by the Kingsbridge estates team by 19 February 2024.

There were no areas for improvement (AFIs) required from an estates inspection perspective as a result of this inspection.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no AFIs being identified.

The variation application detailed within this report (Section 2.0) has been approved. The findings were discussed with Mr Anthony Mc Kenna, RM, as part of the inspection process and can be found in the main body of the report.



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