

Inspection Report

17 July 2023



Kingsbridge Private Hospital North West

Type of service: Acute hospital
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Kingsbridge Healthcare Group Responsible Individual: Mr Mark Regan	Registered Manager: Mr Anthony Mc Kenna Date registered: 7 June 2022
Person in charge at the time of inspection: Mr Anthony Mc Kenna	Number of registered places: 38 inpatient beds 8 day-case beds
Categories of care: Acute hospitals (with overnight beds)-AH Prescribed technologies, Endoscopy-PT(E) Prescribed technologies, Laser-PT(L) Acute hospitals, day surgery-AH(DS) Private Doctor-PD	
Brief description of the accommodation/how the service operates: 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 three main operating theatres, one of which has a laminar clean air system specifically designed for orthopaedic and ophthalmic surgery. The hospital also a dedicated endoscopy suite; and 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 17 July 2023, between 10.00am and 16.00 pm by two care and estates inspectors.

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

- The upgrade of the MRI suite to include an anaesthetic room, two changing cubicles and a new waiting area (VA011873); and
- New laminar air theatre, (theatre four), within the new day procedure unit (DPU) (VA012060).

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 staffing; infection prevention and control (IPC); child protection; the management of care pathways, and governance arrangements.

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

The variation applications VA011873 and VA012060 received RQIA approval on 3 August 2023.

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 two variation applications and supporting plans

Inspectors examined records in relation to each of the areas inspected and met with Mr Anthony Mc Kenna, registered manager, the group estates and compliance manager, and a member 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 areas inspected were 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 on 21 April 2023; and the QIP from the inspection prior to that on 7 March 2022 was not reviewed during this variation inspection and will be reviewed during a future inspection to the service.

5.2 Inspection outcome

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

A review of the patient guide evidenced that it reflected the key areas and themes 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 surgery services?

Infection Prevention and Control

Arrangements for IPC were reviewed in relation to the new theatre (theatre four) and DPU. Theatre four was found to be a spacious well equipped laminar air flow theatre which will primarily provide adult orthopaedic surgery. The ventilation provision is in keeping with the requirements specified for laminar air flow. Laminar flow refers to the room ventilation system in the operating theatre. It is designed to produce ultra clean ventilation in the operating theatre and reduce the risk of contamination to open wounds. However, it was noted that there was a cracked window pane in a door leading to theatre four. Management had been aware of this cracked window pane and had already made arrangements to source a replacement pane of glass. Following the inspection, RQIA received photographic evidence that the window pane had been replaced.

The day procedure theatre area was noted to be spacious and well equipped. The theatre manager confirmed that only procedures carried out under intravenous(IV) sedation and /or local anaesthetic would be performed in the DPU.

Both areas had a range of consumables and hand washing facilities to promote adherence to hand hygiene practices. Planned cleaning schedules were available and included daily and weekly tasks which will be carried out by staff once the theatre areas are functioning.

An IPC audit was carried out on 10 and 11 July 2023 by an external IPC consultant which confirmed that the area and layout of both the theatre and the DPU met current standards.

A number of non-compliances were outlined in the report. Evidence was submitted to RQIA following the inspection on 3 August 2023 confirming all non-compliances had been actioned. Microbiologically studies had been completed of theatre four and the DPU on 24 July 2023 which were signed off as passed by the external IPC consultant on 27 July 2023. Theatre four and DPU area had a certified deep clean on 16 July 2023.

Staffing

Review of the theatre staffing rota and discussion with the theatre manager confirmed that there will be sufficient skilled and competent staff to provide the additional surgical services. It was confirmed that staff will undertake a detailed induction and orientation programme to the new theatre and DPU.

There will be an identified member of nursing staff, with relevant experience, in charge during all procedures. There are established checklists, standard theatre and DPU operating procedures in place. Staff will complete a surgical safety checklist based on World Health Organisation (WHO) guidance and completion of the surgical checklist and compliance will be routinely audited through the hospital's auditing procedure.

An anaesthetist will be present for the provision of general anaesthetic or IV sedation. It was confirmed that patients will be observed during and after the procedure by appropriately trained staff in the post anaesthetic care unit. Patients will be discharged in accordance to discharge criteria by the nursing staff to the ward or in the case of a DPU patient, home. It was confirmed that if there were any concerns about the patient's condition, the consultant would be immediately informed for ongoing management. Patients will be provided with clear, post procedure advice, information on follow up and who to contact in the event of a post treatment emergency.

Arrangements in respect of recruitment and selection of staff were reviewed and evidenced as complying with legislation and best practice guidance to ensure suitably skilled and qualified staff are employed in the hospital.

Surgical pathway

The scheduling of patients for theatre four and DPU will be co-ordinated by Kingsbridge Healthcare Group booking system with the involvement of senior nursing staff from KPHNW. Scheduling will take into account individual patient requirements, staffing levels, the nature of the procedure and any associated risks.

The consent process is completed by the consultant carrying out the procedure as part of the admission process. The consented patient is then escorted to the theatre or DPU.

A Day Surgery Patient Care Pathway template was reviewed and found to provide a framework for the clear record of admission, medical history, IPC status, medication, observations on admission, pre-procedure checklist, surgical safety checklist (WHO), intra- procedure details, traceability details, post procedure observations and discharge record.

Separate surgical registers will be maintained for all procedures undertaken in theatre 4 and the DPU.

There were procedures for the collection, labelling, storage, preservation, transport and administration of specimens. Staff clearly described these procedures and the procedure for reporting results to the appropriate clinical staff and General Practitioners(GP). It was confirmed there is a contract in place with a pathology laboratory service. The pathology services will be subject to internal audit.

Equipment

New equipment has been added to the equipment inventory for the hospital and staff will undertake training in the use of any new equipment. All theatre equipment checked was clean and fit for purpose. Equipment check lists are in place to ensure equipment is cleaned after use and on a daily basis and that this is recorded. Equipment requiring deep clean is moved to the Theatre equipment decontamination area for cleaning and brought back clean.

The review of theatre 4 and DPU evidenced that the service will be operated in accordance with best practice and national standards to ensure care delivery is safe and effective.

5.2.4 Are there safe practices in place for the MRI services?

Infection Prevention and Control

As discussed in Section 2.0 of this report this inspection was carried out to review the arrangements in place for the upgrade of the MRI suite to include a new anaesthetic room, two changing cubicles and a new waiting area which is shared by the main radiology department.

The MRI suite was found to be of a high standard with controlled access into the area. Cleaning schedules were evidenced. Hand washing facilities were available to promote adherence to hand hygiene practices. It was noted that a personal protective equipment (PPE) station was not available. Gloves and aprons were available in cupboards and on benches. Inspectors discussed this the registered manager (RM) during the inspection and advised a PPE station should be installed in accordance with best IPC practice. This was actioned prior and in place before the inspection ended.

An IPC audit was carried out on 10 and 11 July 2023 by an external IPC consultant which confirmed that the area and layout met current standards.

A number of non-compliances were outlined in the report. Evidence was submitted to RQIA following the inspection on 3 August 2023 confirming all non-compliances had been actioned.

Staffing

It is proposed following the upgrade that KBPHNW will provide a paediatric MRI service which will include the provision of anaesthesia when required. A paediatric anaesthetist, paediatric nurse and Resident Medical Officer (RMO) will provide cover for those proposed lists. It was confirmed medical, nursing and radiography staff have undertaken mandatory training in safeguarding children, paediatric immediate life support skills, including the management of anaphylaxis and there will always be at least one person with advanced life support skills on duty when a paediatric MRI list is carried out.

Arrangements in respect of practising privileges for the consultant carrying out the proposed procedure were reviewed and evidenced as compliant with regulations.

Pathway

A clear pathway for the patient was in place. Once the pre-admission questionnaire is completed the consultant will review and signed it if happy to proceed with the MRI. This will be completed in tandem with a health check carried out via phone 24-48 hrs pre procedure when confirming appointment. An information leaflet is available for the parent and child. Care plans are available for pre and post phase of the procedure.

The patient appointment letter contains a series of MRI safety questions, which referred to pregnancy enquiries for female patients. It was advised to amend this and other pregnancy enquiry documents to reflect professional guidance on ensuring inclusivity when making such enquiries. Following the inspection, evidence was provided that the pregnancy enquiry documents had been amended to reflect an inclusivity approach.

Quality assurance systems and processes were in place to ensure that all matters relating to MRI service reflect legislation and best practice guidance. This included a range of audits such as reporting times. Audits were found to be robust with action plans in place where necessary. It was confirmed the findings of the audit and learning is shared with the MRI team through team meetings and email.

A MRI file was reviewed which contained:

- Local rules drawn up by the Radiation Protection Advisor (RPA) had been signed as read and understood by the MRI radiographers
- A detailed MRI operational policy and procedure
- A range of MRI standards operating procedures
- MRI safety policy
- Risk assessment- carried out by the MRI Lead Radiographer
- Protocol for radiographers reporting plain film orbit X-ray

All were found to be in order.

Equipment

New equipment has been added to the equipment inventory for the hospital and there was evidence that staff have undertaken training in the use of any new equipment.

There is an emergency trolley located in the MRI suite with adult and paediatric emergency medicines and equipment which is checked daily.

A locked drugs cupboard is available and the RM was advised to discuss with their accountable officer and pharmacist the requirement to register the storage of drugs to be held and maintained.

MRI safety arrangements evidenced that procedures are in place to ensure that appropriate MRI scans will take place safely.

5.2.5 Is the premises fit for the purpose of providing safe and effective care?

VA012060 Theatre 4, Day Procedure Unit and Recovery Ward

A range of estates documentation was examined by the RQIA estates inspector as part of the approval process for the variation registration.

Design consultant assurance documents submitted for theatre 4 indicated that the premises had been designed, constructed and commissioned in compliance with:

- Health Building Note (HBN) 52 Vol 2, Facilities for Surgical Procedures;
- HBN 04 01 Adult In-Patient Facilities; and
- HTM 05-02 Fire Code Fire Safety in Healthcare Premises.

The engineering services installed to support theatre 4 and day procedure theatre were designed and commissioned by chartered mechanical and electrical consultant engineers in compliance with the following standards:

- HTM 06:01 Electrical Services Supply & Distribution;
- HTM 02:01 Medical Gas Pipeline Systems Pt A;
- HTM 03:01 Specialised Ventilation for Healthcare Premises Pt A; and
- HTM 04:01 Control of legionella, hygiene, safe hot water and drinking water systems Pt A.

The Authorising Engineer (AE) commissioned to validate the building services compliance with the above listed standards had submitted confirmation that the accommodation & associated services were compliant on 14 July 2023.

Statutory planning, building control approvals

Building Control Department `passing of plans` and `completion of works` approvals were received, reference F/2022/3017; final approval dated 11 July 2023.

The development planning approval B/2007/0390/F was dated 2 Feb 2009.

Fire safety

The facility fire risk assessment document was reviewed by the applicant's fire safety consultant on 10 July 2023.

A number of minor building defects were noted during the inspection of the new accommodation, these defects were rectified, and suitable evidence submitted by e-mail to provide confirmation assurance.

The variation to registration application VA012060 is approved from an estate inspector's perspective.

VA011873 MRI scanner upgrade & associated works

A range of estates documentation was examined by the RQIA estates inspector as part of the approval process for the variation registration.

Design consultant assurance documents submitted for the MRI works indicated that the premises had been designed, constructed and commissioned in compliance with:

- Health Building Note (HBN) 06 Facilities for diagnostic imaging and interventional radiology;
- HBN 04 01 Adult In-Patient Facilities; and
- HTM 05-02 Fire code Fire Safety in Healthcare Premises.

The engineering services installed to support the MRI scanner upgrade and associated diagnostic services were designed and commissioned by chartered mechanical and electrical consultant engineers in compliance with the following standards:

- HTM 06:01 Electrical Services Supply & Distribution;
- HTM 02:01 Medical Gas Pipeline Systems Pt A;
- HTM 03:01 Specialised Ventilation for Healthcare Premises Pt A; and
- HTM 04;01 Control of legionella, hygiene, safe hot water and drinking water systems Pt A.

The Authorising Engineer (AE) commissioned to validate the building services compliance with the above listed standards had submitted a report confirming that the accommodation & associated services were compliant on 14 July 2023.

Statutory planning, building control approvals

Building Control Department 'passing of plans' and 'completion of works' approvals were received, reference F/2022/0835; Plans approval dated 30 May 2022, 'completion of works' approval certificate dated 6 July 2023.

Planning consent was contained within the site development planning approval B/2007/0390/F dated 2 Feb 2009.

Fire safety

Structural fire safety measures are evaluated during the building control assessment process, the facility fire risk assessment was reviewed on 14 July 2023 by the applicant's fire safety expert who found suitable and sufficient controls were implemented. The Fire Risk Assessment report evaluation was fire safety measures were acceptable.

Magnetic Resonance Imaging (MRI) Installation

The Radiation Protection Advisor (RPA) MRI Scanner survey report completed on 6 May 2022 listed "The MRI unit was fit for use and working normally".

The variation to registration application VA011873 is approved from an estate inspector's perspective.

5.3 Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the RM.

Discussion with and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified.

The variations detailed within this report (section 2.0) have been approved. These 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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