

Inspection Report

21 April 2023



Kingsbridge Private Hospital Northwest

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	Registered Manager: Mr. Anthony Mc Kenna
Responsible Individual: Mr. Mark Regan	Date registered: 7 June 2022
Person in charge at the time of inspection: Mr. Anthony McKenna	Number of registered places: 35 inpatient beds 13-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 thirty five overnight beds and thirteen day case beds. The hospital has three operating theatres, one of which has a laminar clean air system specifically designed for orthopaedic and ophthalmic surgery. The hospital also has a dedicated endoscopy suite; an 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 variation inspection took place on 21 April 2023, between 14.30 and 15.30pm by a care inspector. The purpose of the inspection was to assess a variation application made by Mr Anthony Mc Kenna, Registered Manager (RM) on behalf of KBPHNW on 23 February 2022 for a variation to registration in respect of repurposing of patient rooms.

This related to changing two double bedrooms to single occupancy rooms, decreasing day-case beds from thirteen to eight, and repurposing three of the day case beds for inpatients. This will result overall in the reduction of two registered places.

This inspection was underpinned by 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 Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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 the inspection a range of information relevant was reviewed including, registration status, application of variation and submitted floor plans.

4.0 What people told us about the service

Views of service users and staff were not sought during this inspection as this was a variation inspection.

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 31 May 2022; 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 findings

5.2.1

A tour of the hospital side rooms and day procedure area was conducted with the RM and care inspector. The facilities were found to be of a high standard. There were no structural or building adaptations required as this was simply re purposing of beds already within the establishment.

Two double bedded patient rooms, named room one and two, have been repurposed as single occupancy rooms. All side rooms have en-suite facilities, with the exception of room 17 which has its en-suite immediately outside the room.

All rooms facilitate infection prevention and control (IPC) measures, with wash hand basin, waste receptacles, and access to personal protective equipment such as gloves and aprons. It was noted that the ongoing programme of refurbishment of all side rooms is progressing well.

The day procedure area, can accommodate eight day-case beds. The RM advised that new beds have been ordered for this area. A number of patient chairs are available for those patients who do not require a bed, and all were noted to be in good order.

6.0 Outcome/Areas for Improvement

This inspection resulted in no areas for improvement being identified.

The variation detailed within this report has been approved for thirty-eight inpatient beds and eight-day patient beds. 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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