

Inspection Report

31 May 2022



Kingsbridge Private Hospital North West

Type of service: Acute Hospital

Address: Church Hill House

Ballykelly

BT49 9HS

Telephone number: 02877 763 090

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website [https://www.rqia.org.uk/The Independent Health Care Regulations \(Northern Ireland\) 2005 and Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](https://www.rqia.org.uk/The Independent Health Care Regulations (Northern Ireland) 2005 and Minimum Care Standards for Independent Healthcare Establishments (July 2014))

1.0 Service information

Organisation/Registered Provider: Kingsbridge Private Hospital North West	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 Mc Kenna	Number of registered places: 35 in patient 13 day surgery places
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 35 overnight beds and 13 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 en-suite rooms situated on the ground floor of the premises.	

2.0 Inspection summary

An announced inspection took place on 31 May 2022, between 10.00 am and 17:00 by care and estates Inspectors. The purpose of the inspection was to assess two variation applications, one for the upgrade of theatre two into a laminar flow theatre; and the second variation related to an upgrade of their existing MRI room and the creation of an anaesthetic room. The surgical pathway for patients was also reviewed following the submission of a statutory notification from the hospital to RQIA.

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).

A multidisciplinary inspection methodology was employed during this inspection.

An application had been made by Mr Mark Regan, Responsible Individual (RI), on behalf of Kingsbridge Private Hospital North West (KBPHNW) on 3 March 2022 for variation to registration in respect of an upgrade of the hospital's current theatre two into a laminar flow theatre, including a theatre preparation room. An application was also made to RQIA to upgrade their existing MRI facilities to include an anaesthetic room and a larger waiting area. The Registered Manager (RM) informed us that work in relation to the MRI room had not yet been completed and therefore would not be included in this variation to registration application. However, advice and guidance was provided to the RM in preparation for an inspection of this area when ready.

Prior to this inspection RQIA received a statutory notification from KBPHNW to advise of an incident where there had been failings in the patient checking procedures prior to surgery. The surgical pathway was reviewed as a result of this intelligence to seek assurances that staff were compliant with all aspects of the pathway when checking a patient for surgery.

The upgraded theatre and scrub room was observed to be a spacious modern facility finished to a very high standard throughout, with high and low level integrated storage units enabling effective storage of consumables and equipment. Hand washing facilities were available and cleaning schedules in place.

Some minor issues were noted in relation to the environment and infection prevention and control (IPC) which required to be addressed before the new theatre became operational.

It was brought to our attention that the laminar flow theatre became operational prior to the variation being approved by RQIA. A meeting was held with the RI to understand what had happened and to seek assurances that patient safety was maintained. Further information can be found in section 5.2.1.

Following confirmation of all outstanding issues the variation to registration of KPHNW for the upgrade of theatre two into laminar flow theatre and preparation room alteration was approved from a care and estates perspective. The variation for the MRI upgrade and anaesthetic room was not approved at this time and will be reviewed once work has been completed.

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 to the service was reviewed. This included the following records:

- notifiable events since the previous inspection;
- registration status of the establishment;
- written and verbal communication received since the previous inspection;
- and application received to vary registration of KBPHNW.

RQIA inspectors met with the following staff: Mr Anthony Mc Kenna, RM, the Chief Operating Officer, the Governance Manager, the Theatre Manager, and the Estates and Facilities Manager.

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?

The Quality Improvement Plan (QIP) from the previous inspection 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 Environment and IPC

Arrangements for IPC were reviewed in relation to the newly converted laminar flow theatre to ensure the risk of infection for patients, visitors and staff are minimised. 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.

The upgraded theatre was observed to be a spacious modern facility finished to a very high standard throughout. The facility comprises a main theatre, a scrub area, and a preparation room. High and low level integrated storage units were utilised in the scrub and preparation rooms enabling good organisation and storage of clean and sterile equipment. Surfaces throughout were finished in a modern stainless steel finish which allows for ease of cleaning.

Hand washing facilities and a range of consumables were available to promote adherence to effective hand hygiene practices. Clinical hand washing facilities, including the stainless steel scrub sink in the preparation room, were clean and conveniently located in each area. Non touch taps within the scrub room run for an extended time and when not in use for six hours they will automatically flush. This helps prevent build-up of bacteria within the hot and cold water systems.

Planned cleaning schedules were reviewed and included daily and weekly tasks which will be carried out by staff once the theatre is functioning.

The external IPC audit of the operating theatre had not been carried out prior to our inspection. This was highlighted during the inspection and subsequently carried out on 4 June 2022 with results submitted to RQIA on 6 June 2022 confirming all areas were compliant and meeting current standards and guidelines for IPC.

It was brought to our attention that the theatre became operational prior to the variation application being approved. The RI was invited to a serious concerns meeting on 13 June 2022 to discuss the events. It was confirmed there had been a misunderstanding in communication between the RM and RI which led to the theatre becoming operational prior to RQIA approval. Assurances were provided that at no stage were patients put at risk and surgeries were uneventful.

RQIA inspectors were satisfied that the newly converted laminar flow theatre was completed to a high standard with all the necessary IPC control measures in place.

5.2.2 Estates

The variation to registration alteration works was reviewed as specified in the design plan details.

Theatre two ventilation system was upgraded to laminar flow, and the internal surface finishes were modernised to comply with IPC standards.

A partition wall was constructed dividing the former Theatre Sterile Supply Unit (TSSU) into Prep Room one and Prep Room two, for theatres one and two respectively.

The building services verification documents were reviewed prior to, and some during the inspection. The KPHNW estates manager submitted installation, completion and commissioning validation certificates for the relevant building services installations.

The following building engineering services validation documents were reviewed:

- Building design consultant confirmation that the building design is compliant with Health Building Note (HBN) 26 – Operating Department facilities; facilities for surgical procedures;
- Building design consultant confirmation of building design compliance with HBN 00-03 clinical and clinical support services;
- Building design consultant confirmation that the building design is compliant with HTM 05 fire safety, fire risk assessment and emergency evacuation procedures;
- Building services design consultant confirmation of building engineering services compliance with : (1) Health Technical Memorandum (HTM) 02:01 Medical Gas Pipeline Systems Part A 2006 (2) HTM 03:01 Specialised Ventilation for Healthcare Premises Part A 2007 (3) HTM 04:01 Control of Legionella, hygiene, safe hot water, cold water and drinking water systems. Part A 2016 (5) HTM 06:01 Electrical Services Supply and Distribution including provision of UPS/IPS Systems;
- Building Control : Completion of works certificate F/2022/0636 “ Internal refurbishment of existing Theatre 2 and associated facilities” dated 31 May 2022;
- Authorizing Engineer validation report dated 30 May 2022 confirming engineering services compliance with: HTM 06:01. HTM 02:01, HTM 03:01, HTM 04:01; and
- Fire safety Risk Assessment review by fire safety consultant, dated 1 April 2022.

A number of minor defects were noted during the inspection including: wall, ceiling and floor surface finish imperfections; and a stainless steel work-top to be installed.

All remedial actions were confirmed by e-mail as completed on 1 and 2 June 2022 with digital images submitted as evidence. The digital images were reviewed by RQIA Estates inspector who was satisfied that actions taken to address the minor defects had been completed.

5.2.3 Surgical pathway

The surgical pathway was reviewed during the inspection in response to an incident notification received to RQIA. RQIA are concerned as there are multiple check points in the surgical pathway where any areas omissions should have been identified.

Inspectors observed the process and followed a patient with their consent, from the ward to the theatre. The purpose was to seek assurances that all aspects of the World Health Organisation (WHO) surgical safety checklist were being adhered to and it was confirmed there were no issues identified on the day.

The notification was discussed with the theatre manager and assurances have been provided of the immediate actions taken by the hospital and that an investigation is underway.

There have been no previous incidents of this nature noted within the hospital and in response to the event the following actions have been taken;

- All staff have completed competency assessments in relation to the surgical pathway;
- Spot checks are carried out by the theatre manager of the checking processes;
- The issue will be discussed at the next team meeting for shared learning;

- The investigation report and outcome will be discussed and shared at the next planned Medical Advisory Committee (MAC) meeting. The MAC has a responsibility to review all clinical Governance issues and adverse incidents within the hospital.

RQIA were satisfied with the actions taken by the hospital and have also requested to be updated on the outcome of the investigation and any identified learning.

5.2.4 MRI upgrade/anaesthetic room

Work to the MRI upgrade and new anaesthetic room was still ongoing, and the RM told us that some equipment outstanding could take up to sixteen weeks to be acquired. We advised the RM that this variation could not be progressed at this time. The opportunity was taken by the inspection team to have a walk-through of the area. When the upgrade is completed KBPHNW plan to provide anaesthesia to children who require it for MRI. A paediatric anaesthetist, paediatric nurse and Resident Medical Officer (RMO) will provide cover for those proposed lists.

A new waiting area has been created which is also shared by the main x-ray. Inside the MRI suite there are two changing cubicles. These open into the main prep room which will be used for anaesthetics and has been piped for oxygen and suction. Of note an emergency call system is already in place. A security camera was noted just inside the room and it was explained that it is required due to the area being designated a control zone. Advice was offered by the inspection team that there should be clear signage to alert patients and staff that a camera is operational in that area.

Some suggestions were provided in respect of ensuring that all required staff have up to date Immediate Life Support and Paediatric Immediate Life Support training, along with Safeguarding training, with particular reference to children. The resuscitation policy should be reviewed to include any emergencies that might occur in this area, and the emergency trolley should have equipment to support paediatric cases if required.

The checklist procedure for MRI should be amended to clearly identify when a paediatric case is present and the necessary identification checks documented. The RM was advised that the pregnancy enquiry checks should be reviewed to ensure they are in line with Ionising Radiation Medical Exposure (IRMER) recommendations.

An explanation of the referral and triage system was provided and further advice was provided to the RM to help prepare for any forthcoming RQIA inspection to approve the MRI upgrade.

The variation was not approved at this time.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. One variation was approved, and compliance of the surgical pathway was confirmed. These findings were discussed with Mr Anthony Mc Kenna, RM; and the Nurse Clinical Lead, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care