Announced Care Inspection Report
28 - 29 November 2017

North West Independent Hospital

Type of Service: Independent Hospital – Surgical Services
Address: Church Hill House, Ballykelly BT49 9HS
Tel No: 02877763090
Inspectors: Stephen O'Connor and Lynn Long
RQIA's Medical Physics Advisor: Dr Ian Gillan

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

The North West Independent Hospital is registered as an Independent Hospital (IH) with the following categories of care: Acute Hospital (AH), Prescribed Techniques Endoscopy PT(E), Prescribed Techniques Laser PT (L), and Acute Hospital Day Services AH(DS). Following the inspection a variation to registration application was submitted to RQIA to add the category of care of Private Doctor (PD) to the hospital's registration. RQIA are processing this application. Additional information in this regard can be found in section 6.7 of this report.

The hospital is registered for 35 overnight beds and 13 day case beds. The establishment provides a wide range of services and treatments, ranging from outpatient medical and surgical consultations, diagnostic tests and investigations, simple surgical day case procedures and paediatric services to major surgical interventions such a joint replacement surgery.

Laser equipment

- Manufacturer: LSO Medical
- Model: Endotherme 1470
- Serial Number: PH1470-0032
- Laser Class: 4

Laser protection advisor (LPA) – Mr Philip Loan

Laser protection supervisor (LPS) – Mr Zola Mzimba

Medical support services – Mr Zola Mzimba

Clinical authorised operators – Mr Zola Mzimba

Non –clinical authorised operators– Ms Laura Cave

Types of treatment provided – Endovenous closure using laser therapy

3.0 Service details

Organisation/Registered Provider: North West Independent Hospital Mr Philip Stewart	**Registered Manager:** Ms Finola Carmichael
Person in charge at the time of inspection: Ms Finola Carmichael	**Date manager registered:** 6 April 2011
Categories of care: Independent Hospital (IH) – Acute hospital (with overnight beds) AH Acute Hospital (Day Surgery) AH(DS) Prescribed Technologies, Endoscopy PT(E) Prescribed Technologies, Laser PT(L) Private Doctor PD – application received – registration pending	**Number of registered places:** 35 in patient 13 day case places

4.0 Inspection summary

An announced inspection took place on 28 November 2017 from 10.00 to 16.30 and on 29 November 2017 from 10.00 to 15.30.

Dr Ian Gillan, RQIA's Medical Physics Advisor, accompanied the inspectors on 28 November 2017 to review the laser safety arrangements for the laser service; the findings and report of Dr Gillan are appended to this report.

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).

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staff training and development; recruitment; the provision of surgical services; resuscitation arrangements and the management of medical emergencies; and the environment. Other examples included: the management of the patients' care pathway; communication; records management, practising privileges arrangements and engagement to enhance the patients' experience.

Three areas for improvement against the standards were identified. These related to ensuring confirmation is received that the LSO Medical Endotherme 1470 laser is serviced prior to use, ensuring the adult safeguarding champions complete formal training in keeping with best practice, and that the procedure for the management of accident/incidents is reviewed.

Patients who spoke with the inspectors were very satisfied with the services provided in The North West Independent Hospital.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Finola Carmichael, registered manager, and Ms Shirley Baird, clinical governance officer, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent follow up care inspection dated 21 March 2017

No further actions were required to be taken following the most recent follow up care inspection on 21 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspectors met with two patients; Ms Finola Carmichael, registered manager; Ms Baird, clinical governance officer; the theatre manager; two deputy theatre managers; the sterile services manager; an estates officer; a staff nurse; a deputy ward manager; and a hospitality staff member. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- surgical services
- laser safety
- safeguarding
- resuscitation and management of medical emergencies
- infection prevention and control and decontamination
- clinical record recording arrangements
- management of patients
- patient information and decision making
- practising privileges arrangements
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 March 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

A review of duty rotas, discussion with staff and completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospital and patients. There is a multi-professional team which includes consultant surgeons, consultant physicians, anaesthetists, nurses, radiographers, allied health professionals with specialist skills and experience to provide a range of hospital services including surgical services and specialist laboratory staff. A resident medical officer is available on site to provide medical cover between the hours of 17:00 and 08:00. It was also confirmed that consultant physicians are available if required.

Review of the duty rotas confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

Induction programme templates were in place relevant to specific roles within the hospital. A sample of five evidenced that induction programmes had been completed when new staff joined the establishment.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed they felt supported and involved in discussions about their personal development.

There were systems in place for recording and monitoring all aspects of staff ongoing professional development, including specialist qualifications and training.

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct.

Ms Carmichael confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover. Review of four personnel files confirmed that medical practitioners had appropriate professional indemnity insurance in place and received the required annual appraisals.

There was a process in place to review the registration details of all health and social care professionals.

Four personnel files of medical practitioners were reviewed and evidenced the following:

- confirmation of identity
- current registration with the General Medical Council (GMC)
- appropriate professional indemnity insurance
- appropriate qualifications, skills and experience

- ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser

It was confirmed that each medical practitioner has an appointed responsible officer.

Recruitment and selection

Ms Carmichael provided details of all staff recruited since the previous inspection. The inspectors randomly selected five staff personnel files to review. A review of the personnel files for these staff demonstrated that in the main all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. One staff file only included one written reference, when two written references should be retained. It was confirmed that this was a bank staff member who has only undertaken one shift in the establishment. Ms Carmichael provided assurances that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained in the future. It was confirmed that the North West Independent Hospital have a dedicated Human Resources officer who oversees the recruitment of new staff.

Ms Carmichael confirmed that the hospital are currently in the process of recruiting a number of new staff across various disciplines.

There was a recruitment policy and procedure available.

Surgical services

The hospital has a wide range of comprehensive policies and procedures in place to ensure that safe and effective care is provided to patients which are in accordance with good practice guidelines and national standards.

Within the hospital there is a defined staff structure for surgical services which clearly outlines areas of accountability and individual roles and responsibilities.

The scheduling of patients for surgical procedures is co-ordinated by the theatre manager, the surgeon and booking office staff. The theatre lists take into account the individual requirements of the patient, the type of procedure to be performed, availability of equipment, staffing levels required, associated risks and level of sedation used.

Review of the patient care records and discussion with staff and patients confirmed that the anaesthetist who administers the anaesthetic visits the patient prior to surgery to:

- assess their general medical fitness
- review their medication
- explain the type of anaesthetic to be used
- discuss options for post-operative pain relief

Discussion with staff and patients confirmed that the surgeon met with the patient prior to the operation to discuss the procedure and obtain informed consent.

There is an identified member of nursing staff, with theatre experience, in charge of the operating theatre at all times. A permanent record is retained of the name of nurse in charge of each theatre.

The anaesthetist is present throughout the operation and is available onsite until the patient has recovered from the immediate effects of the anaesthetic.

On discussion staff confirmed that the surgical checklist based on the World Health Organisation (WHO) model is used in the hospital. Completion of the surgical checklists is audited as part of the hospitals comprehensive clinical governance systems. Review of the audits confirmed that a high compliance rate is achieved.

The following areas of theatre practice were discussed with the theatre manager and two deputy theatre managers:

- intra-operative fluid management including intra-cavity fluid management
- procedure for massive blood loss
- the cleaning of theatres to include deep cleaning
- transfer of unwell patients to NHS hospitals, if required
- servicing and maintenance of theatre equipment
- completion of surgical registers
- participation in the national joint registry

Discussion with staff confirmed that patients are observed during surgery and in the recovery room on a one to one basis by staff trained in anaesthetics and resuscitation.

The hospital has discharge criteria in place from theatre recovery to the ward area for inpatients and day patients.

A review of the surgical register of operations which is maintained for all surgical procedures undertaken in the hospital found that it contained all of the information required by legislation.

Laser Safety

It was confirmed that the LSO Medical Endotherme 1470 laser machine is not retained onsite. When laser surgical procedures are scheduled the laser engineer is contacted and arrangements made for the laser machine and protective eyewear to be delivered.

A laser safety file is in place which contains all of the relevant information in relation to laser equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis.

Up to date local rules are in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during March 2017 and all recommendations made by the LPA have been addressed.

A list of clinical and non-clinical authorised operators is maintained and authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the laser protection supervisor (LPS).

The laser surgical procedures are delivered in the endoscopy room within the hospital's theatre suite.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when the laser surgical procedures are being carried out.

The door to the endoscopy room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a specific individualised key card that is directly linked to the fibre used for the surgical procedure. The individualised key card and fibre are single use. Arrangements are in place for the safe custody of the laser key cards and fibres when not in use.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

Protective eyewear was available as outlined in the local rules. It was confirmed that on at least one occasion the protective eyewear supplied with the laser was not in keeping with the specifications outlined in the local rules. On this occasion the laser was not used and this issue was reported to the laser engineer. Following this, robust arrangements were established to check the protective eyewear delivered prior to treatments being provided to ensure it is the same as outlined in the local rules.

The establishment has a laser surgical register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

A review of the laser surgical register during the inspection found it to be comprehensively completed.

Review of documentation confirmed that the most recent occasion the laser was serviced was on 20 November 2016, meaning that the laser was due to be serviced again by 20 November 2017. This was brought to the attention of Ms Carmichael who subsequently contacted the laser engineer and confirmed that the next service of the laser was scheduled for February 2018. Ms Carmichael was advised that the laser must not be used until such times that the hospital have documentation from the laser engineer to confirm the laser had been serviced. An area for improvement against the standards has been made in this regard.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the establishment have appointed two safeguarding leads; both of whom had completed Level 2 adult safeguarding training. The level of the adult safeguarding training provided for the safeguarding leads was not in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016). A discussion took place in regards to the different levels of adult safeguarding training and the roles and responsibilities of staff. An area of improvement against the standards has been made in this regard.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Resuscitation and management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment. The emergency trolley at ward level was reviewed and all medicines and equipment within the trolley was within date.

A review of training records and discussion with staff confirmed that staff have undertaken adult and paediatric basic life support training and updates. Some staff have also undertaken immediate life support training and updates. There is always at least one staff member with advanced life support training on duty at all times.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC). The establishment has a designated IPC lead nurse.

There was a range of information for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. Staff confirmed single use equipment is used where possible.

Staff have been provided with IPC training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

A range of IPC audits has been carried out including:

- environmental cleanliness
- hand hygiene
- post-operative surgical site infection
- Aseptic Non Touch Technique (ANTT)
- decontamination of reusable medical devices
- mattress

The results of these audits were displayed on a dedicated IPC noticeboard located in a corridor in the in-patient area. The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

Patients spoken with confirmed staff are diligent in carrying out hand washing when delivering care.

The hospital was found to be clean, tidy and well maintained.

A review of infection prevention and control arrangements indicated that very good infection control practices are embedded in the hospital.

There were a range of IPC policies and procedures in place which were located within an IPC manual.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

A review of documentation and discussion with an estates officer demonstrated that arrangements are in place for maintaining the environment to include the routine servicing and maintenance of equipment. The following servicing arrangements were discussed with the estates officer:

- portable appliance testing (PAT) of electrical equipment
- servicing contracts for outpatient medical equipment
- servicing of oil fired central heating burners
- servicing of the fire detection system and firefighting equipment
- fire risk assessment and routine checks, provision of fire safety awareness training and fire drills
- legionella risk assessment and control measures in place

Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. Comments provided included the following:

- "All the staff are very helpful and friendly. They all put my mind at ease."
- "The care was outstanding from the outset, staff are personable and very professional."
- "First class."
- "From moment I arrived I have been looked after so well. Environment super."
- "All the staff have been great they can't do enough. I feel very well looked after."

Forty six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Thirty two staff indicated they were very satisfied with this aspect of care; 12 indicated they were satisfied, one indicated they were very unsatisfied and one did not provide a response. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "I feel all the criteria above are fulfilled to the maximum."
- "Excellent, regular up to date training and policies."
- "Not enough staff in some medical departments, workforce planning needed."

As discussed, Ms Carmichael confirmed that the hospital are currently in the process of recruiting a number of new staff across various disciplines.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, management of medical emergencies, infection prevention control and decontamination procedures and the environment.

Areas for improvement

The LSO Medical Endotherme 1470 laser machine should not be used until confirmation has been received that the machine has been serviced.

Adult safeguarding champions should complete formal training in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016).

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Patients are provided with a comprehensive information pack prior to their admission which outlines any pre-operative requirements and the arrangements for their stay in the hospital. Copies of the patient guide are made available to all patients following admission.

Four patient records reviewed found that the care records contained comprehensive information relating to pre-operative, peri-operative and post-operative care which clearly outlined the patient pathway and included the following:

- patient personal information
- holistic assessments
- pre-operative care plans
- pre-operative checks
- signed consent forms
- surgical safety checklist
- operation notes
- anaesthetic notes
- medical notes
- intra-operative care plans
- recovery care plans
- post-operative care plans
- multidisciplinary notes
- daily statement of the patient's condition
- discharge plan

Patients who spoke with the inspectors confirmed that they had received written information regarding their treatment and had the opportunity to meet with their surgeon prior to going to theatre and discuss the nature of the surgery, the risks, complications and expected outcomes before signing the consent form. The consent forms reviewed by the inspectors were signed by the consultant surgeon and the patient.

The inspectors had the opportunity to meet with two patients to discuss their experience of the North West Independent Hospital. Both patients expressed that they were extremely happy with the care and attention they received. Both patients advised that they were fully informed and kept up to date in terms of their care and expressed that the food and service they received was "excellent".

Records

Systems were in place to audit the patient care records as outlined in the establishments quality assurance programme. A number of audits relating to patient care records were reviewed and an excellent compliance rate was noted.

Information was available for patients on how to access their health records, under the Data Protection Act 1998.

The establishment is registered with the Information Commissioner's Office (ICO).

Discussion with staff confirmed they had a good knowledge of effective records management. The establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with (GMC) guidance and Good Medical Practice and other professional bodies' guidance.

The management of records within the establishment was found to be in line with legislation and best practice.

Discharge planning

The hospital has a discharge policy and procedure in place.

There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.

A discharge summary and plan is completed prior to the patient leaving the hospital. A letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospital.

There are robust systems in place to ensure that agreed discharge arrangements are recorded and co-ordinated with all services that are involved in the patient's ongoing care and treatment.

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and they were very satisfied with this aspect of care. Comments provided included the following:

- "Same as above, I could not fault any member of staff."
- "The care is consistently good and all the nursing staff and consultant/anaesthetist excellent."
- "Perfect."
- "During pre-op discussions which were very detailed I was given the opportunity to ask any questions I had regarding my treatment and I did feel reassured."
- "My care could not have been better."

All 46 submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Thirty four staff indicated they were very satisfied with this aspect of care; 11 indicated they were satisfied and one did not provide a response. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "The outcome of a specific procedure can vary depending on the nature and complexity e.g. a specific surgery. I do feel the consultant explains to the patient during the consultation exactly what the outcome is likely to be."
- "Care plans monitored daily. Regular updates."

Areas of good practice

There were examples of good practice found in relation to completion of clinical records, the arrangements for records management and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and rights

Discussion with management and staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. In-patients and day patients are accommodated in single rooms with en-suite facilities. Outpatients are provided with modesty screens and curtains as appropriate.

It was confirmed through the above discussion and observation that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with the medical practitioner undertaking the treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Discussion with two patients, staff and review of four patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights. Patient care records were observed to be stored securely.

Staff were observed treating patients and/or their relatives/representatives with compassion, dignity and respect. Discussion with patients confirmed this.

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

Discussion with patients and relatives confirmed they have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the hospital.

Review of patient care records and discussion with patients and staff confirmed that treatment and care is planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

A policy and procedure was in place in relation to confidentiality.

Breaking bad news

The hospital has a policy and procedure for delivering bad news to patients and/or their representatives which is accordance with the Breaking Bad News regional guidelines.

The hospital retains a copy of the Breaking Bad News Regional Guidelines 2003 and this is accessible to staff.

The inspectors spoke with staff including a deputy ward manager and a nurse who confirmed that bad news is delivered to patients and/or their representatives by professionals who have experience in communication skills and act in accordance with the hospital's policy and procedure.

Where bad news is shared with others, staff confirmed that consent must be obtained from the patient and is documented in the patient's records.

Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

With the patient's consent, information will be shared with the patient's general practitioner and/or other healthcare professionals involved in their ongoing treatment and care.

Patient consultation

The establishment obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

In-patient, day patient, parents and children are offered the opportunity to complete a satisfaction questionnaire within the hospital. A child friendly questionnaire is available for children to complete using pictures.

The information received from the patient feedback questionnaires is collated monthly and shared with all heads of departments, the medical advisory group and discussed at staff meetings. These reports are analysed to identify trends and patterns and action plans generated, when necessary. Monthly patient satisfaction reports were observed to be on display on patient notice boards.

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and indicated they were very satisfied with this aspect of care. Comments provided included the following:

- "This was my first time having to use a bed pan. The nurses were very respectful about my privacy."
- "As a patient here I always felt that the staff were very easy to talk to and I was always given sound advice."
- "Perfect".
- "Again where applicable I have been very pleased with my treatment. Staff have again answered my nosey questions with patience."

All 46 submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Thirty seven staff indicated they were very satisfied with this aspect of care; eight indicated they were satisfied and one did not provide a response. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "Don't know of any comment boxes"
- "Very much so."
- "Consent gained prior to any procedure."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

There was a clear organisational structure within the hospital and staff were able to describe their roles and responsibilities and were aware of whom to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Ms Carmichael, registered manager, is the nominated individual with overall responsibility for the day to day management of the hospital. Mr Stewart, registered person, monitors the quality of services and undertakes a visit to the premises monthly. Reports of the unannounced monitoring visits were available for inspection.

Systems were in place to ensure that the quality of services provided by the hospital is evaluated on an annual basis and discussed with relevant stakeholders. The hospital has a robust clinical governance committee involving all areas of the hospital service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a two yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the hospital. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospital for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice. The hospital has subscribed to The Independent Sector Complaints Adjudication Service (ISCAS) which provides independent adjudication on complaints for subscribers.

Ms Carmichael and Ms Baird confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals, which include

- incidence of post-operative wound infection

- hand hygiene
- complaints
- patient outcomes
- infection prevention and control
- waste management

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. During discussion it was established that each department has its own accident/incident book and completed accident/incident forms are filed in various folders (RQIA notifiable events folder, weekly clinical summary file). It was advised that all accidents/incidents should be collated in one central place to facilitate audit. An area for improvement against the standards has been made in this regard.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The establishment has arrangements in place to monitor the competency and performance of all staff and if appropriate refer individuals to the relevant professional regulatory bodies in accordance with guidance.

Ms Carmichael outlined the process for granting practising privileges and confirmed medical practitioners meet with the hospital director and the application must be approved by the medical advisory committee prior to privileges being granted.

Four medical practitioner's personnel files were reviewed and it was confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

The North West Independent Hospital has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

During discussion with Ms Carmichael it was identified that four long standing medical practitioners providing services in the hospital no longer have substantive posts in the NHS and are therefore considered to be private doctors. The North West Independent Hospital were not registered with a private doctor category of care. Following the inspection a variation to registration application, appropriate fee and supporting documentation was submitted to RQIA to add the private doctor category of care to the establishment's registration. RQIA are processing this application.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms Carmichael, registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All eight patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. Comments provided included the following:

- "The staff are very knowledgeable, even issues of health and safety. They do not take chances and offer a fantastic quality of care."
- "The knowledge shown was exemplary, supportive and clearly well led."
- "From I have arrived all members of staff have been brilliant. Could not fault them in any way, hope they stay at this hospital for years to come. Thank you very much."
- "100%".
- "From a new staff member up to the senior professionals I have been made aware of how I must manage my daily routine/work in the future."
- "I would have no hesitation in recommending NWIH. "
- "The care and attention from the whole team has been amazing."

Forty five of the 46 submitted staff questionnaire responses indicated that they felt that the service is well led, one did not indicate a response. Thirty four staff indicated they were very satisfied with this aspect of the service and 12 indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "For patients yes."
- "Hospital manager and both deputy ward managers are approachable and deal with any issues satisfactorily."
- "I feel the managers and senior staff members are very approachable. Policies and procedures are easily available and regularly updated. Audits are carried out to provide evidence based care."
- "Friendly approachable managers, senior staff."

Areas of good practice

There were examples of good practice found in relation to the management of complaints; practising privileges arrangements; quality improvement and governance arrangements; and maintaining good working relationships.

Areas for improvement

The procedure for the management of accidents/incidents should be reviewed and all accidents/incidents should be collated and centrally filed.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Finola Carmichael, registered manager, and Ms Shirley Baird, clinical governance officer, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the independent hospital. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)	
Area for improvement 1 **Ref**: Standard 48.20 **Stated:** First time **To be completed by:** 28 November 2017	The registered person should ensure that the LSO Medical Endotherme 1470 laser is not used until such times as the laser engineer provides confirmation that the machine has been serviced. Records of servicing should be retained in the North West Independent Hospital and be available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: The LSO Medical Endotherme 1470 laser has not been used. We have now received confirmation that the machine has been serviced and a copy of the service is retained within the Laser file and available for inspection.
Area for improvement 2 **Ref**: Standard 3.9 **Stated:** First time **To be completed by:** 28 January 2018	The registered person should review the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016) to ensure that appointed safeguarding champions have undertaken the correct level of training. Training certificates should be retained and available for inspection. Ref: 6.4
	Response by registered person detailing the actions taken: As Registetered Manager, the NI Adult Safeguarding Partnership Training Strategy has been reviewed and we are currently trying to access training requirements for ASC. Once confirmed, details will be forwarded to RQIA
Area for improvement 3 **Ref**: Standard 17.4 **Stated:** First time **To be completed by:** 28 February 2018	The registered person should review the management of accidents/incidents to ensure that there is a consistent approach across all departments and to ensure that all accidents/incidents are collated in a central place to facilitate audit. Ref: 6.7
	Response by registered person detailing the actions taken: All Departments have an accident/incident book. When an accident/incident occurs, the original is signed off by Hospital Manager and forwarded to our insurance company. A copy is taken and centrally retained within Human Resources Department to ensure that all accidents/incidents are central to facilitate audit.

Please ensure this document is completed in full and returned via Web Portal

30th November 2017

Mr Stephen O'Connor
Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Mr O'Connor

Laser Protection Report

North West Independent Hospital, Church Hill House, Ballykelly BT49 9HS

Introduction
Further to the inspection of the above premises on 28th November 2017 this repo summarises the main laser protection aspects where improvement may be required. Th findings are based on the requirements of current legislation, relevant guidance notes an European Standards.

Comments

(1) Servicing:- The servicing record available in the laser safety file stated that the lase was due for testing and calibration earlier this month. NWIH should obtain confirmation that the laser has been serviced within the last year and forward a copy of this record to RQIA.

(2) Protective Eyewear:- NWIH agreed to contact the organisation who provide the laser and protective eyewear to confirm that only the eyewear detailed in the local rules will be supplied.

(3) Laser Safety File:- The laser safety file has been reorganised and now contains the required information. Only the most recent declarations confirming that the current local rules have been read should be retained, with the previous version archived.

Ian Gillan

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Dr Ian Gillan
Laser Protection Adviser to RQIA

Appendix 1

North West Independent Hospital, Church Hill House, Ballykelly BT49 9HS

Laser

Equipment description:	Endovenous Laser Therapy (EVLT)
Manufacturer:	LSO Medical
Class:	4
Model:	Endotherme 1470
Serial no:	PH1470-0032

Laser Protection Adviser

Mr Philip Loan, Medical Physics, BHSCT

The Regulation and Quality Improvement Authority

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