

# Announced Variation to Registration Inspection Report 22 May 2020



## Kingsbridge Private Hospital

**Type of Service: Independent Hospital – Acute Hospital**  
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Assurance, Challenge and Improvement in Health and Social Care

## Membership of the Inspection Team

Thomas Hughes                      Inspector, Hospitals Programme Team  
Regulation and Quality Improvement Authority

Raymond Sayers                      Inspector, Estates Team  
Regulation and Quality Improvement Authority

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of the Hospital

Kingsbridge Private Hospital provides a wide range of surgical services, a minor injuries service, outpatients and a private general practice (GP) service. Adult and paediatric services are provided. The hospital is registered to accommodate up to 22 in-patients and six day surgery patients.

The Hospital has two theatres, a dedicated endoscopy suite, a small x-ray department and a range of consulting rooms. The in-patient accommodation comprises of single en-suite rooms which are situated over two floors. The day surgery unit is located on the first floor of the premises.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> 3fivetwo Medical Ltd  <b>Responsible Individual:</b> Mr. Mark Regan	<b>Registered Manager:</b> Ms. Sarah Marks
<b>Person in charge at the time of inspection:</b> Ms. Sarah Marks	<b>Date manager registered:</b> 10 December 2013
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 22 inpatient beds  6 day surgery beds rising to 11 following inspection

### 4.0 Inspection summary

We undertook an announced variation to registration inspection to Kingsbridge Private Hospital (KPH) on Friday 22 May 2020.

An application for variation of the registration of KPH was submitted to RQIA on 20 December 2019, to vary the registration of Kingsbridge Private Hospital. The application signalled the hospitals' intention to relocate the six bedded day surgery unit and reduce the number of day surgery beds to five. This variation was revised on the 10 July 2020 to state that the five-day surgery beds will now be in addition to the six-day surgery beds giving a total of eleven day surgery beds.

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).

A multidisciplinary inspection was undertaken by a team of two inspectors in keeping with the current inspection framework and guidance on inspection activity during COVID-19. We sought to assess the application of variation to increase their total day surgery beds from six to eleven. Prior to the inspection of the new five bed day surgery area or 'Pod area', we were provided with a suite of information that included the layout, design, fixtures and fittings and all relevant information in relation to the maintenance of the premises including mechanical and electrical services. We received information that related to the function and purpose of the pod area,

planned staffing levels and available equipment and procedures to manage medical emergencies.

The newly constructed Pod area had been finished to a high standard and with modern fixtures and fittings throughout.

Prior to the commencement of the inspection, we requested water sampling of the two sinks in the Pod area. Legionella bacteria was detected from the water sample tests at levels outside of tolerances within the hospital water safety policy. We were informed of ongoing measures to control and eradicate this problem. Following a process of resampling, it was confirmed with RQIA on 28 July 2020 that legionella bacteria had been cleared from these sinks.

The variation application to increase the day case beds in KPH from six to eleven, received RQIA approval on 29 July 2020.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sarah Marks, Registered Manager, the Day Surgery Nurse Manager and the Estates & Facilities Manager as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 20 November 2019

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 20 November 2019.

#### 5.0 How we inspect

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

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

During our inspection, we met with the following staff: Ms Sarah Marks, Registered Manager, the Day Surgery Nurse Manager and the Estates and Facilities Manager.

We provided detailed feedback on our inspection findings as described in section 4.1.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the previous inspection dated 20 November 2019

The most recent previous inspection of the hospital was an unannounced multidisciplinary inspection. The completed QIP was returned and approved by the relevant inspectors. During this inspection, we did not review the most recent QIP with the registered manager. We specifically focused this inspection on the variation to the current registration. Following a risk assessment of the current threat of the Covid-19 virus we took the decision to limit inspectors time spent and footfall within the hospital to reduce any potential risks of transmission.

### 6.2 Inspection findings

#### Function

The new five bedded day surgery pod area has been designed to function for the admission and discharge of patients and for patients to change into a theatre gown prior to undergoing surgical procedures under local anaesthetic. Some patients who require local anaesthetic, largely ophthalmology patients, will have the local anaesthetic block to the eye administered in the new five-bedded day surgery area prior to going to theatre.

Following their day surgery procedure the patient will return to the pod area where nursing staff will complete relevant clinical checks and observations and provide education/information for the patient regarding their post-op recovery at home. The patient will get changed back into their clothes and the nurse will take them to the discharge lounge where they will have a light diet while they wait on their transfer home. The pods have been designed to afford patients greater privacy and dignity prior to and post day surgery (Photo 1 & 2).



Photo 1 and 2: External and internal areas of the day surgery pods.

#### Infection Prevention and Control



We reviewed the arrangements for infection prevention and control (IPC) and decontamination procedures in relation to the new five bedded pod area to ensure the risk of infection for patients, visitors and staff was minimised.

The day surgery pod area was bright, welcoming and well equipped. The area was in excellent decorative order, with modern fixtures and fittings throughout. An excellent standard of cleanliness was observed. The area was well organised and clutter free which ensures that effective cleaning practices could be undertaken.

Patient equipment was clean, in a good repair and staff were knowledgeable in managing the equipment to limit the risk of contamination. We observed hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively. Clinical hand wash sinks were clean, well maintained, located near to the point of care. All staff working in this new area had undertaken IPC training commensurate with their role. Cleaning schedules were in place for both domestic and nursing staff.

## **Staffing**

The staff levels put in place was satisfactory in meeting the needs of the patients who will be accommodated in the new pod area.

## **Emergency Resuscitation Equipment**

We observed that life support equipment was accessible to this clinical area, which included a defibrillator, a cardiac arrest trolley, and access to oxygen and suction equipment. Local guidelines were available to identify where responsibility lies for the maintenance and checking of this equipment.

## **Environment**

We found that the building modification works creating the five new day pods was completed to a good standard.

We reviewed building services verification documents prior to our pre-registration site inspection, and communicated with the KPH facilities manager to ascertain that suitable arrangements were in place for maintaining the environment in accordance with current legislation and best practice guidance. The following building engineering verification documents were reviewed:

- Building Control 'Passing of Plans` certificate dated 26 March 2020;
- HTM 05 : Fire Strategy and Evacuation document ;
- BS5839 fire detection & alarm system certificate of modification, dated 26 March 2020 ;
- BS7671 electrical works : minor electrical installation dated 1 April 2020;
- I Pin Call system : installation & commissioning certificate dated 25 March 2020;
- Authorising Engineer confirmation that the engineering works to the Medical Gas Pipeline Systems (MGPS) have been completed and commissioned in accordance with HTM 02-01, date 20 April 2020;
- Authorising Engineer confirmation that the engineering works to the Specialist Ventilation for Healthcare Premises have been completed and commissioned in accordance with HTM 03-01, date 20 April 2020 ;

- Authorising Engineer confirmation that the engineering works to the Electrical Services Supply & Distribution have been completed and commissioned in accordance with HTM 06-01, date 20 April 2020;
- Authorising Engineer confirmation that the engineering works to the water distribution and supply system have been completed and commissioned in accordance with HTM 04-01, (Control of Legionella, hygiene, safe hot water, cold water and drinking water systems.) date 20 April 2020.

### **Water Safety HTM 04-01**

Water samples had been taken from the water outlets at the wash basin/sinks in the corridor circulation area adjacent the pods prior to the inspection date, and subjected to bacteriological analysis. Water sample analysis results were not available for review during the inspection. We received confirmation of the presence of legionella bacteria in two water outlets in the pod area following our inspection

The Authorising Engineer Water Safety drafted the following remedial works action plan in accordance with HTM 04-01.

1. Erect `do not use` signs at both sinks. Pods are not to be used until Point of Use (POU) filters are installed at the water outlets.
2. Mechanical service engineers commissioned to investigate the source of the bacteria proliferation indicated there was a potential issue with the hot water return pipework.
3. Point of use (POU) filters were installed on the two sinks water outlets on 28 May 2020.
4. A mechanical services technician reviewed the operation of the auto flush system on new taps installed on the system, ensuring they were operating correctly.
5. The water distribution system was chlorinated on 1 June 2020 (Chlorination certificate was received by e-mail on 4 June 2020).
6. On 2 June, mechanical engineers checked the hot water return pipework and determined where regulating sets were to be installed.
7. Additional water samples are to be taken from the pod area washbasin water outlets and subjected to bacteriological analysis.
8. Water flow rates are to be determined for consideration of installing a chemical dosing system to improve water safety & quality.

Re-sampling of the system on 25 June 2020 detected legionella bacteria present in Pod 2 wash hand basin (WHB) and Pod 3 WHB. Further re-sampling on 6 July 2020 detected legionella bacteria no longer present in Pod 2 WHB, and the Pod 3 WHB levels significantly reduced, indicating that the remedial measures were taking effect towards eradication of the problem. Water samples collected from Pod 3 WHB on 17 July 2020 were analysed, and a Test report issued on 28 July 2020 indicated that legionella bacteria was not present, therefore an area for improvement is no longer required to address this issue.

### **Building Control completion certificate**

The Building Control completion certificate was not available for review during the inspection. The KPH facilities manager stated that this was due to Covid -19 IPC precautions and that this will be submitted once, the local authority Building Control Inspectors resume normal building inspection activities.



The Building Control completion certificate was submitted to RQIA on 24 July 2020, an area for improvement is longer required to address this issue.

### **6.3 Conclusion**

The variation to registration to increase the day surgery beds from six to eleven has been approved from a care and premises perspective following this inspection and the submission of additional information.

### **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not included or required.



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