

# Announced Premises Inspection Report 09 June 2016



## Kingsbridge Private Hospital

**Type of Service: Independent Hospital (IH)**  
**Address: 811-815 Lisburn Road, Belfast, BT9 7GX**  
**Tel No: 028 9066 7878**  
**Inspector: Kieran Monaghan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Kingsbridge Private Hospital took place on 09 June 2016 from 10:00 to 14:15hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered persons. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Sarah Joy Marks, Registered Manager, Mr. Paul Whitcombe, Estates and Facilities Manager for Kingsbridge Private Hospital and Mr. Stewart Wilson, Supply Chain Manager for Kingsbridge Private Hospital, 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> 3fivetwo Medical Ltd	<b>Registered manager:</b> Mrs. Sarah Joy Marks
<b>Person in charge of the establishment/agency at the time of inspection:</b> Mrs. Sarah Joy Marks, Registered Manager	<b>Date manager registered:</b> 10 December 2013
<b>Categories of care:</b> AH, PD, PT(E), AH(DS), PT(L)	<b>Number of registered places:</b> 22

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The previous premises inspection report
- The statutory notifications over the past 12 months
- The duty call log.

During this premises inspection discussions took place with the following people:

- Mrs. Sarah Joy Marks, Registered Manager
- Mr. Paul Whitcombe, Estates and Facilities Manager for Kingsbridge Private Hospital
- Mr. Stewart Wilson, Supply Chain Manager for Kingsbridge Private Hospital.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report
- The support documentation in relation to the specialist engineering services in the premises.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspected dated 17 February 2016

The most recent inspection of this independent health care establishment was an announced follow-up care inspection IN024171 on 17 February 2016. The completed QIP for this inspection was returned to RQIA on 06 April 2016 and approved by the care inspector on 06 April 2016. This QIP will be validated by the care inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection on 17 February 2016

The last premises inspection to this independent health care establishment was an announced premises inspection in relation to the temporary theatre facilities. This follow up premises inspection was carried out as a joint inspection with the care inspector. No requirements or recommendations were made during this inspection.

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of safe care.

### Comments

1. It was noted that work was ongoing during this premises inspection in relation to making good a ceiling panel in the switch room. Subsequent to this premises inspection, RQIA received confirmation from Mr. Whitcombe that this work including the repositioning of the fire detector had been completed.

## Comments Continued

2. It was noted that the drawing for the fire detection and alarm system did not include the link to the temporary theatre facilities. Subsequent to this premises inspection RQIA received confirmation from Mr. Whitcombe that the floorplan in the fire safety folder had been updated.
3. There is a water safety plan and a water safety group in place for the hospital. A risk assessment for the prevention or control of legionella bacteria in the water systems was carried out on 04 August 2014 and a specialist company carry out the monthly legionella bacteria monitoring activities such as water temperature checking. Water samples were tested in November 2015 with satisfactory results, the showers were disinfected on 03 June 2016 and all outlets are flushed daily. The documentation to support the action taken in relation to the issues identified for attention in the report for the legionella risk assessment was not presented for review during this premises inspection. Subsequent to this premises inspection, details of these issues and confirmation of completion was provided to RQIA.
4. There was a 25 litre liquid nitrogen Dewar located in the medical gas plant room. A risk assessment in relation to the delivery, storage, and filling of liquid nitrogen should be drawn up. Subsequent to this premises inspection RQIA received a copy of the hospital's risk assessment in relation to this issue.
5. There is a policy and a permit to work procedure in place in relation to the medical gas pipeline systems. The liquid oxygen tank was inspected on 09 May 2016 under the pressure safety legislation. The most recent service for the medical gas pipeline systems was completed on 19 February 2016 and arrangements had been made for the Authorising Engineer (MGPS) to carry out an independent audit in relation to the management of the medical gas pipeline systems in July 2016.
6. The gas safety inspections for the heating boilers were completed on 14 January 2016. The annual gas safety inspection reports for the gas equipment in the kitchen were not presented for review during this premises inspection. Subsequent to this premises inspection RQIA received confirmation from Mr. Whitcombe that the gas safety inspections to the gas equipment in the kitchen were carried out on 14 June 2016.
7. There is a policy in place in relation to the electrical installations in the hospital. Arrangements had been made to carry out the next routine inspection and test to the fixed wiring installation and for the Authorising Engineer (Low Voltage) to carry out an independent audit in July 2016. The UPS (uninterrupted power supply) equipment was serviced on 22 March 2016 and the electrical equipment was inspected and tested on 17 September 2015.
8. The lifts were serviced in January 2016 and the most recent thorough examinations were completed on 22 March 2016 with no issues being identified for attention.
9. The door to the kitchen was not closing tight against the door stops. The latch on one door to the cleaner's store at recovery also required attention. Subsequent to this premises inspection Mr. Whitcombe confirmed to RQIA that the kitchen door had been adjusted. The latch on the door to the cleaner's store at recovery should also be adjusted.

A number of issues were identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

### **Areas for improvement**

1. Improvements had been made in relation to the management of supplies and equipment. Mrs. Marks advised that this is an issue that is receiving ongoing attention. It was agreed that the items of clean storage in the goods out store should be relocated to a clean store.
2. The door to the Medical Officer's room was wedged open. It is recommended that a hold open device linked to the fire detection and alarm system should be fitted to this door. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. There is a policy and a permit to work procedure in place in relation to the specialist ventilation installations in the hospital. The most recent annual verifications of the ventilation installations were carried out on 09 October 2015 and the most recent quarterly inspections were carried out on 09 April 2016. The most recent maintenance visit by the specialist engineers who carry out the maintenance work to the ventilation installations was carried out on 08 September 2015 and Mr. Whitcombe confirmed that there were no outstanding issues in relation to the ventilation installations. Arrangements had also been made for the Authorising Engineer (Ventilation) to carry out an independent audit in relation to the management of the ventilation installations in July 2016. The specialist ventilation in the temporary theatre facilities should be included in this audit. In addition the hospital should have sight of the support documentation for the ongoing maintenance, quarterly inspections and verifications for the specialist ventilation installations in the temporary theatre facilities. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
4. A new generator was installed recently as part of the temporary theatre enabling works. This new generator facility provides a more robust mains electricity supply backup for the complete hospital. An issue was however recently identified during the routine checks on the generator in relation to the activation of the emergency stop facility. If this is inadvertently activated the automatic change over to the generator would not take place in the event of a mains electricity supply failure. Subsequent to this premises inspection RQIA received confirmation from Mr. Whitcombe that daily checks to the generator had commenced from the date of this premises inspection and that the installation of a remote alarm for the emergency stop facility was being followed up. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.
5. The casing for the generator that was previously used for the hospital required some attention due to rusting. This should be attended to as the opportunity presents so that it is kept in good order for reuse in the future.
6. There was evidence of water ingress at one location on the ceiling in the medical gas store room. This should be investigated and remedial works should be carried out as required. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.

## Areas for improvement Continued

7. There is a fire policy in place for the hospital. The fire risk assessment was reviewed and updated on 08 January 2016 and again on 23 February 2016 to take account of the temporary theatre facilities. The first aid fire-fighting equipment was serviced on 05 May 2016 and the evacuation chair was serviced on 03 March 2016. The fire detection and alarm system was inspected and serviced on 16 February 2016 and again on 19 May 2016. The emergency lights were inspected and tested on 22 December 2015 and a fire drill was carried out on 17 September 2015. Mrs. Marks also confirmed that the evacuation needs for each patient are assessed so that they are appropriately accommodated within the hospital. It was agreed that the time to move patients to a place of safety should be added to the proforma record for the fire drills, the path at the bottom of the fire escape beside consultation room 5 should be tidied up and the exit route via consultation room 5 should be reviewed with the fire risk assessor (key operated fastening on corridor side of door).
8. Some cracking was noted in the floor tiles at the top of the stairs at the entrance to the O'Malley Ward. Mr. Whitcombe confirmed that it was planned to complete the necessary remedial works to this area in July 2016. Minor repainting and refixing the PVC skirting in the visit's toilet should also be completed as part of these works.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	4
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### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. This supports the delivery of effective care.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. This supports the delivery of compassionate care.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered manager has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

It is good to report that Mrs. Marks confirmed that the hospital have achieved ISO (International Standards Organisation) 9001 Quality management, ISO 14001 Environmental management and ISO 27001 Information security management System accreditations. This is to be commended.

This supports a well led service.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Sarah Joy Marks, Registered Manager, Mr. Paul Whitcombe, Estates and Facilities Manager for Kingsbridge Private Hospital and Mr. Stewart Wilson, Supply Chain Manager for Kingsbridge Private Hospital, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered persons to ensure that all requirements and recommendations contained 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 in respect of Kingsbridge Private Hospital. 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.

#### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons meet legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Independent Health Care Regulations (Northern Ireland) 2005.



## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Care Standards for Independent Healthcare Establishments July 2014. They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should confirm that these actions have been completed and return the completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) and assessed by the inspector.

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 registered persons from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered persons with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>The door to the Medical Officer's room should not be wedged open. It is recommended that a hold open device linked to the fire detection and alarm system should be fitted to this door.</p> <p><b>Response by registered provider detailing the actions taken:</b> The door is to be fitted with a firestop guard before the 15<sup>th</sup> Sep 16</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016 and Ongoing</p>	<p>It is recommended that the specialist ventilation in the temporary theatre facilities should be included in the independent audit of the specialist ventilation installations that is to be completed in July 2016 by the Authorising Engineer (Ventilation). In addition the hospital should have sight of the support documentation for the ongoing maintenance, quarterly inspections and verifications for the specialist ventilation installations in the temporary theatre facilities.</p> <p><b>Response by registered provider detailing the actions taken:</b> The AEs audit was completed in July as planned. The ventilation was validated in August. The AE will receive validation information from Vanguard for inclusion.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2016</p>	<p>It is recommended that a remote alarm should be installed for the emergency stop facility on the standby electricity generator so that appropriate personnel are notified when this facility has been activated.</p> <p><b>Response by registered provider detailing the actions taken:</b> Generator checked daily for alarms. A two way relay has been fitted to the generator to connect the alarm to the autodialler in the switch room.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2016</p>	<p>It is recommended that the evidence of water ingress at one location on the ceiling in the medical gas store room should be investigated and remedial works should be carried out as required.</p> <p><b>Response by registered provider detailing the actions taken:</b> The investigation has shown the water is coming from the garden above - exacerbated by a blocked ground level gutter which has been cleared. We are now monitoring and will effect a repair once we are sure we have found/fixes the source of the problem.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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