Unannounced Follow-up Care Inspection Report
8 May 2018

Kingsbridge Private Hospital

Type of Service: Independent Hospital – Surgical Services
Address: 811-815 Lisburn Road, Belfast BT9 7GX
Tel No: 02890 667878
Inspectors: Norma Munn and Winifred Maguire

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

This is a registered independent hospital providing surgical, endoscopy, laser, outpatients and radiology services. There are 16 registered overnight beds and six day procedure beds.

3.0 Service details

Organisation/Registered Provider: 3fivetwo Medical Ltd **Responsible Individual(s):** Mr Mark Regan	**Registered Manager:** Mrs Sarah Marks
Person in charge at the time of inspection: Ms Catherine Hunter (Ward Manager)	**Date manager registered:** 10 December 2013
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	**Number of registered places:** 16 inpatient beds 6 day-case beds

4.0 Inspection summary

An unannounced inspection took place on 8 May 2018 from 16.15 to 18.15.

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 (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The focus of the unannounced inspection was to review the arrangements in respect of medical cover, the delivery of care and the arrangements for discharging patients, following information being received by RQIA from an anonymous source.

It is not the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

No areas requiring improvement were identified during this inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the ward manager during the inspection as part of the inspection process and can be found in the main body of the report. Findings of the inspection were also discussed with Mrs Sarah Marks, registered manager, via telephone following the inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 12 and 13 September 2017

No further actions were required to be taken following the most recent inspection on 12 and 13 September 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

During the inspection the inspectors met with the ward manager, deputy ward manager, two staff nurses, two patients and one relative.

The following records were examined during the inspection:

- resident medical cover (RMO) duty rotas
- policies and procedures in relation to the management of medical cover
- two patient care records
- policies and procedures in relation to discharge planning

The findings of the inspection were provided to the ward manager at the conclusion of the inspection and also to Mrs Marks, registered manager, following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 and 13 September 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 12 and 13 September 2017

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

6.3 Inspection findings

Resident medical cover arrangements

Discussion with staff confirmed that a RMO is available on site to provide medical cover at all times to meet the assessed needs of the patients accommodated in the hospital.

A policy in relation to the medical cover arrangements within the hospital was in place and staff were aware of how and when to contact the RMO if required.

Discussion with two patients who had recently had surgery confirmed that the RMO had visited them during their stay in hospital. One of the patients confirmed that the RMO had been "attentive and reassuring" during his care and treatment.

A review of duty rotas for March 2018, April 2018 and the first week in May 2018 evidenced that 24 hour medical cover had been provided. It was identified that on three occasions medical cover had been provided by identified General Practitioners (GP) who are also employed at Kingsbridge Private Hospital and are available on site from 08.00 hours to 20.00 hours Monday to Saturday. The ward manager and Mrs Marks confirmed that this was due to staff sickness and assurances were given that the identified GP's were appropriately qualified, skilled and experienced to meet the assessed needs of the patients accommodated.

Mrs Marks and staff confirmed that all staff providing medical cover have access to advice and support from medical consultants with practising privileges.

Care pathway

Staff and patients confirmed that a comprehensive information pack is provided to patients prior to their admission which outlines any pre-operative requirements and the arrangements for their stay in the hospital.

Two 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

Both patients 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 inspector were signed by the consultant surgeon and the patient.

During their stay in the hospital the patients confirmed that they had been treated with dignity and respect and their needs had been met in a timely manner. Both patients were highly satisfied with the quality of treatment, information and care received. Comments received from patients regarding their stay in the hospital included:

- "They have been fabulous. No complaints."
- "Very attentive."

Discharge planning

Staff confirmed that systems are 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. Patients are given written information on the discharge arrangements, the supply of medication, the future management of care, liaison with community services and how to obtain advice and support if needed. A discharge summary and plan is completed prior to the patient leaving the hospital and a letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospital.

Discharge policies and procedures were in place that included well developed discharge planning arrangements that required full engagement with patients and/or their representatives.

Both patients confirmed that they had been involved in their discharge planning and were fully aware of when they were being discharged and where they were being discharged to.

Staff discussed an "enhanced recovery programme" that commenced in January 2018 to facilitate patients following discharge prior to travelling home, in particular for those patients travelling long distances. Staff confirmed that once the patient has been assessed by the consultant and physiotherapist and is deemed medically fit for discharge, the person can be transferred to a hotel facility accompanied by a relative or friend for a short stay if desired. Mrs Marks and the ward manager confirmed that personal, nursing and medical care is not provided in the hotel facility; however, a physiotherapy service is provided and a warden is available on site for advice and support. Following the inspection Mrs Marks confirmed that no complaints had been received regarding the "enhanced recovery programme" and several persons had given positive feedback regarding their stay.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The Regulation and Quality Improvement Authority

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