

Inspection Report

15 May 2023



Kingsbridge Private Hospital

Type of service: Independent Hospital
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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Kingsbridge Healthcare Group Limited</p> <p>Responsible Individual: Mr Mark Regan</p>	<p>Registered Manager: Ms Kelly Macartney</p> <p>Date registered: 13 September 2022</p>
<p>Person in charge at the time of inspection: Kelly Macartney</p>	<p>Number of registered places: 24 Inpatient beds 5 Day case beds</p>
<p>Categories of care: Independent Hospital (IH) Acute Hospital Inpatient (AH) Acute Hospital Day surgery (AH(DS)) Private Doctors (PD) Prescribed Technologies (PT) Endoscopy PT(E) Laser PT(L)</p>	
<p>Kingsbridge Private Hospital Belfast (KPHB) provides a wide range of surgical, medical and outpatient services for both adults and children. The hospital is registered to accommodate up to 24 patients as in-patients and five-day surgery beds.</p> <p>The hospital has three theatres, one of which is a fully functioning laminar flow theatre, along with recovery units; a dedicated endoscopy suite; an x-ray department and a range of consulting rooms. The in-patient and day surgery accommodation comprises single en-suite rooms which are situated over two floors.</p> <p>The hospital is also the first independent sector provider in Northern Ireland, to register a critical care service providing intensive care unit accommodation for post-cardiac and other surgeries that may require high dependency or post anaesthetic care.</p>	

2.0 Inspection summary

An announced inspection took place in KPHB, on 15 May 2023 by a team of three care inspectors and two estates inspectors. The purpose of the inspection was to assess the application of variation to registration for a building extension over three floors.

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).

An application had been made by Ms Kelly Macartney, Registered Manager (RM), on behalf of KPHB, on 31 October 2022 for variation to registration in respect of the three storey building extension adjacent to KPHB.

The building extension would provide one additional theatre, giving a total of four theatres; twelve inpatient beds across two new wards (Ward 4+5), thereby increasing inpatient beds from 24 (inclusive of two intensive care unit beds) to a total of 36; seven additional day case beds giving a total of twelve; a discharge lounge and ward kitchen; one new café; and three additional consultation rooms.

A multidisciplinary inspection methodology was employed during this inspection to assess compliance with the legislation and minimum standards and review the readiness of the establishment associated with the variation to the registration application.

Inspectors were provided with a suite of documentation relating to the function and purpose of the areas described in the variation, these included the layout, design, fixtures and fittings and all relevant information in relation to the maintenance of the premises including mechanical and electrical services. Planned staffing levels, available medical equipment and procedures to manage medical emergencies were also reviewed.

This inspection focused on a number of key areas: environment and infection prevention and control (IPC); staff recruitment; and management of the new theatre.

Each area was assessed by inspectors to determine if KPHB have satisfactory systems and processes in place to deliver care safely for patients.

There was evidence of good practice with regards to: environment and infection prevention and control (IPC) practices in relation to the layout and cleanliness of the extension; staff recruitment; and management of the new theatre.

No immediate concerns were identified regarding the delivery of front line patient care.

Some minor issues were noted in relation to environment and IPC which required addressed before the new extension became operational. Following confirmation of all outstanding issues the variation to registration of KPHB new extension was approved from a care and estates perspective on 25 May 2023.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

- the registration status of the establishment;
- written and verbal communication received since the previous inspection;
- the previous inspection reports;
- QIPs returned following the previous inspections; and
- variation application.

Inspectors examined records in relation to each of the areas inspected and met with the registered manager RM and theatre manager.

4.0 What people told us about the service

As this service variation was not operational there were no service users to talk with. Patients views will be actively sought as part of future inspections.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Kingsbridge Private Hospital was undertaken on 6 March 2023 by a team of inspectors; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Environment and Environmental/patient call safety systems and Infection Prevention Control (IPC).

Environment and environmental/patient call safety systems

The newly built extension is accessed through a corridor from the existing KPHB complex, and incorporates; the reception area/ café and three consultant rooms on the ground floor; the facilities across two floors to include Ward 4 (seven ensuite rooms) and Ward 5 (five ensuite rooms) and 7-day case bed areas; theatre four; discharge lounge in the day case area and the main kitchen on the top floor.

Overall the extension was observed to be a spacious, modern facility, finished to a very high standard throughout all the areas. The main entrance/reception area was bright and spacious with suitable seating areas and reception desk. Security cameras were noted in two areas, and the RM was advised to ensure signage is displayed informing patients and staff that CCTV was in operation. This has since been addressed.

The small café, which will offer light refreshments and snacks for patients and staff required a fire blanket and some fixtures fitted to comply with safety regulations. Confirmation that these matters have been addressed was received on 21 May 2023 via email.

The 1st and 2nd Floor ward areas were accessed by a lift and this was spacious, clean and had an emergency call facility.

Both ward areas were spacious and uncluttered, with all bedrooms ensuite. Adequate storage was available for patient belongings. Locked storage drawers for patient medication was available. A nurse call system and emergency call system was evidenced. Not all ensuite facilities had emergency call systems fully operational and required pull cords to be in place. This matter was addressed with the RM who informed us on 21 May 2023 that this work was completed.

The nurse's stations were equipped with information technology (IT) equipment and the medicines cupboards were situated here. Fire, gas, ventilation and patient call panels were situated at the nurses' stations. A range of aide memoires were on display to guide staff in processes for adult safeguarding, child protection, massive blood loss, hyponatraemia and hyperkalaemia management. New beds, patient monitors, and a range of consumables were evidenced during the inspection.

We observed that life support equipment was accessible to these clinical areas, which included a defibrillator, a cardiac arrest trolley, and access to oxygen and suction equipment. Local guidelines were available to identify roles and responsibilities for the maintenance and checking of this equipment. The hospital carried out an exercise to provide assurance that the response time to a cardiac arrest from any location in the hospital complex was within expected time frames. The RM advised the new extension did not compromise response times.

The new seven bedded day surgery 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 designated preparation room. A discharge lounge is available for patients to wait in once clinically fit for discharge.

There is a spacious kitchen area where food will be prepared and delivered to the patient area by a waiter service. There will be a requirement for this to have Environmental Health validation and inspection once the extension is functioning.

Infection Prevention Control (IPC)

The arrangements for IPC procedures throughout the hospital were reviewed to evidence that the risk of infection transmission to patients, visitors and staff was minimised. It was confirmed that a range of IPC policies and procedures were in place that were in keeping with best practice guidance and include outbreak management, notifiable diseases, transmission precautions, prevention, control and surveillance and cleaning, disinfection and sterilisation.

Hand sanitiser was available at all key points of care. Hand washing facilities and a range of consumables were available to enable hand hygiene practices to be carried out effectively. Posters reinforcing the correct hand hygiene technique and use of personal protective equipment (PPE) were displayed appropriately at clinical hand wash sinks.

A sample of cleaning schedules was provided which confirmed designated roles and frequency of cleaning listed. A suitable linen cupboard was centrally located.

A number of small issues were identified including, lack of signage displayed to highlight colour coding of cleaning materials and equipment, such as cloths, mops, buckets. There were no linen disposal billies in place for the disposal and carriage of used linen as they were awaiting delivery. There was no identified control of substances hazardous to health (COSHH) cupboard. However, these issues have since been addressed and assurances provided they are now in place.

A number of the ensuite rooms still required foot pedals for the waste disposal bins. This has now been addressed and assurance was provided to RQIA that these are now in place.

The areas in the extension had been subject to an IPC audit by an external IPC consultant and the recommendations from this audit had been addressed. A deep clean certificate dated 14 May 2023 for the extension was in place.

5.2.2 Staffing

Evidence was sought to understand how staffing was being addressed with the increase in capacity. A programme of over-recruitment had been ongoing with the majority of those staff having completed their induction and competency assessments. This has resulted in a twenty percent increase of staffing across all areas

There is a defined staffing structure in place with clear lines of accountability and appropriate staff skill mix across all areas and shift patterns.

Examples of staff rotas for all areas in the extension were reviewed. An orientation programme is in place for all staff and SMT have provided assurance that no staff member will be allocated shifts in the new extension area until their orientation is signed as having been completed.

Review of documents provided evidence that staff are recruited and employed in accordance with relevant employment legislation and best practice guidance; relevant information had been sought and retained.

5.2.3 Theatre

The variation to registration application included the provision of an additional theatre suite increasing the number of theatres in KPHB to four. A full review of the additional theatre suite and detailed discussions with the theatre manager were undertaken.

The additional theatre facilities included a non-laminar air flow theatre (theatre 4), scrub area, set up area and a large theatre store. It was confirmed theatre 4 will largely be used for ophthalmology surgery Monday to Friday and other types of surgery that do not require a laminar airflow theatre.

The theatre was found to be well equipped and completed to a high standard. It was noted that a nail brush dispenser had not yet been erected in the scrub up area. Management provided assurances this was on order and would be in place within a few days. A control panel was in place within the theatre which included temperature control, humidity controls and operating lights controls. The Compucare platform was also incorporated into the control panel allowing real time information on the patient journey. Training on the use of the control panel will form part of staff induction to the new theatre suite. The following were noted to be in place and included in the setup checklist: an intravenous trolley with invasive line labels, an airway trolley and a massive blood loss trolley. It was confirmed the resuscitation trolley and point of care blood analyser equipment (Istat machine) are available in the adjacent post anaesthetic care unit (PACU).

The theatre had been subject to an IPC audit by an external IPC consultant on 14 May 2023 and the recommendations from this audit had been addressed. The external IPC consultant reviewed the results of microbiological studies undertaken in the theatre area and confirmed they were within required parameters. A deep clean certificate dated 14 May 2023 for the theatre suite was in place.

It was confirmed that when scheduling theatre lists, the individual requirements of the patient; type of procedure performed; availability of equipment; staffing levels required; associated risks; and level of sedation used were all taken into account.

There was evidence that as with the other theatres in KPHB there will be an identified member of nursing staff, with theatre experience, in charge of the operating theatre at all times and a permanent record will be maintained, detailing the name of the nurse in charge of each theatre session.

Sterile instrument packs and also decontamination services will be provided by the accredited sterile services department in KPH North West. Robust measures were in place to monitor the traceability of all surgical instruments used in the hospital.

It was noted that clinical equipment in use and in storage was clean and fit for purpose and traceability labels were used to identify when pieces of equipment had been cleaned. The theatre manager welcomed the new large theatre store which will ensure theatre equipment is no longer stored in the theatre suite corridor areas.

It was confirmed that staff will use a surgical checklist based on the World Health Organisation (WHO) checklist and completion of the surgical checklist and compliance will continue to be routinely audited and monitored as part of the hospital's clinical governance system.

Medicines will be stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. Systems were in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. There was evidence that medicine refrigerators contents and temperatures were checked. The emergency trolleys were accessible and their contents checked at regular intervals to ensure that equipment was in working order and perishable items were in date.

Patients will be observed during surgery. Selected day surgery patients will be transferred to the new discharge lounge to be monitored post procedure and then discharged as per the discharge protocol. Patients receiving anaesthetics will be transferred to the PACU, and the hospital has discharge criteria in place to confirm when patients are well enough to leave PACU and to transfer to the ward area.

A review of surgery arrangements evidenced that the new theatre will operate effectively under their statement of purpose and categories of care.

5.2.4 Estates

A review of documentation confirmed that the building works had been completed in accordance with the drawings submitted and to a high standard.

Documentation and Certification relating to the design, construction and maintenance of the building and engineering services, including relevant risk assessments, was inspected throughout the variation process:

- Building Control Completion Certificate, dated 10 May 2023
- Planning Approvals, dated 28 April 2023
- Fire Risk Assessment
- Legionella Risk Assessment, water safety plan and records of control measures
- Commissioning report for the premises fixed wiring electrical installation
- Design, validation and commissioning forms for the premises:
- Fire alarm & detection system
- Emergency lighting installation
- Portable firefighting equipment
- Nurse call system
- Thermostatic mixing valves (safe hot water)
- Passenger lift
- Design, commissioning and validation forms for the premises:
- Critical specialist ventilation systems
- Medical gas pipeline services

- Emergency backup provision

A current legionella risk assessment was in place at the time of the inspection. The required control measures have been implemented, with suitable temperature monitoring of the premises' hot and cold water systems being maintained as recommended.

Water samples taken from outlets throughout the premises prior to the inspection confirmed that legionella bacteria was not detected at any outlet.

A fire risk assessment had been undertaken by a suitably accredited fire risk assessor on 11 May 2023. The overall risk within the premises has been assessed as 'tolerable', which is acceptable.

Fire safety records inspected, confirmed that all systems were maintained in accordance with current best practice guidance. Regular fire drills and training continue to be undertaken for all staff within the premises.

The premises critical ventilation systems and medical gas pipeline services have been installed and commissioned in accordance with current best practice guidance. The appointed Authorised Engineer for these services has validated the services in accordance with the relevant Health Technical Memorandum.

The extension of the premises' space heating and hot water services are fully maintained and serviced in accordance with current best practice guidance.

A small number of building defects were identified during the building inspection. These included:

- Commissioning of the bedpan washer disinfectant
- Upgrading duct door on first floor to 60FDSC (fire resistant door)
- Fitting of missing pull cords in bedroom en-suites

These were addressed following the inspection and confirmed as being completed in correspondence received by the estates inspector on 23 May 2023.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Kelly Macartney, RM, as part of the inspection process and can be found in the main body of the report.



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