

Unannounced Inspection Report 20 November 2019



**Hospital: Kingsbridge Private Hospital
811 - 815 Lisburn Road
Belfast
BT9 7GJ
Tel No: 028 9066 7878**

Inspectors: Thomas Hughes and Jean Gilmour

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Kingsbridge Private Hospital delivers a wide range of adult and paediatric services, including surgical procedures, a minor injuries service, outpatients and a private general practice (GP) service. The hospital is registered to accommodate up to 22 in-patients and six day surgery patients. In patient bed numbers were increased from 16 to 22 following a variation inspection undertaken by Regulation and Quality Improvement Authority (RQIA) on 28 and 29 October 2019.

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 three floors. The day surgery unit is located on the first floor of the premises.

3.0 Service details

Organisation/Registered Provider: 3fivetwo Medical Limited Responsible Individual(s): Mr Mark Regan	Registered Manager: Ms Sarah Marks
Person in charge at the time of inspection: Ms Sarah Marks	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: 22 inpatient beds 6 day surgery beds

4.0 Inspection summary

We undertook an unannounced inspection to Kingsbridge Private Hospital on the 20 November 2019.

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 inspection was undertaken following information received by RQIA in relation to the theatre department of the hospital. The information alleged that there was:

- poor infection prevention and control (IPC) practices by medical and nursing staff;
- poor organisation of the scrub up area leading to the potential for contamination of sterile theatre wear;
- no robust system in place for the traceability of sterile surgical instruments ; and
- damaged items of clinical equipment in use.

The following areas were examined during the inspection:

- observation of staff IPC practices in the theatre department and scrub up area during surgical procedures;
- systems for the traceability of surgical instruments; and
- in use and stored clinical equipment.

4.1 Inspection outcome

Total number of areas for improvement	1
--	---

We did not substantiate the majority of the allegations in relation to poor IPC practices by medical and nursing staff on the day of inspection.

One area for improvement was identified against the regulations. This area for improvement related to the implementation of robust monitoring mechanisms in the theatre department to provide assurance of the cleanliness and fitness for purpose of clinical equipment. Other areas identified during the inspection related to:

- poor organisation of the scrub up area leading to the risk of contamination; and
- damaged equipment in storage available for use.

We identified areas of good practice in relation to:

- compliance with IPC practices by medical and nursing staff in the theatre department on the day of the inspection;
- robust mechanisms in place to monitor the traceability of surgical instruments;
- evidence of independent auditing of infection control practices undertaken by an external auditor with IPC expertise;
- clinical equipment in use was fit for purpose, with evidence of an ongoing programme to replace damaged clinical equipment.

Details of the quality improvement plan (QIP) were discussed with Mr Mark Regan, (Responsible Individual); Ms Sarah Marks, Registered Manager for Kingsbridge Private Hospital, and the Nurse Clinical Lead, during the feedback session on Wednesday 20 November 2019.

The QIP should be completed and detail the actions taken to address the area for improvement identified. The Responsible Person should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

The timescales for implementation of this improvement commences from the date of this inspection.

This inspection did not result in enforcement action.

5.0 How we inspect

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

- notifiable events since the previous inspection;
- registration status of the establishment;
- written and verbal communication received since the previous inspection;
- the previous inspection report; and
- QIP returned following the previous inspection

We reviewed the areas outlined in section 4.0. During the inspection a sample of records were examined in relation to each of the areas inspected.

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 on 28 and 29 October 2019

The previous inspection of the Kingsbridge Private Hospital was an announced variation to registration inspection undertaken on 28 and 29 October 2019. This inspection was carried out to review work completed to increase the inpatients bed numbers from 16 to 22.

6.2 Inspection findings

6.2.1 IPC practices in the theatre department

We discussed the information received by RQIA with the Registered Manager and the Theatre Manager. Through observation we monitored staff adherence to IPC practices during two surgical procedures, including the preparation and donning of sterile surgical wear in the scrub up area. We also questioned staff in relation to their knowledge of IPC standards. We observed that staff were bare below the elbow and compliant with the hospital hand hygiene/dress code policy in the theatre department. The Registered Manager and staff informed us that the hand hygiene/dress code policy for the hospital had recently been revised and reissued to all staff. In conjunction with this policy, staff were advised to cover their scrubs and wear alternative footwear when leaving the theatre department for any reason during their shift.

We were informed that a nurse with an interest in IPC has recently become the IPC link nurse, their role being to support staff in the theatre department with IPC issues. We discussed the benefits of having IPC link meetings within the hospital and of link staff attending the regional Infection Prevention Society (IPS) group for additional support. We were informed that infection control advice and guidance can also be sought from an independent advisor with specialist IPC expertise, who staff state is very supportive.

6.2.2 Scrub up area

The scrub up area was small, with limited work space. A scrub sink was present on one side of the room; the work surface opposite the scrub sink was used to dispense sterile theatre wear in preparation for surgical procedures. The observed practice entailed staff undertaking surgical hand scrub at the sink then donning sterile theatre wear which was opened and placed within its packaging on the opposite work surface. The Theatre Manager confirmed that on occasion other items may be present on the work surface including used specimen containers. This practice presents a risk for sterile theatre wear to become contaminated. Whilst we did not witness multi-purpose use of this work surface during our inspection, we could see the potential risk for contamination. We discussed with the Theatre Manager that consideration should be given to the use of a procedure trolley in the theatre for specimen pots and associated documentation required for the surgical procedure.

This would allow the work surface to be free from items other than sterile theatre wear. The Theatre Manager agreed to implement this change of practice immediately.

6.2.3 Traceability processes for the management of sterile surgical instruments

Kingsbridge Private Hospital obtains supplies of sterile instrument packs from the Central Sterile Services Department (CSSD) in the South Eastern Health and Social Care Trust (SEHSCT). We observed robust measures in place to monitor the traceability of all surgical instruments used in the hospital, with systems in place to follow up if an item is missing from a sterile pack. We evidenced that the traceability barcode labels of all instrument packs used during surgery were recorded in the patients' notes and in the theatre department records.

6.2.4 Inspection of in use and stored clinical equipment

We observed that clinical equipment in use was clean and fit for purpose. We evidenced that where clinical equipment was damaged many items had already been replaced or decommissioned. We observed a new table head attachment for the operating trolley used during eye surgery; the presence of new portable suction machines in the theatre department; and were advised by the Registered Manager that a board previously used during spinal surgery was being decommissioned on the date of inspection.

We observed staff thoroughly decontaminating reusable pieces of equipment in between surgical procedures, in line with best practice. We saw evidence of traceability labels in use to identify when pieces of equipment had been cleaned (Picture 1).



Picture 1: Portable suction machine displaying "I am clean" sticker

We found that there were limited storage facilities for equipment in the theatre department, with those in use being cluttered and poorly organised. In one equipment store we identified four damaged gel pressure relieving pads (Picture 2) and a head piece used by surgeons with adhesive tape present. In their current condition these items cannot be effectively cleaned.



Picture 2: Damaged gel pressure relieving pad

We were provided with evidence of documentation to support the ongoing replacement of existing damaged equipment including the gel pressure relieving pads. We recommended that this work be prioritised to promote patient safety during surgical interventions. We reviewed a sample of IPC audits carried out by the independent IPC advisor in August 2019. These audits identified a number of pieces of clinical equipment which were no longer fit for purpose. We also reviewed action plans to address the issues identified.

We were informed that internal auditing of clinical equipment was not undertaken in the theatre department. The introduction of a clinical equipment audit would support the early identification and actions necessary to address damaged equipment and also provide assurance of its cleanliness and fitness for purpose. We recommended the implementation of robust monitoring mechanisms in the theatre department to provide assurance of the oversight and management of clinical equipment.

6.2.5 Conclusion

This inspection was undertaken following information received by RQIA in relation to the Theatre Department of the hospital. The information raised concerns in respect of adherence to IPC practices by medical and nursing staff, the theatre scrub up area, the robustness of systems in place to monitor the traceability of surgical instruments and the standard of clinical equipment in use.

We were unable to substantiate the majority of the information received. We observed good adherence by staff to IPC practices and procedures in the theatre department during the inspection. Robust systems were in place to monitor the traceability of surgical instruments and evidence of an ongoing programme to replace worn or damaged pieces of clinical equipment. The Theatre Manager agreed to implement our recommendation in relation to the use of the theatre trolley to accommodate specimen pots and associated documentation.

We recommended the introduction of clinical equipment auditing in the theatre department to provide robust oversight and management of clinical equipment. One area for improvement has been made to support this recommendation.

Overall, we were satisfied that care delivery in the theatre department in Kingsbridge Independent Hospital was safe and effective.

We provided feedback to the Responsible Person and senior representatives of Kingsbridge Independent Hospital at the conclusion of the inspection.

Total number of areas for improvement	1
--	---

7.0 Quality improvement plan

One area for improvement has been identified during this inspection as detailed in the QIP. Details of the QIP were discussed with Mr Mark Regan, Ms Sarah Marks and the Nurse Clinical Lead as part of the inspection process. The timescales for implementation of this improvement commences from the date of this 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. 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.

7.1 Areas for improvement

One area for improvement has been identified in which 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 (DOH) 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 meet the areas for improvement identified. The Trust 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 Independent Health Care Regulations (Northern Ireland) 2005

**Area for improvement
No. 1**

Ref: Regulation 15 (7)

Stated: First

To be completed by:
20 January 2020

The Registered Person shall ensure the following actions are addressed in relation to infection prevention and control and care delivery:

- Implement robust monitoring mechanisms in the theatre department to provide assurance of the cleanliness and fitness for purpose of clinical equipment.

Ref: 6.2.4

Response by the Registered Person detailing the actions taken:

[As outlined in the report there was equipment on order to replace old equipment and this order has now been fulfilled. Additionally, the spinal board was refurbished and is now back in use. The Theatre Manager consulted with our external IPC advisor re a rolling equipment audit and this has been written and added to our audit schedule to ensure that equipment that needs repaired or replaced is highlighted in a timely manner. Further to this we have just brought in a nationally benchmarked electronic audit platform that covers environmental and IPC audits.]



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews