

Announced Variation to Registration Care Inspection Report 4 June 2018



Ulster Independent Clinic

Type of Service: Independent Hospital – Surgical Services

Address: 245 Stranmillis Road, Belfast BT9 5JH

Tel No: 028 90 661212

Inspector: Winnie Maguire

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

A variation to registration announced inspection of Ulster Independent Clinic took place on 4 June 2018 from 09.50 to 13.50. Mr Gavin Doherty, estates inspector, undertook a premises inspection on the same day. The report and findings of the premises inspection will be issued under separate cover.

An application had been made by Ms Diane Graham, registered person, on behalf of the Ulster Independent Clinic on 27 November 2016 for variation to registration in respect of significant changes to the premises consisting of the development and refurbishment of the outpatients and radiology facilities; the re-location and development of a new endoscopy suite; and refurbishment of the physiotherapy department. This inspection focused on the approval for use of the new outpatient department, rooms 1-17 and associated treatment rooms on the ground floor, and the radiology facilities. The outpatient consulting rooms 18-24 on the first floor are reviewed however the inspection team were informed that they were not to be operational for the foreseeable future. In addition the endoscopy suite, whilst nearing completion, is still awaiting specialised equipment to be fitted, therefore, this area will be inspected and approved for use at a later date.

Patients who submitted questionnaire responses indicated that they were very satisfied with the services provided in Ulster Independent Clinic.

Comments provided included:

- “Staff all so helpful and caring. Great group of people.”
- “Staff were friendly, professional and available at all times without being intrusive.”
- “I have had a total hip replacement and find the care to be exceptional and undoubtedly this is helping me to have a good recovery.”
- “I was kept well informed and comfortable at all times.”

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, 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).

1.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

This inspection resulted in one area of improvement being stated for a second time. Findings of the inspection were discussed with Ms Diane Graham, registered person, and Mrs Wendy McCaughern, quality and education sister, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP, there were no further actions required to be taken following the most recent inspection on 4 and 5 December 2017.

2.0 Service details

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|---|--|
| Registered organisation/registered person: Ulster Independent Clinic Responsible individual: Ms Diane Graham | Registered manager: Ms Diane Graham |
| Person in charge of the hospital at the time of inspection: Ms Diane Graham | Date manager registered: 11 April 2007 |
| Categories of care: Acute hospitals (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: 70 |

3.0 Methods/processes

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

- notifiable events since the previous care inspection
- duty calls
- the registration status of the establishment
- the variation of registration application
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patients questionnaires were also analysed prior to the inspection.

During the inspection the inspector met with Ms Diane Graham, registered person; Mrs Wendy McCaughern, quality and education sister; a theatre sister who acts as the laser protection supervisor; the outpatients department sister; the infection prevention and control lead; a superintendent radiographer; and briefly with Mr Sam Dunlop, estates manager.

A review of the outpatient department and radiology facilities was undertaken. A brief review was also undertaken of the new endoscopy suite.

The following records were examined during the inspection:

- staffing
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- management and governance arrangements

Areas for improvement identified during the care inspection on 4 and 5 December 2017 were reviewed and assessment of compliance recorded as 'met', 'partially met', or 'not met'.

The findings of the inspection were provided to Ms Diane Graham and Mrs Wendy McCaughern at the conclusion of the inspection.

4.0 The inspection

4.1 Review of areas of improvement from the most recent inspection dated 4 and 5 December 2017

The most recent inspection of the hospital was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of areas of improvement from the last care inspection dated 4 and 5 December 2017

| Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014). | | Validation of compliance |
|---|--|--------------------------|
| Area of improvement 1 Ref: Standard 48.21 Stated: First time | The registered person shall ensure all laser documentation including the local rules and the risk assessment should be updated to reflect use of the new laser machine. The local rules should then be signed as read and understood by all authorised operators. | Met |
| | Action taken as confirmed during the inspection: All laser documentation including the local rules and the risk assessment had been updated to reflect use of the new laser machine. The laser protection supervisor confirmed she was ensuring that the local rules were signed as read and understood by all authorised operators. | |

| | | |
|--|---|-----------------------------|
| <p>Area of improvement 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> | <p>The registered person shall strengthen IPC arrangements as follows:</p> <ul style="list-style-type: none"> • Develop a risk assessment/screening tool for Carbapenem-Resistant Enterobacteriaceae (CRE) and Carbapenem-producing Enterobacteriaceae (CPE). • Review the outbreak of an infection plan/policy to be more specific on the roles and responsibilities of staff within the hospital in the event of an outbreak. • A clear definition for surgical site infection should be established. • The hospital should explore linking with the regional joint replacement surgical site infection surveillance register, thus allowing for meaningful benchmarking. | <p>Partially Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>On discussion with the infection prevention control lead, it was confirmed some work had been done to examine what other providers of surgical services including the Health and Social Care Trusts have in place in relation to CRE and CPE. With this preliminary scoping exercise almost complete it is hoped that a screening tool will be devised. Other aspects of this area of improvement have not yet been progressed.</p> <p>This area of improvement is stated for a second time.</p> | | |
| <p>Area of improvement 3</p> <p>Ref: Standard 9.7</p> <p>Stated: First time</p> | <p>The registered person shall devise a clear definition for each clinical quality indicator to allow for more meaningful benchmarking.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>A clear definition for each clinical quality indicator has been developed to allow for more meaningful benchmarking.</p> | | |

4.3 Inspection findings

Review of the premises

A review of the outpatient department and radiology facilities was conducted. The facilities were found to be of a high standard with inbuilt infection prevention and control (IPC) features in place.

It was confirmed there is a suitable nurse–call system in place and staff have been instructed on its use. There are a range of privacy booths for patients reporting to reception for their appointments, as well as self- checkin facilities. Consulting rooms 1-17 are located on the ground floor, together with three treatment rooms and one venepuncture room. Staff spoken to stated they had been involved in the design and layout of the outpatient department, and that their views and suggestions had been welcomed. There are toilets available for people with a disability. An area of the outpatient department will be specifically designated for the breast clinic. Staff explained patient views had been incorporated into the positioning of the breast clinic adjacent to the radiology department. Patients wished to have services associated with the breast clinic close to each other to reduce the need to walk through a busy outpatients department, having perhaps just received upsetting news.

Paediatrics outpatient services will also be available as before and some wipeable toys were available in the outpatient department.

It was confirmed an emergency trolley will be positioned in the outpatient department and will also serve the radiology department in the event of a medical emergency.

Discussion with the IPC lead and review of the IPC audit confirmed that the outpatient department and radiology department have IPC arrangements in place in line with best practice.

The outpatient department and radiology department were found to be spotlessly clean and tidy with a bright inviting atmosphere. It was evident the outpatient department had been designed with staff and patient input to ensure the service is patient focused, providing for privacy and dignity of patients at all times. The new endoscopy suite was briefly reviewed, it was found to be well advanced in construction with minor works to be completed and the installation the specialised equipment to be finalised.

Staffing

There are arrangements in place to provide cover at all times by appropriately trained and experienced medical, nursing and radiology staff. Nine staff orientation programmes were reviewed for the outpatient department. Operational guidelines for consultants in relation to the new outpatient department were in place, and all consultants using the department will be furnished with a copy to read and sign before undertaking any outpatient clinics.

Staff confirmed they are looking forward to working in the new outpatient departments.

Conclusion

The outpatient department rooms 1- 17, three treatment rooms, one venepuncture room, and the radiology department have been reviewed and this component of the variation of registration is approved for use from a care perspective subject to approval from the RQIA estates

inspector. The outpatients rooms 18- 24 have been reviewed and were found to be satisfactory. Following the inspection Ms Graham contacted RQIA to confirm, it was their intention to put these rooms into operation for patient use. Approval from a care perspective for their use was granted subject to approval from the RQIA estates inspector. A further inspection will be undertaken to review the endoscopy suite to complete the variation of registration.

As already stated, a review of the area of improvements from the previous inspection found that one area for improvement against the standards in relation to further developing IPC arrangements had not been fully actioned and has been stated for a second time. Ms Graham gave assurances that this matter would be progressed as a priority.

Areas for improvement

Strengthening the IPC arrangements.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

5.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Diane Graham, registered manager and Mrs Wendy McCaughern, quality and education sister as part of the inspection process. The timescales commence from the date of 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 including possible prosecution for offences. 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.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the hospital service. The 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 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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 Healthcare Establishments (July 2014).

5.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider 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 Minimum Care Standards for Healthcare Establishments (July 2014)

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 20.2</p> <p>Stated: Second time</p> <p>To be completed by: 4 September 2018</p> | <p>The registered person shall strengthen IPC arrangements as follows:</p> <ul style="list-style-type: none"> • Develop a risk assessment/screening tool for Carbapenem-Resistant Enterobacteriaceae (CRE) and Carbapenem-producing Enterobacteriaceae (CPE). • Review the outbreak of an infection plan/policy to be more specific on the roles and responsibilities of staff within the hospital in the event of an outbreak. • A clear definition for surgical site infection should be established. • The hospital should explore linking with the regional joint replacement surgical site infection surveillance register, thus allowing for meaningful benchmarking. <p>Ref: 4.2 and 4.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The outbreak policy and plan have been reviewed. The definition of a surgical site infection has been reviewed and established. Work on the remaining areas continues.</p> |

**Please ensure this document is completed in full and returned via Web Portal*



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