



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Approval Visit for Pathology Laboratory

Name of Establishment:	Ulster Independent Clinic
Establishment ID No:	10636
Inspector's Name:	Winnie Maguire & Jo Browne
Date of Inspection:	11 February 2015
Inspection No:	21180

1.0 GENERAL INFORMATION

Name of hospital:	Ulster independent Clinic
Address:	245 Stranmillis Road Belfast BT9 5JH
Telephone number:	028 9066 1212
Registered Organisation/Registered Provider:	Diane Graham
Registered Manager:	Diane Graham
Person-in-charge of the clinic at the time of inspection:	Diane Graham
Registration Categories:	AH, AH(DS), PD, PT(E), PT(L)
Date and time of inspection:	11 February 2015 13:00 -15:55
Names of inspectors:	Winnie Maguire and Jo Browne

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required and this may be announced or unannounced.

3.0 Purpose of Visit

The purpose of the visit is to ensure the new pathology laboratory in the Ulster Independent Clinic is compliant with the legislation and Minimum Care Standards for Independent Healthcare Establishments (July 2014).

4.0 Profile of Laboratory

The pathology laboratory is a purpose built facility situated on the first floor of the establishment. It is a restricted area which can only be accessed by authorised staff. The pathology service will be provided from Monday to Friday 9am - 5pm.

The facility has been built in line with relevant HTM guidance. A RQIA estates officer will also conduct a separate inspection as part of the approval process.

5.0 Findings of approval visit

Management

Diane Graham is the registered responsible person and manager for the hospital.

Kathryn Kennedy has been appointed the laboratory manager.

There is an organisational structure in place which clearly identifies lines of accountability within Ulster Independent Clinic.

The governance systems for the hospital will be extended to include the laboratory and Ms Kennedy will participate in senior management meetings.

There is a change management action plan in place for the implementation of the pathology laboratory into the hospital which has been reviewed and updated in December 2014.

Staffing

The laboratory will be staffed by the laboratory manager and an advanced biomedical scientist, both of whom are appropriately qualified and registered with the Health and Care Professionals Council (HCPC).

Twelve pathologists will provide pathology services on a rotational basis.

The laboratory staff and four pathologist's personnel files were reviewed and found to contain all of the required documentation as outlined in the legislation. The inspectors noted that copies of photographic identification had been checked as part of the AccessNI advanced disclosure process and a check list confirming this was available in the personnel files. The inspectors advised the hospital to retain a copy of the photo identification used for each member of staff within their personnel file.

The pathologists have been granted practising privileges and signed practising privileges agreements were in place.

Training and Induction

Induction programmes have been undertaken by staff. It was advised to ensure signatures of both the person conducting the induction and the new member of staff are recorded on the induction record.

The inspectors were informed staff had received training for all pieces of the laboratory equipment by an approved engineer from the manufacturer. A sample of training records were reviewed which outlined this training.

Discussion with staff and review of continuing professional development (CPD) files confirmed there are excellent arrangements in place regarding ongoing professional development.

Mandatory training remains ongoing for all staff.

Pathology services

The inspectors undertook a conducted review of facilities. The laboratory manager outlined in detail the pathology services via the specimen journey including the bespoke IT tracking system for individual specimens.

The facilities were found to be of a high standard.

The inspectors were informed the laboratory will become operational on a phased approach and the workload would be gradually built up.

The laboratory manager confirmed UKAS accreditation would be applied for in April 2015. The laboratory is required to be operational and have evidence of established quality systems in place before UKAS accreditation can be undertaken. Once attained, the UKAS accreditation will be subject to ongoing annual renewal.

Policies/Procedures

A vast range of written standard operating procedures are in place for each piece of large equipment. The inspectors were informed standard operating procedures are in development for the smaller pieces of equipment.

6.0 Conclusion

No requirements or recommendations were made as result of this inspection.

The inspectors confirmed approval for use for pathology laboratory on a phased approach pending the outcome of RQIAs estate officer's inspection and any areas identified for action must be addressed within the specified timescale.

The inspectors would like to extend their gratitude to Miss Graham and Ms Kennedy for their hospitality and contribution to the inspection process.

7.0 Quality Improvement Plan

This inspection resulted in no recommendations or requirements being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the Authority would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Report Approval

Approval Visit

Ulster Independent Clinic

11 February 2015

No requirements or recommendations resulted from the approval visit inspection of Ulster Independent Clinic which was undertaken on 11 February 2015 and I agree with the content of the report. Return this QIP to Independent.Healthcare@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

Name of registered manager completing	Diane Graham
Name of responsible person/identified responsible person approving	Diane Graham

Approved by: (Inspector to complete)	Date
Winnie Maguire	18 March 2015