



The Regulation and
Quality Improvement
Authority

Ulster Independent Clinic
RQIA ID: 10636
245 Stranmillis Road
Belfast
BT9 5JH

Inspectors: Winnie Maguire, Jo Browne,
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Inspection ID: IN022123

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Announced Inspection of Ulster Independent Clinic

20 and 21 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 20 October 2015 from 10.00 to 16.20 and 21 October 2015 from 10.00 to 13.00. On the days of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

This inspection was underpinned by 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's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments 2014 and guidance issued by DHSSPS on reducing the risk of hyponatraemia when administering intravenous fluids to children aged between four weeks and 16 years.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Diane Graham, registered person and Sister McCaughern, Quality and Education Sister and can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Ulster Independent clinic Ms Diane Graham	Registered Manager: Ms Diane Graham
Person in Charge of the Establishment at the Time of Inspection: Ms Diane Graham	Date of Registration 11 April 2007
Categories of Care : AH – Acute Hospital with overnight beds, AH(DS) – Acute Hospital Day Surgery PD-Private doctors (others) PT(E) - Prescribed techniques or prescribed technology: establishments using endoscopy PT(L) – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	Number of Registered Places: Inpatient 70

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 Dignity, Respect and Rights
- Standard 5 Patient and Client Partnerships
- Standard 6 Care Pathway
- Standard 7 Complaints
- Standard 32 Surgery

Other areas inspected: Reducing the risk of Hyponatraemia when administering intravenous fluids to children and young people, incidents, insurance arrangements and RQIA registration.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information, notification of incidents and complaints return.

During the inspection the inspectors met with Ms Diane Graham, registered person, the quality and education sister, the theatre manager, the theatre sister, the ward sister, the day procedure unit sister, two staff nurses and four patients.

The following records were examined during the inspection:

- Five patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Complaints records
- Policies and procedures
- Surgical checklist
- RQIA certificate of registration
- Surgical register of operations
- Theatre manual
- Service records for theatre equipment
- Incident/accident records
- Insurance documentation
- Training records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an approval inspection for the pathology laboratory dated 11 February 2015. This resulted in no requirements and recommendations. The last announced care inspection was dated 2 and 3 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 2 and 3 September 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 28(1) Stated: First time	The registered provider/manager must ensure that all notifiable incidents are reported to RQIA in line with the legislation and RQIA guidance.	Met
	Action taken as confirmed during the inspection: Review of incidents found all had been reported in line with the legislation and RQIA guidance.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.10 Stated: First time	The registered provider/manager should develop a policy and procedure for the hospital participating in external research projects.	Met
	Action taken as confirmed during the inspection: A policy and procedure on the hospital participating in external research projects has been devised.	

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with management and staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. In-patients and day patients are accommodated in single rooms with en-suite facilities. Outpatients are provided with modesty screens and curtains as appropriate.

Patient care records were observed to be stored securely in the nurses' office.

Is Care Effective?

It was confirmed through the above discussion and observation that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with the medical practitioner undertaking the treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with four patients, staff and review of five patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

Staff were observed treating patients and/or their relatives/representatives with compassion, dignity and respect. Discussion with patients confirmed this. Comments received included:

- "Staff were very aware of my privacy and dignity"
- "Provided for my modesty this morning when getting showered"
- "Always polite and courteous treated like a human being not a condition"

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from the patient comments is collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Ulster Independent Clinic obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

In-patient, day patient, parents and children are offered the opportunity to complete a satisfaction questionnaire within the hospital. A child friendly questionnaire is available for children to complete using pictures.

The inspectors reviewed a random selection of 30 completed questionnaires and found that patients, parents and children were highly satisfied with the quality of treatment, information and care received. Comments received on the feedback questionnaires included:

- “A good experience in all aspects very friendly and efficient “
- “I was put at ease throughout –so very important when you are anxious”
- “Treated with dignity and respect with a caring attitude”
- “Cannot speak highly enough of all the staff and facilities”
- “Privacy was excellent “
- “Hospital info - everything was clear and understandable”
- “Response immediate and friendly”
- “Ward – wholly professional and engaging throughout”
- “Everything about my surgery and recovery was explained in detail to me. I have no complaints about my care it was excellent”
- “Anaesthetist took time to listen and discuss”
- “Ward – very helpful, professional staff, very kind, took time to explain and helped me feel at ease”
- “After care all explained orally and written pointers in home care sheet”.

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read within the establishment and on the establishment’s website.

Discussion with Ms Graham and the Quality and Education Sister confirmed that comments received from patients and/or their representatives are reviewed by senior management within the establishment and an action plan is developed and implemented to address any issues identified. The action plan was reviewed as part of the inspection process.

Is Care Compassionate?

Discussion with patients confirmed they have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the establishment.

Review of patient care records and discussion with staff confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 6 – Care Pathway

Is Care Safe?

Discussion with staff confirmed that a range of clinical assessments are undertaken by the different members of the multidisciplinary health care team prior to surgery and the outcomes are recorded in the individual patient care records. Systems are in place to refer patients to specialist services to meet the assessed needs of the patients, e.g. physiotherapy and occupational therapy.

The hospital has completed a review on the format of their care records. After extensive consultation with staff an agreed care record has been introduced. Staff spoken to confirmed they had received training on completion of the revised care records and had found them to be a good basis for delivery of care.

Review of five patient care records found that they contained comprehensive information relating to pre-operative, intra-operative and post-operative care provided which clearly outlined the patient pathway and included the following:

- Patient personal information
- Range of holistic assessments
- Pre-operative care plans
- Pre-operative checks
- Signed consent forms
- Surgical safety checklist (WHO)
- 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

Discussion with patients and review of the care records confirmed that patients are involved in planning their care and treatment.

Discussion with 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 were signed by the consultant surgeon and the patient.

Comments received from patients regarding the care received in the hospital included:

- “very well informed”
- “Excellent, everything is superb”
- “All staff very professional”
- “Consultant and anaesthetist visited me before my operation”
- “I have had a very good experience”
- “My pain and sickness were well managed”
- “If I use the call bell they are here instantly”

The establishment has a dedicated discharge planning sister who ensures continuity of care for patients following discharge. Patients who spoke with the inspectors confirmed that they had met with the discharge sister and been involved in their discharge plan.

A planned discharge programme is in place that provides the patient with information on the future management of their condition, supply of medication, liaison with community services, follow up advice and support including what to do in the event of a complication or problem.

Arrangements are in place to ensure that children and young people are discharged from the hospital as soon as their condition allows and when ongoing care can be provided at home.

A discharge letter summarising the patient’s treatment and care is sent to the patient’s general practitioner (GP) and any other relevant professionals who are involved in ongoing care and treatment.

Is Care Effective?

The establishment has arrangements and facilities in place to meet the assessed needs of each individual patient from admission through to discharge and review.

Appropriately trained and qualified health care professionals are available to contribute to the multidisciplinary review of the outcomes of the patient treatment and care provided by the hospital.

Is Care Compassionate?

Discussion with patients confirmed that they are provided with a comprehensive information pack prior to their admission which outlines any pre-operative requirements and the arrangements for their stay in the hospital. Copies of the patient guide are made available to all patients following admission.

The establishment has a wide range of information leaflets regarding the various types of procedures available. Staff confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

Discussion with five patients confirmed that they had received comprehensive information prior to their admission and from the multi-disciplinary team following their admission.

Review of the care records and discussion with patients confirmed that the treatment plan is agreed with the patient and the ongoing care needs are communicated effectively to the multi-disciplinary health care team.

Staff and patients confirmed that the results of investigations and treatment provided is explained to the patients and future treatment options are discussed and patients are involved in the decision making process.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.6 Standard 7 - Complaints

Is Care Safe?

Review of complaint records found that complaints are investigated and responded to within 28 working days (in line with regulations) or if this is not possible, complainants are kept informed of any delays and the reason for this.

Discussion with Ms Graham confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the RQIA to the hospital for completion. Review of the complaints records, discussion with staff and the evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Ms Graham demonstrated a good understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints.

Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Complaints records were observed to be stored securely in line with data protection legislation.

A complaints audit is undertaken monthly. The audit information is used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements. No major trends or themes were identified within the complaints records reviewed during the inspection.

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf. The procedure is available in a range of formats suited to the patient's age and level of understanding if required. Ms Graham confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

The complainant will be notified of the outcome and action taken by the clinic to address any concerns raised.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Complaints were found to be handled in a sensitive manner.

Patients who met with the inspectors confirmed that they had been made aware of how to raise a complaint; however they had no concerns regarding the quality of care provided and were complimentary regarding the hospital and the staff.

Areas for Improvement

No areas for improvement were identified during this inspection

Number of Requirements:	0	Number of Recommendations:	0
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5.7 Standard 32 – Surgery

Is Care Safe?

Within the hospital there is a defined staff structure for surgical services which clearly outlines areas of accountability and individual roles and responsibilities.

The scheduling of patients for surgical procedures is co-ordinated by the theatre manager or the theatre sister, the surgeon and the booking office staff. The theatre lists take into account the individual requirements of the patient, the type of procedure to be performed, availability of equipment, staffing levels required, associated risks and the level of sedation used.

Review of the patient care records and discussion with staff and patients confirmed that the anaesthetist who administers the anaesthetic visits the patient prior to surgery to:

- assess their general medical fitness
- review their medication
- explain the type of anaesthetic to be used
- discuss options for post-operative pain relief

The inspectors met with the theatre manager and the theatre sister to discuss staffing levels. The theatre duty rota was also reviewed. The theatres were found to have adequate levels of appropriately skilled and qualified staff to meet the individual needs of the patients undergoing surgery.

There is an identified senior member of nursing staff, with theatre experience, in charge of the operating theatre at all times. A permanent record is retained of the name of nurse in charge of each theatre.

The inspectors were informed the anaesthetist is present throughout the operation and is available onsite until the patient has recovered from the immediate effects of the anaesthetic.

Discussion with staff confirmed that patients are observed during surgery and in the recovery room on a one to one basis by staff trained in anaesthetics and resuscitation.

The hospital has discharge criteria in place from theatre recovery to the ward area for inpatients and day patients.

Equipment, installations and facilities are in place to provide the services outlined in the hospital's Statement of Purpose. There are systems in place to ensure that theatre equipment is maintained and decontaminated in line with the manufacturers' guidelines. The hospital is developing a new electronic medical devices management system that will be uploaded on to the intranet and will inform relevant senior staff when the equipment is due to be serviced.

Is Care Effective?

The establishment has a wide range of comprehensive policies and procedures in place to ensure that safe and effective care is provided to patients which are in accordance with good practice guidelines and national standards.

On discussion staff confirmed that the surgical checklist based on the World Health Organisation (WHO) model is used in the hospital. The inspectors reviewed completed surgical checklists within patients care records. Completion of the surgical checklists is audited as part of the hospitals comprehensive clinical governance systems. Review of the audits confirmed that a high compliance rate is achieved.

The inspectors reviewed the arrangements for intra-operative fluid management. Review of documentation and discussion with the theatre manager and theatre sister confirmed the following:-

- The hospital has a range of policies and procedures on the management of intra-operative fluids which are presently under review to ensure consistency with an intra -Health and Social Services (HSS) Trust Policy on the surgical management of endoscopic tissue resection, for example during urological, gynaecological and other relevant surgery. The hospital had been consulted with during the development of this policy and contributed considerably to its content.
- All patients undergoing transurethral resection of prostate (TURP) and transcervical resection of endometrium (TCRE) surgery have an i-STAT blood analysis reading taken pre-operatively.
- Intra-operative fluid management supporting documentation has been updated and staff have received training on the completion of same.
- An identified member of staff is responsible for the recording of intra-operative fluids within the theatre.
- Additional equipment has been procured to assist in the accurate measurement of fluid balance.

- The arrangements for the management of intra-operative fluids are firmly embedded in practice and all staff are now clear on their respective roles and responsibilities.

A Venous Thromboembolism (VTE) Risk Assessment in line with the The National Institute of Health and Care Excellence (NICE) Clinical Guideline 92 on Venous thromboembolism in adults admitted to hospital: reducing the risk (June 2015) is to be implemented in the hospital by December 2015.

The inspectors reviewed the surgical register of operations which is maintained for all surgical procedures undertaken in the hospital and found it contained all of the information required by legislation.

Is Care Compassionate?

Prior to surgery, the inspectors confirmed, that patients receive verbal and written pre-operative information on:

- Fasting
- Taking of existing medication
- Arrangements for escort to and from theatre

The inspectors confirmed that the information is available in a range of formats suited to the patient's age and level of understanding if required. Ms Graham confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

Discussion with patients confirmed that the surgeon met with the patient prior to the operation to discuss the procedure and obtain informed consent.

Patients are provided with written post-operative instructions relevant to their individual procedure which may include information on:

- Pain relief
- Bleeding
- Care of the post-operative site
- The potential effects of anaesthesia
- Information on post-operative exercises and recovery information
- Arrangements for ongoing care and review
- Emergency contact information in the event of post-operative complications

Areas for Improvement

No areas for improvement were identified during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.8 Additional Areas Examined

Reducing the Risk of Hyponatraemia when Administering Intravenous Fluids to Children and Young People

The inspectors confirmed that the hospital had received and has an action plan in place for implementation by December 2015 of the recent guidance issued by DHSSPS in January 2015 in relation to reducing the risk of Hyponatraemia when administering intravenous fluids to children and young people between the ages of 4 weeks and 16 years. In line with the guidance the hospital has developed and has implemented or is in the process of implementing the following:

- Local intravenous fluid guidelines
- Competency framework for administration of intravenous fluids
- The regional paediatric fluid prescription and fluid balance chart
- Training for staff involved in prescribing, administering and monitoring intravenous fluids
- Arrangements for reporting hospital acquired Hyponatraemia to RQIA
- Arrangements for ongoing audit

The inspectors reviewed the completed National Patient Safety Agency (NPSA) Audit checklist undertaken in March 2015.

Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

The inspectors reviewed incident management and found that incidents were documented, fully investigated and had outcomes recorded.

Audits of incidents are undertaken monthly and learning outcomes are identified and disseminated throughout the organisation.

RQIA Registration and Insurance Arrangements

The inspectors discussed the insurance arrangements within the establishment and review of documentation confirmed that current insurance policies were in place. The certificates of RQIA registration and insurance were clearly displayed in the main hallway of the establishment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection

I agree with the content of the report.			
Registered Manager	Diane Graham	Date Completed	09/12/15
Registered Person	Ulster Independent Clinic Diane Graham	Date Approved	09/12/15
RQIA Inspector Assessing Response	Winnie Maguire	Date Approved	10/12/15

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

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations.