

Inspection Report

27 July 2022



Ulster Independent Clinic

Independent Hospital (IH)
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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

Organisation/Registered Provider: Ulster Independent Clinic	Registered Manager: . Ms Diane Graham
Responsible Individual: Ms Diane Graham	Date registered: 11 April 2007
Person in charge at the time of inspection: Ms Wendy McCaughern	Number of registered places: 70
Categories of care: Independent Hospital (IH) Acute hospital (with overnight beds) AH Acute Hospital (Day Surgery) AH (DS) Private Doctor PD Prescribed Technologies: Endoscopy PT(E) Laser PT(L)	
Brief description of the accommodation/how the service operates: The Ulster Independent Clinic (UIC) provides a wide range of surgical, medical and outpatient services for both adults and children. The hospital is registered to accommodate up to 70 patients as in-patients or day surgery cases. The hospital has five theatres along with recovery units; a dedicated endoscopy suite; a one stop breast care clinic; a limited chemotherapy service; an x-ray department and magnetic resonance imaging (MRI) scanning; a pathology laboratory; and a range of consulting rooms. The in-patient and day surgery accommodation comprises of single en-suite rooms which are situated over two floors.	

2.0 Inspection summary

An announced inspection took place on 27 July 2022, between 09.30 am and 15:00 by a care and an estates Inspector. The purpose of the inspection was to assess the application of variation to registration for the additional MRI unit.

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 Minimum Care Standards for Independent Healthcare Establishments (July 2014).

An application had been made by Ms Diane Graham, Registered Manager (RM), on behalf of Ulster Independent Clinic (UIC) on 24 March 2022 for variation to registration in respect of alterations to a meeting room area to facilitate the installation of a second MRI scanner.

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.

There was evidence of good practice with regards to; ensuring the availability of experienced staff; infection prevention and control (IPC) practices; the management of clinical records; the availability of information to provide staff guidance and patient information leaflets.

Some issues were identified in relation to the storage of medication and cleaning materials, which have been addressed, and the need to strengthen the peer review systems in place to develop a more robust governance and oversight process for the use and reporting of MRIs. Signage and safety notices leading to the quench pipe exhaust on the premise's roof were also outstanding. These were installed subsequent to the inspection and photographic confirmation provided on 9 August 2022.

The variation to registration of UIC for the alteration of the meeting room and the installation of a second MRI scanner was approved from a care and estates perspective following this inspection.

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

- notifiable events since the previous inspection;
- registration status of the establishment;
- written and verbal communication received since the previous inspection; and
- application received to vary registration of UIC.

RQIA inspectors met with the following staff: Ms Wendy McCaughern, nurse in charge, Regional Medical Physics Expert for UIC, superintendent radiographer, and Estates Manager.

4.0 What people told us about the service

Views of service users and staff were not sought during this inspection as this was a variation inspection and will be reviewed during a future inspection to the service.

5.0 The inspection

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

The Quality Improvement Plan (QIP) from the previous inspection on 1 November 2021 was not reviewed during this variation inspection.

5.2 Inspection findings

5.2.1 Estates

The following documentation was reviewed in relation to the alterations of the premises including the mechanical and electrical installations. Discussion with staff demonstrated that suitable arrangements are in place for maintaining the environment in accordance with current legislation and best practice guidance.

- Building Control completion certificate;
- Fire Risk Assessment;
- Commissioning certificates for the premises
 - fire alarm and detection system
 - emergency lighting installation
 - portable fire-fighting equipment
 - fixed wiring installation;
- Handover and commissioning documentation relating to the MRI scanner and associated mechanical & electrical services; and
- Interim Safety Report by BHSCT, Regional Medical Physics Service.

At the time of the inspection, it was confirmed that the only outstanding action, recommended from the Regional Medical Physics Service's Interim Safety report, was the provision of suitable signage and safety notices leading to the quench pipe exhaust on the roof of the premises. This signage was subsequently installed with photographic evidence supplied to RQIA on 9 August 2022.

A physical inspection of the premises confirmed that the alterations had been completed to a high standard. The mechanical and electrical services had also been fully commissioned and relevant risk assessments had been reviewed and were in place.

5.2.2 Environment and IPC

The new MRI unit is located on the ground floor of the hospital and it consists of a patient changing area and bathroom facilities, an office, a control room and a room containing the MRI scanner.

The new facilities were found to be of a high standard with a range of storage units. It was noted there were no locks on cupboards containing contrast agents, the anaphylaxis box and cleaning materials. This was brought to the attention of the senior staff present and they agreed they would ensure locks were fitted to cupboards containing these items. The superintendent radiographer has subsequently confirmed this work has been completed.

The hospital had appropriate arrangements in place in relation to infection prevention and control (IPC). Hand washing facilities and a range of consumables were available to promote adherence to effective hand hygiene practices. Adequate supplies of personal protective equipment (PPE) were provided and accessible to staff. Planned cleaning schedules were reviewed and included daily and weekly tasks which will be carried out by staff.

5.2.4 MRI Safety and Quality Assurance

It was noted there was a controlled access system in place to ensure no unauthorised individual could enter the unit. It is recommended that staff are safety screened in order to be authorised to enter a MR controlled access area. Staff are provided with information about potential hazards of the magnetic field and complete a written questionnaire relating to health conditions, the presence of implantable medical devices and the presence of metallic objects. We were informed domestic staff worked under the supervision of a MRI trained radiographer. Suitable warning signs were clearly displayed at the entrance to inform staff and the public of the magnetic resonance (MR) controlled access area.

Only equipment that is known to be suitable should be brought into the MR environment. We were informed there are systems in place to ensure equipment within the MR environment has been approved as safe and labelled in accordance with Medicines and Healthcare Products Agency (MHRA) Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use, February 2021.

The hospital maintains a list of the personnel suitably qualified and authorised to operate the MRI. Only staff appropriately trained and experienced in the use of the MRI equipment scan patients at UIC. It was noted there are seven MRI radiographers and six of these have additional MR professional qualifications and all have several years' experience. Some of the staff recently participated in The Faculty of Radiologists Irish MRI Meeting-Hot Topics in MRI and were awarded continuous practice development (CPD) credits. A Local Rules Booklet, July 2022 was available to guide staff in relation to the MRI, for example it contained information on, the layout of the unit, equipment labelling guidance, staffs' roles and responsibilities, patient management, safety screening and adverse incident reporting.

It was noted that a system was in place to ensure that incidents, accidents and notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. However, it was not clear if the hospital reported incidents directly to the MHRA, as outlined in this guidance.

The senior nurse confirmed they would discuss this matter with the registered manager and governance team, who are informed of all incidents through the hospital reporting system and any appropriate action would be taken.

There was evidence of MRI audits being completed which looked at the following areas: clinical opinion, image quality and report language. It was noted from communication between the superintendent radiographer and senior radiologist there had been discussions relating to the establishment of a formal peer review and auditing process in relation to MRI scanning and reporting. There was a proposal to commence this at regular unspecified intervals to ensure good governance and oversight. This work has not been progressed. UIC would be advised to expedite this work and to ensure it feeds into the hospital's overall governance system.

Staff told us there is an ongoing programme of support, training and maintenance provided as part of the procurement process from the company who have supplied the equipment, and they also have access to the Regional Medical Physics Service for additional support if required. A record of all faults are kept in a machine specific log book and staff told us there are systems in place for the machine to be monitored by the supplier remotely and action taken to address the issues promptly.

5.2.3 Patient MRI Information, Safety and Comfort

Patients who arrive at the hospital for an MRI scan, report to the x-ray department's reception and remain in a waiting room before being escorted to the MRI unit. Patients cannot enter the area unaccompanied and only do so by an authorised staff member. There are two small changing areas equipped with toilet and handwashing facilities where the patients can change in private to ensure their privacy and dignity.

There was written information available for patients which provided a clear explanation of the various MRI scans. It was noted the patient general information leaflet has been updated to reflect gender neutral terminology.

Staff had a good awareness of patient safety and comfort issues relating to the MRI scanning process. There was a large window at the work station to facilitate observation of the patient and a two way intercom between the operator and the patient was available to ensure effective communication. Ear defenders were available for use by patients to protect from acoustic noise. There was an emergency call button positioned at the main work station within the MRI control room for use in the event of an emergency. It was linked directly through to appropriate staff including the RMO and senior nurses. The staff also had access to a resuscitation trolley located in the x-ray department on the same floor as the new unit. The superintendent radiographer was advised to undertake a resuscitation simulation exercise to ensure the current location of the emergency trolley was satisfactory and the safety screening of staff expected to respond to emergency calls was in place.

Patient records were stored on an electronic system and only accessible to authorised staff. These records include patient details, consultation notes, health questionnaire, consent and record of the procedure.

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 Ms Wendy McCaughern and the superintendent radiographer as part of the inspection process and can be found in the main body of the report.



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