



The Regulation and
Quality Improvement
Authority

Fitzwilliam Clinic
RQIA ID: 10637
70-72 Lisburn Road
Belfast
BT9 6AF

Inspector: Jo Browne
Inspection ID: IN022121

Tel:028 9032 3888

**Announced Care Inspection
of
Fitzwilliam Clinic**

31 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 31 July 2015 from 10.00 to 15.30. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

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 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 (not applicable in this establishment).

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	1

The details of the QIP within this report were discussed with Ms Sheila Jordan, registered manager and Mrs Kelly Buckley, practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details.

Registered Organisation/Registered Person: Fitzwilliam Partnership Mr James Small, Mr John Sinclair & Mr James Kennedy	Registered Manager: Sheila Jordan
Person in Charge of the Establishment at the Time of Inspection: Sheila Jordan	Date Manager Registered: 13 January 2014
Categories of Care: AH (DS) – Acute Hospital (Day Surgery) PD – Private Doctor PT (L) – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

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 (not applicable in this establishment), laser safety, 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 and complaints return.

During the inspection the inspector met with the registered manager and the practice manager.

The following records were examined during the inspection:

- Six patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Complaints records
- Policies and procedures
- Surgical checklists
- RQIA certificate of registration
- Surgical register of operations
- Theatre manual
- Service records for theatre equipment
- Incident/Accident Records
- Insurance documentation
- Training records
- Laser safety documentation

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced variation care inspection to review the provision of laser services and include the PT (L) category of registration, dated 20 February 2015. An estates inspection was also undertaken at the same time and any estates issues were reported and addressed under separate cover. The previous annual announced care inspection of the establishment was undertaken on 30 July 2014. Requirements and recommendations from both care inspections were reviewed during this inspection and are outlined within this report.

The completed QIPs were returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspections Dated 31 July 2014 and 20 February 2015

Previous Inspection Statutory Requirements from 31 July 2014		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 28 (1)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all identified notifiable incidents are retrospectively reported to RQIA and ensure any future incidents are reported within the agreed timescales.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The identified notifiable incidents were retrospectively reported to RQIA and all other incidents were reported within the agreed timescales.</p>	

Previous Inspection Recommendations From 31 July 2014		Validation of Compliance
Recommendation 1 Ref: Standard 31.10 Stated: First time	The registered manager should ensure that the list of emergency medication is expanded to include the drugs used in a medical emergency and the number of each type of fluid to be retained on the resuscitation trolley.	Met
	Action taken as confirmed during the inspection: Review of the emergency medication list, the resuscitation trolley and discussion with the registered manager confirmed that this recommendation had been fully addressed.	
Recommendation 2 Ref: Standard 32.3 Stated: First time	The registered manager should ensure that the name of the team leader is identified on the off duty to ensure that a permanent record is retained.	Met
	Action taken as confirmed during the inspection: Review of the duty rotas confirmed that the name of the team leader for theatre was permanently recorded.	
Recommendation 3 Ref: Standard 48.16 Stated: First time	The registered manager should ensure that the illuminated laser warning sign and the warning sign on the door leading to the theatre are removed.	Met
	Action taken as confirmed during the inspection: Review of the theatre environment confirmed that the laser warning signs had been removed.	

Previous Inspection Statutory Requirements from 20 February 2015		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all information required by legislation is retained before granting practising privileges as outlined in the main body of the report.</p> <p>Action taken as confirmed during the inspection: Confirmation was received by RQIA prior to granting the variation in registration that all information required by legislation was retained by the establishment before practising privileges was granted to the authorised user of the laser equipment. The personnel file of the authorised user was reviewed during this inspection and found to be in line with the legislation.</p>	Met
Previous Inspection Recommendations From 20 February 2015		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 16.6 & 16.8</p> <p>Stated: First time</p>	<p>The registered manager should ensure that one Statement of Purpose and Patient Guide is in place that reflects all of the services available within the hospital, including laser treatments.</p> <p>Action taken as confirmed during the inspection: Copies of the updated Statement of Purpose and Patient Guide were forwarded to RQIA prior to the variation in registration being granted and were found to be in line with the legislation. All services were available within the hospital were included.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 48.4</p> <p>Stated: First time</p>	<p>The registered manager should ensure that Dr Patel is contacted to confirm that the medical treatment protocols provided are the most recent version.</p> <p>Action taken as confirmed during the inspection: Confirmation was received prior to granting the variation in registration that the treatment protocols were the most recent version.</p>	Met

Recommendation 3 Ref: Standard 48.18 Stated: First time	The registered manager should ensure that systems are in place to unlock the laser treatment room from the outside in the case of an emergency.	Met
	Action taken as confirmed during the inspection: It was confirmed prior to granting the variation in registration that arrangements were in place to securely store a key to unlock the laser room in the event of an emergency. It was observed during this inspection that the key is stored within very close proximity to the room.	

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with Ms Jordan regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. Private consultation rooms were observed to be provided for patients to meet with the medical practitioners containing modesty screens. Private individual changing rooms are available close to the theatre. The establishment has a recovery area that can accommodate up to two patients which are in close proximity with each other and divided by curtains. The design and size presents challenges to nursing and medical staff in ensuring the privacy and confidential of patients. The registered manager confirmed that, where possible, only one patient will be cared for in the recovery area at a time.

Patient care records were observed to be stored securely within locked filing cabinets within a secure room. Electronic records are accessed using individual user names and passwords.

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.

The establishment has policies and procedures in place to promote dignity, respect and rights. A selection of policies was reviewed during the inspection.

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 staff and review of ten 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 with compassion, dignity and respect. No patients wished to speak with the inspector at the time of inspection.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number 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?

Fitzwilliam 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.

The establishment issued feedback questionnaires to patients and 147 were returned and completed. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Some of the comments from patients included:

- “Excellent treatment, really very pleased – thank you”
- “Altogether excellent service”
- “Overall very friendly and professional staff”
- “Could not have wished for anything better”
- “Excellent team, highly recommend”
- “Great service, thanks to all the staff and consultants”

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 in the waiting area of the establishment.

Discussion with Ms Jordan confirmed that comments received from patients and/or their representatives are reviewed by senior management at the quarterly management meetings. 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 Ms Jordan and review of the completed patient satisfaction questionnaires confirmed that patients 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 client 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 Ms Jordan 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.

Review of ten 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
- Statement of the patient's condition
- Discharge plan

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

A 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.

The hospital also has discharge brochure which is provided to all patients and contains information regarding their procedure and relevant contact numbers.

With the consent of the patient, a discharge letter summarising their treatment and care is sent to their 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 staff confirmed that patients are provided with a comprehensive information pack prior to their admission which outlines any pre-operative requirements and the arrangements day surgery.

The establishment has a wide range of information leaflets available regarding the various types of procedures available. Ms Jordan 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.

Review of the care records and discussion with staff 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.

Ms Jordan 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 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 Jordan 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 Regulation and Quality Improvement Authority (RQIA) to the establishment for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Ms Jordan and Mrs Buckley 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 quarterly. The audit information is used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Patient Guide; copies of which are available in the patient information file within the waiting area for patients to read.

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 Jordan 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.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number 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 registered manager and surgeon. 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 level of sedation used.

Review of the patient care records and discussion with staff confirmed that the anaesthetist who gives 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

Staffing levels were discussed with the registered manager and four weeks of duty rotas were 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 on the duty rotas.

The anaesthetist and/or surgeon are present throughout the operation and the anaesthetist 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 to recovery to home. A medical practitioner agrees that the patient is fit for discharge and a record is retained of this decision with the patient care records.

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.

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. Intra-operative fluid management, the identification of the theatre team leader, the completion of the WHO checklist and roles and responsibilities of the theatre team was discussed with the registered manager who displayed a good understanding of the topics discussed.

The registered manager had developed a Venous Thromboembolism (VTE) Risk Assessment in line with the The National Institute of Health and Clinical Excellence (NICE) Clinical Guideline 92 on 'VTE – Reducing the Risk' (January 2010). However at the time of the inspection the risk assessment had not been implemented.

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

Is Care Compassionate?

It was confirmed that prior to surgery patients receive verbal and written pre-operative information on:

- Fasting
- Taking of existing medication
- Arrangements for escort to and from theatre
- Discharge home following surgery

It was confirmed that the information is available in a range of formats suited to the patient's age and level of understanding if required. The registered manager 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 staff and review of ten patient care records 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

It is recommended that this risk assessment is discussed with the Medical Advisory Committee and implemented for all day surgery patients. Agreement should be sought on which medical practitioner is responsible for the completion of the risk assessment.

Number of Requirements	0	Number Recommendations:	1
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5.8 Additional Areas Examined

Reducing the risk of Hyponatraemia when administering intravenous fluids to children and young people

The registered manager confirmed that the establishment does not administer intravenous fluids to children and young people. Fitzwilliam Clinic does not treat any patients under the age of 18.

Laser Safety

There were local rules, risk assessments and medical treatment protocols in place. The clinic has one member of staff authorised to use the laser and they have received the appropriate training to fulfil this role.

The area in which the laser is used was found to be safe and controlled with laser warning signs in place when treatment is being provided.

A review of the laser services provided confirmed that the clinic provides a safe and effective service, in line with the legislation, standards and good practice guidelines.

Management of Incidents

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

Review of incident management found that incidents were documented, fully investigated and had outcomes recorded.

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

RQIA registration and Insurance Arrangements

The insurance arrangements within the establishment were discussed and it was confirmed that current insurance policies were in place. The certificates of RQIA registration and insurance were clearly displayed in the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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6.0 Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jordan and Mrs Buckley as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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 RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (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.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

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 establishment. 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/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>It is recommended that the Venous Thromboembolism (VTE) risk assessment is discussed and agreed with the Medical Advisory Committee and implemented for all day surgery patients. Agreement should be sought on which medical practitioner is responsible for the completion of the risk assessment.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: The VTE risk assessment which has been developed will now be implemented .The surgeon will be responsible for the completion of this form</p>

Registered Manager Completing QIP	Sheila Jordan	Date Completed	15/09/2015
Registered Person Approving QIP	Sheila Jordan	Date Approved	15/09/2015
RQIA Inspector Assessing Response	Jo Browne	Date Approved	16/09/2015

Please complete in full and returned to RQIA to independent.healthcare@rqia.org.uk from the authorised email address