

Review of Vitrectomy Procedures Arrangements Announced Premises Inspection Report 8 November 2017



Cathedral Eye Clinic

Type of Service: Independent Healthcare Establishment
Sub type of service: eg Laser/IPL

Address: 89 - 91 Academy Street, Belfast, BT1 2LS

Tel No: 0289032 2020

Inspector: P Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered Eye Clinic providing ophthalmology care including laser eye surgery using class 3b and class 4 lasers.

3.0 Service details

Responsible Individual(s): Jonathan Moore	Registered Manager: Gary McArdle
Person in charge at the time of inspection: Gary McArdle	Date manager registered: 18 July 2017
Categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PD Private Doctor	Number of registered places: N/A

4.0 Inspection summary

The inspection was carried out by Phil Cunningham on 8 November 2017 between the hours of 10.00 and 12.30. Winnie Maguire, Independent Health Care Inspector, RQIA undertook a care inspection on the same day accompanied by Dr Ian Gillan, RQIA's Medical Physics Advisor. The report and findings of that inspection will be issued under separate cover.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

Cathedral Eye Clinic informed RQIA of their intention to provide vitrectomy procedures which may involve the use of a class 4 laser. Following consultation with Mr McArdle, registered manager, it was agreed that in order to provide assurances to RQIA that all the necessary safe and effective arrangements were in place prior to commencement of the service, an inspection would be conducted. Therefore, the focus of this inspection was to review the arrangements for the provision of vitrectomy procedures.

The procedures are to be carried out in the existing registered areas of the clinic and no alterations are planned for the premises.

One item was identified for attention by the provider and this is detailed in section 6.1 below. The required action and timescale is included in the Quality Improvement Plan appended to this report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gary McArdle, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 18 May 2017

The most recent inspection of the clinic was an unannounced care inspection undertaken on 7 February 2017. The care inspector approved the returned QIP from the report of that inspection on 4 April 2017.

5.0 How we inspect

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

- the request to include the vitrectomy procedures
- response from the registered provider to estates related queries raised during assessment of the request

During the inspection the inspector met with Gary McArdle, registered manager. The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

Premises

No alterations to the premises or the building's engineering services are planned in relation to this additional service. The proposed vitrectomy procedures are to be carried out in the existing registered facilities.

Following the receipt of the information regarding provision of the additional service by Cathedral Eye Clinic, several estates related queries were raised with the provider in August 2016 including:

1. The standard of ventilation being provided in the theatre facilities should be reviewed to establish if this is suitable for undertaking this type of procedure. The following people should be consulted as part of this review:
 - a. The Authorising Engineer (Ventilation)
 - b. The Independent Infection Control Advisor for the clinic
 - c. The Consultant Microbiologist for the clinic

- d. The Surgeons who will be carrying out these procedures.
2. The backup arrangements in place to deal with a failure of essential utility services during one of these procedures should be reviewed. The Authorising Engineers for the various engineering services should be consulted as part of this review.

The provider responded to the queries with the following information:

1. Confirmation from the clinic's Authorising Engineer (Ventillation), the Infection Control Advisor and the Consultant Microbiologist confirming that the ventilation system currently installed in the clinic was at a sufficient standard for the proposed procedures.

During the inspection on 8 November 2017, the Surgeon also confirmed this.

During the inspection, copies of relevant documentation was presented and this included a copy of quarterly validation report for the ventilation system carried out on 11 August 2017. The report contained several actions for attention by the provider and the registered Manager confirmed that these were in hand. It was also confirmed that the system is to be subjected to annual validation in November 2017.

2. That the patient will not be negatively impacted by a failure in essential utility services during a vitrectomy procedure. In the event of a power outage, the procedure can be stopped, and the patient will be provided with antibiotics and an eye shield. The procedure will then be completed at the nearest possible opportunity.

Area for improvement

The provider presented a copy of the premises' fire risk assessment during the inspection. This was last reviewed on 19 August 2016 and is due to be reviewed again in November 2017. The assessment report contained a number of actions for attention by the provider and the manager confirmed that a number of these have been addressed.

It is required that the risk assessment is reviewed to provide an update on the current position of the actions, and to include the proposed vitrectomy service and any implications that this may have on fire safety arrangements in the clinic.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Gary McArdle, registered manager, 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 implemented to comply with regulations and standards, then 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 clinic. The registration is not transferable, 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.

7.1 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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

7.2 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 Independent Health Care Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

<p>Area for improvement 1</p> <p>Ref: Regulation 25(4)(f)</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that the fire risk assessment is reviewed to include any relevant changes to the premises and equipment for the purpose of the vitrectomy service.</p> <p>The assessment review should also include an update on the position on the actions listed on the report of 19 August 2016.</p>
<p>To be completed by: Prior to commencement of vitrectomy service</p>	<p>Response by registered person detailing the actions taken:</p> <p>Fire risk assessment conducted in November 2017 including a review of the changes due to the introduction of the vitrectomy service and an update on the actions being undertaken and implemented since 19th August 2016.</p>

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



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