

# Inspection Report

25 July 2024



## Kingsbridge Diagnostic and Treatment Centre

Type of Service: Independent Hospital (IH) – Refractive Eye Lasers; Day surgery services; Endoscopy services and Private Doctor

Address: Dataworks Kings Hall Health & Well Being Hub, Upper Lisburn Road,  
Belfast, BT9 6GW

Telephone number: 028 9066 7878

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

<p><b>Organisation/Provider:</b> Kingsbridge Healthcare Group Limited</p> <p><b>Responsible Individual:</b> Mr Mark Regan</p>	<p><b>Registered Manager:</b> Mrs Ashling Green</p> <p><b>Date registered:</b> 11 April 2024</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Ashling Green</p>	
<p><b>Categories of care:</b> Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers - PT (L) Private Doctor - PD Acute hospitals (day surgery only) - AH (DS)</p>	
<p><b>Brief description of how the service operates:</b> Kingsbridge Diagnostic and Treatment Centre (KDTC) is a two storey building, part of the Kings Hall Health and Wellbeing Hub in Belfast. KDTC is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with prescribed techniques or prescribed technology: establishments providing endoscopy services PT (E); private doctor (PD) and acute hospitals (day surgery only) AH (DS) categories of care.</p> <p>Kingsbridge Healthcare Group Limited is the registered provider for three independent hospitals registered with RQIA. Mr Mark Regan is the responsible individual for Kingsbridge Healthcare Limited.</p> <p><b>Laser equipment available in the service:</b></p> <p>Manufacturer: Lumenis Model: Aura Yag PT Serial Number: YA44-0165 Laser Class: 3B Wavelength: 1064nm</p> <p>Manufacturer: Zeiss Model: Visumax 800 Serial Number: 9511100388 Laser Class: 3B Wavelength: 1043nm</p> <p>Manufacturer: Zeiss Model: Mel 90</p>	

Serial Number: 9507700033

Laser Class: 4

Wavelength: 193nm

**Types of laser treatment provided:**

Refractive eye surgery – Lasik, Smile, Photorefractive keratectomy (PRK)

Capsulotomy procedures using Lumenis-Aura Yag.

## 2.0 Inspection summary

This was an announced variation to registration inspection undertaken by two care inspectors and an estates inspector on 25 July 2024 from 10.00 am to 4.45 pm. RQIA's Laser Protection Advisor (LPA) accompanied the inspectors and reviewed the laser equipment and the laser safety arrangements. Their findings and recommendations are appended to this report.

The RQIA estates inspector's findings are incorporated into this report under section 5.2.11.

Mrs Ashling Green submitted a variation to registration application in January 2024 on behalf of Kingsbridge Healthcare Group Limited in relation to Phase 3 of the KDTC.

Phase 3 pertains to the use of the first floor on this site. The application includes the addition of the prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) category for the introduction of a new refractive laser eye service and an ophthalmology suite.

An X-ray room; a range of consultation rooms; a clinical physiology suite and a café are also provided on the first floor.

The private general practitioner (GP) service currently provided in Kingsbridge Private Hospital Belfast (KPHB) will also relocate to this site in the near future.

This inspection focused on the laser safety arrangements and refractive eye service that fall under regulatory activity.

The inspection sought to assess the variation of registration application to assess compliance with the legislation and minimum standards and review the readiness of the establishment associated with the variation to registration application. Following due process, the variation to registration application was approved.

There was evidence of good practice concerning staffing arrangements and authorised operator training; recruitment; the management of medical emergencies; infection prevention and control (IPC); laser safety; the management of the patients' care pathway; clinical and organisational governance; and maintenance of the premises.

Additional areas of good practice identified included maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

No areas for improvement were identified as a result of this inspection.

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the clinic is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

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

- the registration status of the establishment;
- written and verbal communication received since the previous inspection;
- the previous inspection reports;
- the variation application.

Inspectors examined records in relation to each of the areas inspected and met with Mrs Green, Registered Manager, the medical director, members of the KDTC estates' team, and the laser protection supervisor (LPS) at KDTC.

### 4.0 What people told us about the service?

As this service variation is not operational there were no patients to speak with. Patients views will be actively sought as part of future inspections.

### 5.0 The inspection

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

The last inspection to KDTC was undertaken on 11 December 2023; no areas for improvement were identified.

### 5.2 Inspection outcome

#### 5.2.1. Has the statement of purpose been developed in keeping with Regulation 7

A review of the proposed statement of purpose evidenced that it mostly reflected the key areas and themes as specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs Green is aware that the statement of purpose should be reviewed and updated as and when necessary.

### 5.2.2. Has the patient guide been developed in keeping with Regulation 8, of the regulations?

A review of the proposed patient guide evidenced that it fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs Green is aware that the patient guide should be reviewed and updated as and when necessary.

### 5.2.3 How does this service ensure that staffing levels are safe to meet the needs of patients and staff are appropriately trained to fulfil the duties of their role?

Evidence was sought to understand how staffing was being addressed with the increase in capacity. Staffing arrangements were reviewed and it was confirmed that appropriately skilled and qualified staff were in place. A review of records and discussion with staff confirmed that the majority of staff had transferred from KPHB. One new consultant ophthalmologist had been recruited to support the delivery of the refractive laser eye surgery service. A team consisting of consultant ophthalmologists, anaesthetists, optometrists, registered nurses and laser technicians, all of whom have evidence of specialist qualifications and skills in refractive laser eye surgery in place.

The Kingsbridge Healthcare Group training academy provides an ongoing training programme. All staff are facilitated and encouraged to take part in ongoing training to update their knowledge and skills, relevant to their role. The training academy provides Mrs Green with a monthly update of completed staff training.

An electronic system was in place to monitor all aspects of ongoing professional development and a record was retained of all training and professional development activities. A review of the electronic system confirmed a high level of compliance. Staff had either completed or were in the process of completing training as outlined in the [RQIA training guidance](#) and legislation.

Induction programmes relevant to roles and responsibilities are required to be completed when new staff join the team. A review of records confirmed that the newly appointed authorised operators had completed a programme of induction.

Discussion with Ms Green in conjunction with a review of documentation confirmed that robust arrangements were in place to check the registration status for all clinical staff on appointment and twice yearly on an ongoing basis. The arrangement for monitoring the professional indemnity of all staff was also in place.

It was determined that appropriate staffing levels were in place to meet the needs of patients and the staff were suitable trained to carry out their duties.

### 5.2.4 How does the service ensure that recruitment and selection procedures are safe?

The arrangements in respect of the recruitment and selection of staff were reviewed.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

KDTC has a corporate human resources (HR) shared services department. The corporate HR department supports Mrs Green during the recruitment process. The HR department is responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and issuing reference requests.

HR is responsible for ensuring all recruitment records have been sought and uploaded to the electronic HR system. Mrs Green confirmed that she has access to this information and can satisfy herself that all required recruitment documentation is in place for new staff members prior to their commencement of work.

A review of a sample of personnel files of staff recruited since the previous inspection, confirmed that recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

Discussions with Mrs Green and the medical director confirmed that they both had a clear understanding of recruitment and selection legislation and best practice guidance.

The staff register reviewed was found to be up to date and included the names and details of all staff who are and have been employed, in keeping with legislation.

It was determined that recruitment and selection procedures were in place to ensure compliance with the legislation and best practice guidance.

### **5.2.5 How does the service ensure that medical emergency procedures are safe?**

The arrangements in respect of the management of medical emergencies were reviewed.

KDTC has policies and procedures in place for dealing with medical emergencies.

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

It was confirmed that an emergency trolley is located centrally on the first floor ensuring that all staff have immediate access to appropriate drugs and equipment in the event of cardiorespiratory arrest.

Systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date. A check list was provided with the trolley that itemised both the contents of each drawer and the equipment stored on the top. An anti-tamper seal was in place.

The automated external defibrillator, oxygen cylinder and suction machine are checked daily. Pharmacy also conduct quarterly checks of controlled drugs.

As confirmed in a previous inspection, a control drug license had been issued by the Department of Health on 1 December 2022.

It was identified that there was a means of calling for help in an emergency.

This includes a nurse call button system for which there is an alarm display screen located at the nurses' station. This alarm is tested daily. There were also red desktop emergency telephones in place.

A review of training records evidenced that the consultant ophthalmologists and all nursing staff had completed immediate life support (ILS) and all other staff for basic life support (BLS).

Staff based on the first floor were made familiar with the uses and location of medical emergency medicines and equipment during induction.

Mrs Green also assured us that patients undergoing laser eye procedure will be supervised and assessed post procedure by a member of the nursing team in the designated recovery room. The patient will be formally discharged by the consultant.

A laser grab sheet was in place to accompany the patient to the local eye emergency department in the event of laser eye injury. Advice was given to Mrs Green to review this document. See appended LPA report for further information. It was noted that a procedure was also in place in the case of fluorine gas exposure.

Review of the arrangements to manage a medical emergency identified that staff were suitably trained and appropriate medicines and equipment were in place to manage a medical emergency should one arise.

#### **5.2.6 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?**

The arrangements for IPC procedures were reviewed to evidence that the risk of infection transmission to patients, visitors and staff was minimised. There were IPC policies and procedures in place that were in keeping with best practice guidance.

It was evidenced that a robust programme of IPC auditing is in place. Commissioning tests such as the most recent airborne particulate and microbiological survey had been carried out on 24 July 2024 and the findings were in accordance with best practice and current standards.

An external IPC audit had been undertaken during July 2024. An action plan had been developed and all actions completed and re-audited to ensure compliance with IPC standards.

A tour of the first floor was undertaken, all areas were found to be clean, tidy, uncluttered and finished to a high standard of décor. Arrangements for decontaminating the environment and equipment between patients and cleaning communal areas were discussed with Mrs Green were found to be in keeping with best practice.

A review of training records confirmed that staff had received IPC training commensurate with their roles and responsibilities.

Mrs Green informed us that only single-use medical devices are used during laser eye surgery.

The IPC measures to prevent transmission of respiratory illnesses in the hospital were discussed with Mrs Green who assured us that regular checks were made of DoH websites for further advisory information, guidance and alerts in this regard.

Personal protective equipment (PPE) was readily available in keeping with best practice guidance.

Waste management arrangements were in place and clinical waste bins were pedal operated in keeping with best practice guidance.

The laser suite and treatment room provided dedicated hand washing facilities and hand sanitiser was available throughout the clinic.

The service had appropriate arrangements in place in relation to IPC and decontamination.

### **5.2.8 How does the service ensure that laser procedures are safe?**

The arrangements in respect of the safe use of the laser equipment were reviewed.

The laser equipment (Lumenis Aura PT YAG laser) previously located in KPHB had been relocated to a dedicated laser room and the two new Zeiss lasers were located in the laser suite.

A review of the laser safety files found that they contained all of the relevant information in relation to all the laser equipment in place. There was written confirmation of the appointment and duties of a certified LPA which will be reviewed on an annual basis. The service level agreement between the clinic and the LPA was reviewed and it expires on 8 February 2025.

It was confirmed that refractive laser eye procedures will only be carried out by the consultant ophthalmologists acting as the clinical authorised operators and will be assisted by laser technicians acting as non-clinical authorised operators. A register of clinical and non-clinical authorised operators for the lasers was in place and Mrs Green is aware that it should be maintained and kept up to date.

Mrs Green confirmed that the consultant ophthalmologists undertake laser eye surgical procedures in accordance with medical treatment protocols produced by the medical directors of KDTC and systems were in place to review the medical treatment protocols on an annual basis.

The clinic's LPA completed a risk assessment of the premises on 19 June 2024. Mrs Green is aware that the lasers must not be used until all actions have been completed and signed off by the LPS.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used and all appropriate authorised operators had signed to state that they had read and understood these.

As discussed in RQIA's LPA report, appended to this report, issues were identified in the local rules and risk assessment. Mrs Green was advised to discuss these matters with the KDTC appointed LPA. Following the inspection RQIA received confirmation these matters had been addressed and the necessary corrections made. It was also confirmed that both updated documents would be printed, signed and retained in the laser file.

Mrs Green confirmed that the LPS is aware that when the laser equipment is in use, the safety of all persons in the controlled area is her responsibility.

Arrangements were in place for another authorised operator to deputise for the LPS, in her absence, who is suitably skilled to fulfil the role.

As previously discussed in section 5.2.4, a review of training records confirmed that all clinical authorised operators had up to date training in core of knowledge; basic life support; infection prevention and control; fire safety awareness; and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

There were laser surgical registers in place for each laser and discussion with Mrs Green confirmed that the registers shall be maintained every time the lasers are operated and include the following information:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure given
- any accidents or adverse incidents

The Zeiss laser suite and the Lumenis Aura PT YAG laser treatment room, known as controlled areas, were found to be safe and controlled to protect other persons while treatment is in progress. Mrs Green confirmed that the doors to the controlled areas are locked, when the laser equipment is in use, but can be opened from the outside in the event of an emergency.

The lasers are operated using keys and passwords that unauthorised staff do not have access to and there were robust arrangements in place in relation to the safe custody of the keys and passwords of the laser equipment.

Mrs Green confirmed that protective eyewear was available for non-clinical authorised operators if required. A review of the eyewear evidenced that it was provided as outlined by the LPA in the local rules.

The laser safety warning signs are illuminated outside of the laser suite and the identified treatment room when the laser equipment is in use and turned off when not in use, as described within the local rules.

A laser safety warning sign was not in place at the second entrance to the Zeiss laser suite. Mrs Green advised that she was aware of the issue and a replacement sign had been ordered as priority and upon receipt, would be affixed to the door.

Discussion with Mrs Green identified that arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance.

Carbon dioxide (CO<sub>2</sub>) fire extinguishers, suitable for electrical fires were available in the clinic and arrangements were in place to ensure the fire extinguishers are serviced, in keeping with manufacturer's instruction.

### **5.2.9 How does the clinic ensure patients have a planned programme of care and have sufficient information to consent to treatment?**

Staff confirmed that all patients have an initial consultation with an optometrist who discusses their treatment options and the cost of the surgery.

During the initial consultation, patients will be asked to complete a health questionnaire. Systems were in place to contact the patient's general practitioner (GP), with their consent, for further information if necessary.

KDTC has a list of fees available for each type of laser procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the individual patient's prescription and surgery options available to them.

In accordance with General Medical Council (GMC) and the Royal College of Ophthalmologists guidance, patients meet with their surgeon on a separate day in advance of surgery, to discuss their individual treatment and any concerns they may have. They also meet the surgeon again on the day of surgery to complete the consent process for surgery.

Patients are provided with written information on the specific procedure to be provided that explains the risks, complications and expected outcomes of the treatment. Patients are also provided with clear post-operative instructions along with contact details if they experience any concerns. Systems were in place to refer patients directly to the consultant ophthalmologist if necessary.

Staff informed us that systems were in place to review the patient following surgery at day one, one week, one month, three months and longer if necessary.

Three patient care records reviewed were found to be well documented, contemporaneous and clearly outlined the patient journey.

The management of records within the clinic was found to be in line with legislation and best practice.

It was determined that appropriate arrangements were in place to ensure patients have a planned programme of care and have sufficient information to consent to treatment.

### **5.2.10 Are robust arrangements in place regarding clinical and organisational governance?**

Various aspects of the organisational and medical governance systems were reviewed.

The KDTC management team described an effective governance structure that provides a process and system of accountability to support the delivery of good quality service and to monitor and maintain high standards of care.

As discussed in section 1.0, KDTC is operated by Kingsbridge Healthcare Group Limited. Mr Mark Regan is the responsible individual for KDTC and Mrs Ashling Green is the registered manager.

Where the business entity operating a registered service is a corporate body or partnership or an individual owner who is not in day to day management of the service, unannounced quality monitoring visits by the registered provider, or person acting on their behalf, must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

It was established that Mrs Green is in day to day charge of the clinic but remains in daily contact with Mr Regan. Mr Regan is on site on a weekly basis and maintains oversight of service delivery. Therefore, Regulation 26 unannounced quality monitoring visits do not apply.

The Kingsbridge Healthcare Group has a medical advisory committee (MAC), chaired by the medical director, which meets quarterly with responsibility for the performance of medical staff and clinical matters. Review of minutes from the latest meeting confirmed that the new refractive laser eye service would be consolidated into the Kingsbridge Healthcare Group MAC moving forward.

With regards to the laser eye service, a laser safety committee has been established and there is an ophthalmic speciality meeting involving the medical director and ophthalmic surgeons, to which Mrs Green is also invited.

Discussion with staff and a review of records evidenced that staff meetings take place every month and minutes were available to review.

Staff working in different roles within the clinic confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Policies and standard operating procedures were in place to support practice on the organisation's intranet that was accessible to all staff.

## **Clinical governance**

As previously discussed, the refractive laser eye service consists of a team of consultant ophthalmologists, optometrists, registered nurses and laser technicians who have evidence of specialist qualifications and skills in refractive laser eye surgery.

A private GP service will also operate from the consultation rooms located on the first floor at KDTC.

One consultant ophthalmologist and one GP are considered to be a wholly private doctors as they are not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) and are not on the General Practitioner's (GP's) performer list in NI. Review of these private doctor's details confirmed evidence of the following:

- confirmation of identity
- current GMC registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained Medical Appraiser
- an appointed responsible officer (RO)
- arrangements for revalidation

The private consultant ophthalmologist and GP had completed training in accordance with RQIA's training guidance for private doctors and are aware of their responsibilities under GMC Good Medical Practice.

All medical practitioners working within the clinic must have a designated RO. In accordance with the GMC all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors (called RO's) work with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice, information must be shared with their RO who then has a responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

The consultant ophthalmologists working within the clinic each have a designated external RO due to their prescribed connection with other health care organisations.

KDTC monitors individual consultant files, checking registration with the GMC, professional indemnity and appraisals.

### **Practising Privileges**

The only mechanism for a clinician to work in a registered independent hospital is either under a practising privileges agreement or through direct employment by the clinic.

Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

A policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place.

A sample of practising privileges agreements were reviewed and found to be in accordance with best practice. It was noted that a signed competency declaration was in place for each medical practitioner detailing their scope of practice. It was confirmed that the practising privileges agreement is updated every two years.

A review of the oversight arrangements of the granting of practicing privileges agreements has provided assurance of robust medical governance arrangements within the organisation.

### **Quality assurance**

It was confirmed that the refractive laser eye service at KDTC will contribute to governance and quality teams already established within the Kingsbridge Healthcare Group. Governance meetings involve the senior management team, general managers and clinical leads. They meet quarterly to monitor, audit and review the effectiveness and quality of care and treatment delivered to patients.

Refractive laser eye services will be included within the KDTC audit schedule. The results are monitored by local and regional management team and actions identified for improvement are embedded into practice. If required, an action plan is developed to address any shortfalls identified during the audit process.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

It was confirmed current insurance policies were in place that cover all new services to be offered at KDTC.

A statement of purpose and patient's guide were in place and Mrs Green confirmed that these documents will be kept under review and updated as necessary.

Mrs Green is aware that the RQIA certificate of registration should be displayed appropriately.

### **Notifiable Events/Incidents**

A robust system was in place to ensure that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate.

Mrs Green confirmed that any learning from incidents would be discussed with staff. There was a process in place for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered at the earliest opportunity. An audit would be maintained, reviewed and the findings presented to the directors during their quarterly meetings.

### **Complaints Management**

A copy of the complaints procedure was available in the clinic and was found to be in line with the relevant legislation and Department of Health (DoH) guidance on complaints handling.

Mrs Green confirmed that a copy of the complaints procedure is made available for patients/and or their representatives on request.

It was confirmed that complaints received will be recorded on the KDTC event reporting system. They will be investigated and responded to appropriately to include details of all communications with complainants; the result of any investigation; the outcome and any action taken. There are arrangements for external review should the complainant remain dissatisfied. KDTC management team demonstrated that information gathered from complaints will be used to improve the quality of services provided.

Patient consultation was discussed with Mrs Green. A customised digital tool is used by KDTC patients currently to provide feedback. The verified reviews received are anonymised and analysed by the Kingsbridge Healthcare Group administrative team on a quarterly basis with results displayed on posters in patient and staff areas. Mrs Green advised that she has oversight of the digital tool and that questions relevant to refractive laser eye treatments would be added in due course.

Overall, the governance structures within the clinic provided the required level of assurance to the senior management team and the MAC.

### 5.2.11 Is the premises fit for the purpose of providing safe and effective care?

As discussed in section 2.0 above, an RQIA estates inspector conducted an on-site inspection of the first floor of the premises and met with the architect and members of the KDTC estates' team.

A building control completion of works certificate, FP/2023/2810/E was submitted and the existing planning consent approval document, LA04/2018/0040/ provided evidence that statutory approvals were valid for the building development.

Design consultant assurance documents submitted indicated that the premises have been designed, constructed and commissioned in compliance with:

- NHS Health Building Note (HBN) 52 Vol 2 Facilities for surgical procedures;
- HBN 6 Facilities for diagnostic imaging and interventional radiology;
- Health Technical Memorandum (HTM) 05:02 Fire safety in the Design of Healthcare Premises.

Authorising engineer (AE) design, commissioning validation certificates & report dated 24 July 2024 for the following engineering services was submitted, reviewed and recorded as compliant with the currently required standards:

- HTM 02:01 Medical Gas Pipeline Systems Part A;
- HTM 03:01 Specialised Ventilation for Healthcare Premises Part A;
- HTM 06:01 Electrical Services Supply and Distribution
- HTM 04:01 Control of legionella, hygiene, safe hot water and drinking water systems Part A.

Approval of the estates component of the variation to registration application was granted on 26 July 2024.

### 5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

## 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 Mrs Ashling Green, Registered Manager, as part of the inspection process and can be found in the main body of the report.

## Appendix 1

31 July 2024

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### Laser Protection Report

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#### Site Details:

Kingsbridge Diagnostic and Treatment Centre  
 Kings Hall Life Science Park  
 Kings Hall  
 Upper Lisburn Road  
 Belfast  
 BT9 6TW

#### Laser Equipment:

Make	Model	Class	Serial Number	Wavelength
Lumenis	Aura PT	3B	YA44-0165	1065nm (Nd:Yag)
Zeiss	Visumax 800	3B	9511100388	1043nm
Zeiss	Mel 90	4	9507700033	193nm (ArF)

#### Introduction:

A laser Protection Adviser inspection of Kingsbridge Diagnostic and Treatment Centre was performed on 25 July 2024. This report summarises the main aspects of the inspection and document review where improvements may be required. The findings are based on the requirements of the Minimum Care Standards for Independent Healthcare Establishments published July 2014 by the Department of Health, Social Services and Public Safety (DHSSPSNI), and other relevant legislation, guidance notes and European Standards.

The LPA inspection included a review of:

- Protective eyewear
- Environment / signage
- Training records and user authorisation
- Laser device markings
- Maintenance records
- Treatment protocols
- Risk assessments
- Local rules
- Appointment of duty holders (LPS/LPA)

#### Comments/Recommendations:

1. **Training:** Records showed that a small number of staff have not yet completed laser safety training and/or equipment training. The clinic should ensure that all staff receive laser training appropriate to their role prior to undertaking work.

**Zeiss Visumax Laser:**

- a) **Protective eyewear:** It was indicated in the local rules that when the laser is in normal use, protective eyewear is not required, however, the clinic was unclear whether service engineers would need eyewear during maintenance procedures. The clinic should seek advice from their LPA on this matter.
  - b) **Local Rules:** Section 12.1.d of the Zeiss Visumax local rules states 'Ensure that all present including the patient are wearing undamaged appropriate eyewear'. As this is contrary to the advice on protective eyewear in section 5, the clinic should discuss this with their LPA
2. **Zeiss Mel 90 Laser:** The laser grab sheet for the Mel 90 incorrectly states a potential injury to the retina. The clinic indicated on the day of the inspection they would update this immediately.
  3. **4.Risk Assessment:** Discussions with the clinic indicated that work was underway to implement the outstanding actions in the risk assessment, including the fitting of a toxic gas detector. The clinic should ensure that all actions have been completed and signed off prior to clinic use

The clinic should inform RQIA when the above points have been addressed.



Mrs Jane Brown  
Laser Protection Adviser to RQIA

### Post Inspection Update

The clinic has provided the following updates

Point 2a: The clinic has consulted their LPA and is following up with the service agent#

Point 2b: Section 12.1d has been removed from the local rules and this has been satisfactorily resolved

Point 3: The potential injury has been amended on the grab sheet and this has been satisfactorily resolved.



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews