



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

4 October 2024



## Marlborough Clinic Belfast Limited

Type of service: Independent Hospital (IH) – Day Surgery Service and  
dental Treatment

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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 Standards for Dental Care and Treatment \(March 2011\)](#)

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Marlborough Clinic Belfast Limited	<b>Registered Manager:</b> Mrs Brenda Nelson
<b>Responsible Individual:</b> Mrs Brenda Nelson	<b>Date registered:</b> 25 January 2023
<b>Person in charge at the time of inspection:</b> Mrs Brenda Nelson	<b>Number of registered places:</b> Six
<b>Categories of care:</b> Independent hospital (IH) – Dental Treatment Acute hospital - day surgery only AH (DS)	
<b>Brief description of how the service operates:</b> Marlborough Clinic Belfast Limited is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment and acute hospital (AH) day surgery (DS) categories of care. The practice has six registered dental surgeries providing private dental care and treatment with conscious sedation.  Hair transplant surgery is the only day surgery procedure currently provided by Marlborough Clinic Belfast Ltd.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 4 October 2024 from 10.00 am to 12.40 pm.

On 1 May 2022 The Regulation and Improvement Authority (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2022 came into effect. The minimum frequency of dental practice inspections changed to a minimum of one inspection in every 24-month period. All other independent hospitals and independent clinics are required to have a minimum of one inspection in every 12-month period.

The last inspection to Marlborough Clinic Belfast Ltd was undertaken on 10 October 2023 and included a review of the dental service. The purpose of the inspection was to assess compliance with the legislation and minimum standards in respect of the AH (DS) category of care.

This inspection focused on organisational and clinical governance, staffing arrangements and the management of the patients' care pathway.

There was evidence of good practice in relation to organisational and clinical governance; staffing provision and the management of the patients' care pathway.

No concerns were identified in relation to patient safety and the inspection team noted areas of strength, particularly in relation to the delivery of front line care.

### **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 practice is operating in accordance with the relevant legislation and minimum standards.

Before the inspection a range of information relevant to the registration application was reviewed.

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

- notifiable events since the previous care inspection
- the registration status of the hospital
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

The inspection team undertook a tour of the premises and the inspection was facilitated by Mrs Nelson.

During the inspection we spoke with Mrs Nelson and two staff members.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the QIP.

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

Posters were issued to Marlborough Clinic Belfast Ltd by RQIA prior to the inspection, inviting clients and staff to complete an electronic questionnaire. No completed patient questionnaires were submitted to RQIA prior to the inspection.

Five staff submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that clients were treated with compassion and that the service was well led. Two staff indicated that they were very satisfied with each of these areas of client care; two staff members indicated that they were very dissatisfied with each of these areas and one staff member indicated that they were satisfied in respect of each of these areas. One of the submitted responses included a comment indicating they found the Marlborough Clinic Belfast Ltd a great place to work.

The submitted staff questionnaire results were discussed with Mrs Nelson who advised us that management were aware of staff morale issues and had already initiated some measures to improve morale such as having regular staff meetings, reviewing staff leave and other less formal initiatives such as having a recipe corner, a book swap club, and special staff recognition for 'going the extra mile.'

## **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 Marlborough Clinic Belfast Limited was undertaken on 10 November 2023; no areas for improvement were identified.

## **5.2 Inspection findings**

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

It was demonstrated that there was a clear management structure with defined lines of responsibility and accountability. Policies and standard operating procedures were in place to support practice on the organisation's electronic digital platform that was accessible to all staff.

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

A medical advisory committee (MAC) has been established which meets quarterly. MAC meetings' records were retained and available for inspection. The MAC minutes reviewed included information on staffing and staff management, medical staff practising privileges status, professional registration status of all relevant staff, risk management, audits, clinical incidents, complaints and patient experience. It was confirmed that information is disseminated to staff following these meetings. In addition, monthly staff meetings are also held which are attended by both nursing and administrative staff.

### **Clinical governance**

There is one medical practitioner appointed to undertake hair transplant procedures. It was confirmed that the medical practitioner has completed specialist training in the hair transplant procedure provided by Marlborough Clinic.

The medical practitioner file is monitored, checking registration with the (General Medical Council) GMC, professional indemnity and appraisals on an ongoing basis.

It was confirmed that the medical practitioner is aware of their responsibilities under GMC Good Medical Practice.

## **Practising Privileges**

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

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 detailed policy and procedure for the granting, review and withdrawal of practicing privileges agreements was in place.

A practising privileges agreement was in place for the medical practitioner which was found to be in accordance with best practice. Mrs Nelson confirmed that the practising privileges agreement will be reviewed at least every two years.

Discussion with Mrs Nelson demonstrated the oversight arrangements for the granting of practicing privileges agreements and provided assurance of robust medical governance arrangements within the organisation.

## **Quality assurance**

Arrangements were in place to monitor, audit and review the effectiveness and quality of care and treatment delivered to patients at appropriate intervals.

A patient monitoring log has been established. The medical practitioner is responsible for completing this log and auditing on an annual basis. The findings will be shared with the MAC and recommendations (if any) agreed.

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.

## **Notifiable Events/Incidents**

A policy for the management and reporting of clinical risks, incidents and near misses and a policy for the management of national safety alerts were in place.

Mrs Nelson 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.

As previously mentioned significant incidents and themes reported will be discussed at the organisation's clinical governance meetings and MAC.

## **Complaints Management**

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

Mrs Nelson confirmed that a copy of the complaints procedure is made available for patients/and or their representatives on request and demonstrated a good awareness of complaints management.

It was confirmed that no complaints have been received. Mrs Nelson informed us that any complaint received would be investigated and responded to appropriately and would include details of all communications with complainants; the result of any investigation; and the outcome and any action taken. Mrs Nelson confirmed that information gathered from complaints will be used to improve the quality of services provided.

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

### **5.2.2 Does the hospital have appropriately qualified and skilled staff in place?**

The arrangements for the recruitment and selection of staff were reviewed. A recruitment policy and procedure was in place in keeping with legislation and best practice guidance.

A staff register was available to review and was found to be up to date and contained staff details in keeping with legislation. Three new hair transplant surgical assistants had been appointed since the last RQIA inspection.

A sample of two hair transplant surgical assistant's personnel files were reviewed and evidenced that information required by legislation was obtained and retained. An induction programme was available for all three newly recruited staff. It was evidenced that staff were recruited and employed in accordance with relevant employment legislation and best practice guidance.

Hair transplant surgery is the only day surgery procedure currently provided by Marlborough Clinic Belfast Ltd. The clinical team providing hair transplant surgery includes a medical practitioner registered with the General Medical Council (GMC) and three hair transplant surgical assistants. The clinical team is supported by administration staff and specially trained patient care co-ordinators.

A review of the details of the medical practitioner's record evidenced the following:

- confirmation of identity
- current GMC registration
- qualifications in line with the hair transplant service provided
- professional indemnity
- 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
- arrangements for revalidation

A review of training records evidenced that the medical practitioner had completed follicular unit hair transplant practical training.

A review of training records evidenced that the surgical assistants had completed surgical assistant practical training and that all the clinical team had completed basic life support, infection prevention and control, fire safety awareness and safeguarding adults and children at risk of harm training and where relevant, medicine management, in keeping with the RQIA training guidance.

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of patients.

### **5.2.3 Are there safe practices in place for the surgical service?**

The inspection team reviewed the arrangements for the provision of day surgery, specifically hair transplant procedures, as outlined under the statement of purpose and categories of care of Marlborough Clinic.

It was confirmed that prospective patients are invited to attend an initial consultation either with a specially trained patient care co-ordinator who can provide information on the hair transplant procedure or with the medical practitioner who undertakes the procedure, who will provide an in-depth consultation and assessment and also provide information and advice. The patient is also provided with written information about the hair transplant procedure detailing any preparation necessary in advance and also the post procedure aftercare protocol to be followed by the patient. It is made clear to prospective patients the content of both consultation options and the associated consultation fees.

The medical practitioner performing the surgical procedure is responsible for gaining consent from patients for their care and treatment in line with legislation and guidance. The consent process complies with the GMC's 'Guidance for doctors who offer cosmetic interventions' and the Royal College of Surgeons (RCS) 'Professional Standards for Cosmetic Surgery'.

The scheduling of patients for day surgery procedures is co-ordinated through the hospital's booking system with the involvement of hair transplant clinical team. Scheduling takes into account individual patient requirements, staffing levels, the estimated length of the procedure and any associated risks.

The inspection team were informed that patients will have surgical preparation to minimise infection risks. The medical practitioner undertaking the hair transplant procedure is the nominated person in charge and completes the surgical safety checklist based on World Health Organisation (WHO) guidance. Completion of the surgical checklist and compliance is routinely audited through the hospital's auditing process.

Patients will receive local anaesthesia only. It was confirmed that no other form of sedation would be required. It was confirmed that patients will be observed during and after the procedure by the clinical team. Patients will be discharged in accordance to discharge criteria by the medical practitioner who undertook the procedure. Patients will be provided with clear post procedure advice, information on follow up and who to contact in the event of a post treatment complication.

A fridge for the storage of hair follicles is provided in the treatment room should this be required during the hair transplant procedure. A record of daily fridge temperature is maintained to ensure that the fridge temperature remains within the required range of 2 to 8 degrees Celsius.

Sterile theatre packs are supplied under contract from an accredited central sterile service department (CSSD) based at the Ulster Hospital, Dundonald.

A review of the surgical register maintained for all hair transplant procedures undertaken was found to contain all of the information required by legislation.

A clinical protocol for hair transplant was in place which outlined patient selection, clinical and practice environment, the procedure, the recording of the procedure and patient follow up. The clinical protocol for hair transplant had been signed by the author thereby confirming the protocol has been produced by a registered medical practitioner who is appropriately trained and experienced in the relevant discipline for which the treatment is provided.

Patient care pathway records were reviewed and found to provide a framework for the clear record of admission, medical history, infection status, medication, observations on admission, the pre-procedure checklist, the WHO surgical safety checklist, intra-procedure details, traceability details, post procedure observations and discharge record.

Emergency medicines and equipment were located in the recovery area and checked each day the hair transplant service is operational. Discussion on emergency transfer arrangements noted that the medical practitioner would arrange the transfer out, liaising with HSC hospital services. A policy was in place to guide staff on the management of medical emergencies and the transfer of patients to HSC hospitals.

A review of day surgery arrangements evidenced that the service will operate in accordance with best practice and national standards to ensure care delivery is safe and effective.

During this inspection Mrs Nelson made enquires on adding other minor surgery day procedures in the future, advice and guidance was provided by RQIA and this area is being followed up separately with Mrs Nelson.

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

The environment was maintained to a high standard of maintenance and décor and suitable arrangements were in place for maintaining the environment.

## **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 Nelson, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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