

Follow up Inspection Report 21 March 2017



North West Independent Hospital

Type of service: Independent Hospital (IH) surgical services including medical laser services.

Address: Church Hill House, Ballykelly, BT49 9HS

Tel no: 02877763090

Inspector: Winnie Maguire

RQIA's Medical Physics Advisor: Dr Ian Gillan

1.0 Summary

An announced inspection of North West Independent Hospital took place on 21 March 2017 from 12.50 to 15.00.

The focus of inspection was the laser service through a detailed review of the previous requirement and recommendations made as a result of the inspection conducted 16 and 17 November 2016. Dr Ian Gillan, RQIA's Medical Physics Advisor accompanied the inspector to review the laser safety arrangements for the laser service; the findings and report of Dr Gillan are appended to 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 (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Finola Carmichael, registered manager and Ms Liz Dallas, hospital director as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 and 17 November 2016.

2.0 Service details

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| Registered organisation/registered person: North West Independent Hospital Mr Philip Stewart | Registered manager: Ms Finola Carmichael |
| Person in charge of the hospital at the time of inspection: Ms Finola Carmichael | Date manager registered: 6 April 2011 |

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| Categories of care: Acute hospitals (with overnight beds)AH Acute Hospital (Day Surgery) AH(DS) Prescribed Technologies, Endoscopy PT(E) Prescribed Technologies, Laser PT(L) | Number of registered places: 35 in patients 13 day case places |
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Laser equipment

Manufacturer: LSO Medical
Model: Endotherme 1470
Serial Number: PH1470-0032
Laser Class: 4

Laser protection advisor (LPA) - Mr Philip Loan

Laser protection supervisor (LPS) - Mr Zola Mzimba

Medical support services - Mr Zola Mzimba

Clinical authorised operator - Mr Zola Mzimba

Non-clinical authorised operator - Laser engineer

Types of treatment provided - Endovenous closure using laser therapy

3.0 Methods/processes

During the inspection the inspector met with Ms Carmichael, registered manager, Ms Dallas, hospital director, a laser engineer, the theatre manager and the deputy theatre manager who acts as the laser link nurse.

The following records were examined during the inspection: two personnel files, advanced life support training records, a practising privileges agreement spreadsheet, laser documentation and laser training records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 January 2017

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 16 and 17 November 2016

| Last care inspection statutory requirements | | Validation of compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time | The registered provider must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff commencing work and all relevant information in respect of the checks is retained. | Met |
| | Action taken as confirmed during the inspection: Review of two personnel files of staff in the process of recruitment since the last inspection confirmed AccessNI enhanced disclosure checks are carried out prior to commencement of employment. | |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 14.2 Stated: First time | Identified gaps in employment should be discussed with staff and any explanations given recorded, if applicable. | Met |
| | Action taken as confirmed during the inspection: Direct recruitment has recommenced and Ms Carmichael gave assurances all employment gaps would be fully explored with applicants and recorded. | |
| Recommendation 2 Ref: Standard 48.12 Stated: First time | Ensure there is evidence of application training and core of knowledge training for the authorised user. | Met |
| | Action taken as confirmed during the inspection: Authorised operators had evidence of application training and core of knowledge training. | |

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| <p>Recommendation 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> | <p>Ensure the following are in place in relation to the provision of the laser service:</p> <ul style="list-style-type: none"> • a laser safety file with information relating to the laser in use • medical treatment protocols • a laser register | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>A laser safety file is in place which contains all of the relevant information in relation to laser equipment.</p> <p>There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.</p> <p>Laser surgical procedures are carried out by a consultant vascular surgeon in accordance with medical treatment protocols produced by Mr Zola Mzimba in November 2016. Systems are in place to review the medical treatment protocols on yearly basis.</p> <p>Up to date local rules are in place which have been developed by the laser protection advisor (LPA). The local rules contained the relevant information pertaining to the laser equipment being used.</p> <p>The hospital's LPA completed a risk assessment of the premises in March 2017 and recommendations made had been addressed.</p> <p>A list of clinical and non-clinical authorised operators is maintained and authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.</p> <p>When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.</p> <p>The laser surgical procedures are delivered in the endoscopy room within the hospital's theatre suite.</p> <p>The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in</p> | | |

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| | <p>progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when surgery is being carried out.</p> <p>The door to the endoscopy room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.</p> <p>The laser equipment is operated using a specific individualised keycard. Following inspection a policy was developed outlining the use of these keycards to ensure that authorised operators only have control and use of them. An electronic copy of the policy was forwarded to RQIA.</p> <p>Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.</p> <p>Protective eyewear was not available as outlined in the local rules. However following inspection confirmation was provided that the protective eyewear as outlined in the local rules was available.</p> <p>The hospital has a laser surgical register which will be completed every time the equipment is operated and includes:</p> <ul style="list-style-type: none"> • the name of the person treated • the date • the operator • the treatment given • the precise exposure • any accident or adverse incident <p>A review of the laser surgical register during the inspection found it to be devised in line with legislation.</p> <p>There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report was reviewed as part of the inspection process.</p> <p>The hospital's infection prevention and control (IPC) advisor carried out an audit of the area in which the laser is to be used and confirmed there are adequate IPC arrangements in place.</p> | |
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| Recommendation 4 Ref: Standard 31.7 Stated: First time | Provide written evidence that the resident medical officer has undertaken advanced life support training for adults and children. | Met |
| | Action taken as confirmed during the inspection: It was confirmed arrangements had been made for resident medical officers to undertake advanced life support training. | |
| Recommendation 5 Ref: Standard 11.5 Stated: First time | Ensure practising privileges agreements are formally reviewed on at least a two yearly basis. | Met |
| | Action taken as confirmed during the inspection: A spreadsheet has been developed to ensure all practising privilege agreements are renewed on at least a two yearly basis. | |

The laser safety arrangements were found to be satisfactory and approval was given for the laser service to re-commence.

4.3 Inspection findings

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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