



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

ANNOUNCED ESTATES INSPECTION

RQIA Inspection No: IN020690
RQIA Establishment ID No: 10624
Name of Establishment: North West Independent Hospital, Ballykelly
Dates of Inspection: 30 October 2014
Estates Inspector: K. Monaghan

1.0 GENERAL INFORMATION

Name of Hospital:	North West Independent Hospital
Address:	Church Hill House Ballykelly BT49 9HS
Telephone Number:	028 77 76 30 90
Registered Organisation/Provider:	Mr. Philip Stewart, North West Independent Hospital
Registered Manager:	Miss Finola Patricia Carmichael
Person in Charge of the Hospital at the time of Inspection:	Miss Finola Patricia Carmichael, Registered Manager
Other person(s) present during inspection:	Mr. D. Madden, Hospital Estates Officer Mr. M. McAllister, Hospital Technical Engineer
Type of establishment:	Independent Hospital
Categories of Care:	AH, PT(E), PT(L), AH(DS)
Number of Beds:	35
Conditions of Registration:	The hospital is also registered for thirteen (13) day case places to be accommodated in the Day Case Unit.
Date of previous Estates inspection:	22 February 2013
Date and time of inspection:	30 October 2014 (10:20am – 2:25pm.)
Name of Inspector:	K. Monaghan

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 INSPECTION PURPOSE

The purpose of this inspection was to establish the level of compliance with current legislative requirements and the Minimum Care Standards for Independent Healthcare Establishments issued by the Department of Health, Social Services and Public Safety in July 2014. This was achieved through a process of evaluation of the available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standard.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of independent health care establishments, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Independent Health Care Regulations (Northern Ireland) 2005 Minimum Care Standards for Independent Healthcare Establishments (DHSSPS, July 2014)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 INSPECTION METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

1. Discussions with Mr. D. Madden, Hospital Estates Officer and Mr. M. McAllister, Hospital Technical Engineer
2. A review of the premises
3. Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspectors in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mr. D. Madden, Hospital Estates Officer and Mr. M. McAllister, Hospital Technical Engineer.

6.0 INSPECTION FOCUS

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments, July 2014.

Standards inspected:

- Standard 22 The premises and grounds are safe, well-maintained and suitable for their stated purpose
- Standard 24 Fire safety precautions are in place that reduce the risk of fire and protect patients and clients, staff and visitors in the event of fire

This inspection focused on the issues included in the Quality Improvement Plan for the previous Estates inspection to the hospital on 22 February 2013 and on a review of the premises. The support documentation in relation to the ongoing maintenance of the building and the engineering services for the premises was not reviewed during this Estates inspection.

7.0 SUMMARY

Following this Estates Inspection of the North West Independent Hospital in Ballykelly on 30 October 2014, improvements are required to comply with The Independent Health Care Regulations (Northern Ireland) 2005 and the criteria outlined in the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments, July 2014:

- Standard 22 Premises And Grounds
- Standard 24 Fire Safety

This resulted in six requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of, Mr. D. Madden, Hospital Estates Officer and Mr. M. McAllister, Hospital Technical Engineer throughout the inspection process.

8.0 INSPECTION FINDINGS

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

The previous Estates inspection to this hospital was carried out on 22 February 2013. The following issues should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.1	Regulations 15(7) 25(2)(a)	Previous QIP Item 1 The wall surface in the recovery room for theatre 2 should be made good.	The wall surface in the recovery room for theatre 2 had been made good.	N/A

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.2	Regulations 15(7) 25(2)(a)	Previous QIP Item 2 The cracking to the wall plaster in the bedroom corridor between bedrooms 38 & 39 and 40 & 42 should be made good. This area should also be monitored following the repairs.	Remedial works and extensive redecoration had been carried out. Further works were however required to fully make good the cracking to the wall plaster in the bedroom corridor between bedrooms 38 & 39 and 40 & 42.	Further remedial works should be completed to make good the cracking to the wall plaster in the bedroom corridor between bedrooms 38 & 39 and 40 & 42. This area should also be closely monitored for further cracking. If further cracking takes place, a structural engineer should be consulted for advice in relation to a more permanent solution to this issue. Reference should be made to item 1 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.3	Regulations 15(2)(b) 15(7) 25(2)(a)	Previous QIP Item 3 The borosilicate condensate traps for the ventilation equipment should be flushed clean and the ventilation equipment should be checked for satisfactory internal condition. These traps should also be closely monitored to ensure that any further discolouration is identified quickly and that appropriate action is taken.	Discolouration was noted in some of the borosilicate condensate traps for the ventilation equipment (recovery and theatre 3). The procedure for monitoring these traps and the record for same was changed during this Estates inspection. From now on these traps will be checked during the daily inspections of the ventilation plant.	The borosilicate condensate traps for the ventilation equipment should be flushed clean and the ventilation equipment should be checked for satisfactory internal condition. Reference should be made to item 2 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.4	Regulations 15(7) 25(2)(a)	Previous QIP Item 4 A programme of work should be developed for the remedial works to the corridor sub floor in the original theatre facilities.	The remedial works to the corridor sub floor in the original theatre facilities had been completed.	N/A
8.1.5	Regulation 15(2)(b)	Previous QIP Item 5 Confirmation that the contract for the ongoing maintenance of the medical gas pipeline system by the specialist contractor has commenced should be provided to RQIA.	Mr. Madden confirmed that the maintenance contract for the medical gas pipeline systems by the specialist contractor had commenced. This included six monthly maintenance visits to the hospital, each with a duration of approximately one week. The current six monthly maintenance visit was ongoing at the time of this Estates inspection.	N/A

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.6	Regulations 15(7) 25(2)(a)	Previous QIP Item 6 The three issues that had still to be addressed in relation to the action plan included in the report for the legionella risk assessment should be addressed and completion should be confirmed to RQIA.	Mr. Madden confirmed that the water storage tank above the out patients area had not been replaced. This tank had however been cleaned and disinfected. Subsequent to this Estates inspection, Mr. Madden confirmed by email to RQIA that this tank had been inspected again to re-evaluate the condition. Following this inspection it has been decided to replace this tank.	The Registered Persons should confirm the details for replacing this water storage tank. Reference should be made to item 3 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.7	Regulation 15(7)	Previous QIP Item 7 The results for the tests to the water samples that were taken for legionella testing on 21 February 2013 should be confirmed to RQIA.	Mr. Madden confirmed that water samples were tested on 05 March 2013 and the results were satisfactory.	The need to put in place a procedure for the regular ongoing testing of water samples should be considered. Guidance should be sought from the legionella risk assessor in relation to this issue. Reference should be made to item 4 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.8	Regulations 15(7) 15(2)(b)	Previous QIP Item 8 The validation reports for the ventilation systems and all of the procedures in place for the ongoing maintenance of the ventilation installations throughout the hospital should be reviewed by the Authorising Engineer (Ventilation). This should include the ventilation installations for the central sterile services department. Confirmation in relation to these issues should be provided to RQIA.	Since the previous Estates inspection the Authorising Engineer (Ventilation) had carried out inspections and auditing in relation to the ventilation installations in the hospital. Documentation in relation to these inspections and auditing was forwarded to RQIA. Mr. Madden confirmed that the most re-verification for theatre 3 (new theatre) was currently being audited by the Authorising Engineer (Ventilation).	The outcome of the most recent re-verification for theatre 3 should be confirmed to RQIA. Reference should be made to item 2 in the attached Quality Improvement Plan.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 22 - Premises And Grounds				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.9	Regulations 15(2)(b) 25(2)(e)	Previous QIP Item 9 The arrangements for testing the emergency stand-by generator should be reviewed and revised as required to ensure compliance with the recommendations contained in British Standard 5839. This should include on-load testing as required.	Mr. Madden confirmed that a complete power failure to test the emergency generator on full load was carried out on the first Monday of each month and the most recent test was completed on 06 October 2014.	The hospital had also appointed an Authorising Engineer (Low Voltage) to provide independent advice and auditing in relation to the management of the electrical installations in the hospital. Mr. Madden confirmed that the most recent audit was carried out on 30 September 2014 and no major issues had been identified for attention. This audit identified some procedural and documentation issues which Mr. Madden confirmed were being followed up by the hospital.

8.0 INSPECTION FINDINGS CONTINUED

8.1 Recommendations and requirements from the previous Estates inspection on 22 February 2013:

Standard 24 - Fire Safety				
No	Regulation	Requirements	Action taken - As confirmed during this inspection	Inspector's Comments
8.1.10	Regulation 25(4)(a)	Previous QIP Item 10 The wall at high level in the main electrical switchgear room should be fire stopped where the steel wire armoured cable passes through. The redundant metal pipe at high level in the old boiler room should also be fire stopped where it passes through the wall.	Further fire stopping works were required. These were completed during this Estates inspection.	N/A
8.1.11	The above issues where appropriate are detailed in the relevant sections of the Quality Improvement Plan.			

8.0 INSPECTION FINDINGS CONTINUED

8.2 Standard 22 Premises and Grounds

The premises and grounds are safe, well-maintained and suitable for their stated purpose.

- 8.2.1 It is good to report that the hospital continue to make improvements to the premises. New laundry facilities had recently been provided. This is to be commended.
- 8.2.2 The following issues were identified for attention during this Estates inspection in relation to this standard:
- 8.2.3 An audit by the hospital's Authorising Engineer (Decontamination) was completed in September 2014. A copy of the audit report in relation to the automatic endoscope reprocessing equipment should be forwarded to RQIA. This will be reviewed as part of the endoscope reprocessing auditing process involving Health Estates Investment Group. Subsequent to this Estates inspection RQIA received a copy of this report from the hospital and this has been referred on to Health Estates Investment Group.
- 8.2.4 The clean steam installation for the autoclaves in the sterile services department was in the process of being upgraded. This work will include the replacement of the stainless steel water storage tank in the plant room. The programme of work in relation to the upgrading of the clean steam installation should be confirmed to RQIA. Reference should be made to item 5 in the attached Quality Improvement Plan.
- 8.2.5 The corridor floor in the surgical wing (bedrooms 24 – 32) required attention due to cracking. Remedial works should be carried out to address this issue. Reference should be made to item 6 in the attached Quality Improvement Plan.
- 8.2.6 The above issues are detailed as appropriate in the section of the Quality Improvement entitled 'Standard 22 – Premises and Grounds.

8.0 INSPECTION FINDINGS CONTINUED

8.3 Standard 24 Fire safety

Fire safety precautions are in place that reduce the risk of fire and protect patients and clients, staff and visitors in the event of fire.

- 8.3.1 It is good to report that a programme of work for the installation of appropriate hold open devices linked to the fire detection and alarm system to the bedroom doors was in progress. Approximately seventy percent of this programme of work had already been completed. No issues were identified for attention in relation to this standard during this Estates inspection. This is to be commended.

9.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mr. D. Madden, Hospital Estates Officer and Mr. M. McAllister, Hospital Technical Engineer as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Independent Health Care Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's Minimum Care Standards for Independent Healthcare Establishments, July 2014 for registration and inspection, promote current good practice and should be considered by the management of the hospital to improve the quality of service experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

10.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

QUALITY IMPROVEMENT PLAN

ANNOUNCED ESTATES INSPECTION IN020690

NORTH WEST INDEPENDENT HOSPITAL, BALLYKELLY RQIA ID 10624

30 OCTOBER 2014

QIP Position Based on Comments from Registered Persons		QIP Closed		Estates Officer	Date
		Yes	No		
A.	All items confirmed as addressed.				
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.				
C.	Clarification or follow up required on some items.				

Announced Estates Inspection IN020690 to North West Independent Hospital, Ballykelly RQIA ID 10624 on 30 October 2014

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NOTES:

The details of this Quality Improvement plan were discussed with Mr. D. Madden, Hospital Estates Officer and Mr. M. McAllister, Hospital Technical Engineer as part of the inspection process.

The timescales commence from the date of inspection.

The Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's DHSSPS Minimum Care Standards for Independent Healthcare Establishments, July 2014 for registration and inspection, promote current good practice and should be considered by the management of the hospital to improve the quality of the service experienced by patients.

The Registered Provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan should be signed below by the Registered Provider and Registered Manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Miss F Carmichael
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr P Stewart

Announced Estates Inspection IN020690 to North West Independent Hospital, Ballykelly RQIA ID 10624 on 30 October 2014

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ITEM	STANDARD REF/ REGULATION	REQUIRMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
The following requirements should be noted for action in relation to Standard 22: Premises and Grounds:				
1.	Regulations 15(7) 25(2)(a)	Further remedial works should be completed to make good the cracking to the wall plaster in the bedroom corridor between bedrooms 38 & 39 and 40 & 42. This area should also be closely monitored for further cracking. If further cracking takes place, a structural engineer should be consulted for advice in relation to a more permanent solution to this issue. Reference should be made to section 8.1.2 in the report.	3 Months & Ongoing	NWIH have a redecoration programme in place, which is ongoing regarding remedial works for the cracking to the wall plaster in the bedroom corridor between bedrooms 38 & 39 and 40 & 42. If necessary NWIH will avail of a structural engineer if further cracking takes place for a more permanent solution.
2.	Regulations 15(2)(b) 15(7) 25(2)(a)	The borosilicate condensate traps for the ventilation equipment should be flushed clean and the ventilation equipment should be checked for satisfactory internal condition. The outcome of the most recent re-verification for theatre 3 ventilation should also be confirmed to RQIA. Reference should be made to sections 8.1.3 and 8.1.8 in the report.	1 Month	The borosilicate condensate traps are flushed clean and are now checked and recorded on a weekly basis. Any issues are immediately reported. D Madden has forwarded the re-verification for Theatre 3 ventilation report to RQIA 07/01/2015.

Announced Estates Inspection IN020690 to North West Independent Hospital, Ballykelly RQIA ID 10624 on 30 October 2014

Assurance, Challenge, Improvement in Health and Social Care

ITEM	STANDARD REF/ REGULATION	REQUIRMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
The following requirements should be noted for action in relation to Standard 22: Premises and Grounds:				
3.	Regulations 15(7) 25(2)(a)	The Registered Persons should confirm the details for replacing the water storage tank in the out patient's area of the premises. Reference should be made to section 8.1.6 in the report.	1 Month	NWIH are seeking advice regarding the removal of the water storage tank in the Outpatients area of the premises. The consultant engineer is scheduled to attend NWIH week commencing 12 th January 2014.
4.	Regulation 15(7)	The need to put in place a procedure for the ongoing regular testing of water samples should be considered. Guidance should be sought from the legionella risk assessor in relation to this issue. Reference should be made to section 8.1.7 in the report.	3 Months	D Madden has addressed this request of ongoing regular testing of water samples at the recent management meeting and NWIH are looking at different options and are seeking guidance in relation to this issue.

Announced Estates Inspection IN020690 to North West Independent Hospital, Ballykelly RQIA ID 10624 on 30 October 2014

Assurance, Challenge, Improvement in Health and Social Care

ITEM	STANDARD REF/ REGULATION	REQUIRMENTS ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
The following requirements should be noted for action in relation to Standard 22: Premises and Grounds:				
5.	Regulations 15(7) 25(2)(a)	The programme of work in relation to the upgrading of the clean steam installation for the autoclaves in the sterile services department including the replacement of the stainless steel water storage tank in the plant room should be confirmed to RQIA. Reference should be made to section 8.2.4 in the report.	1 Month	NWIH have put out to tender and are awaiting quotes regarding the programme of work in relation to the upgrading of the clean steam installation for the autoclaves in the sterile services department including the replacement of the stainless steel water storage tank in the plant room. Once a programme is confirmed this information will be forwarded to RQIA.
6.	Regulations 25(2)(a)	Remedial works should be carried out to address the cracking to the corridor floor in the surgical wing (bedrooms 24 – 32). Reference should be made to section 8.2.5 in the report.	3 Months	Estates have scheduled a programme for the remedial works to be carried out to address the cracking to the corridor floor in the surgical wing (bedrooms 24-32).

Announced Estates Inspection IN020690 to North West Independent Hospital, Ballykelly RQIA ID 10624 on 30 October 2014

Assurance, Challenge, Improvement in Health and Social Care



Quality Improvement Plan Sign Off Sheet for Estates Inspectors

Name of Home	North West Independent Hospital, Ballykelly RQIA ID 10624
Date of Inspection	30 October 2014
Estates Inspector	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	12 January 2015

Announced Estates Inspection IN020690 – 30 October 2014 – QIP sign off sheet

Informing and Improving Health and Social Care