

The Regulation and  
Quality Improvement  
Authority

Kingsbridge Private Hospital  
RQIA ID: 10626  
811-815 Lisburn Road  
Belfast  
BT9 7GX

Inspector: Winnie Maguire  
Inspection ID: IN024171

Tel: 02890667878

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## Follow Up to Variation of Registration Care Inspection Kingsbridge Private Hospital

17 February 2016

**The Regulation and Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of establishment:</b>	Kingsbridge Private Hospital
<b>Address:</b>	811 – 815 Lisburn Road Belfast BT9 7GX
<b>Telephone number:</b>	028 906 67878
<b>Registered Organisation/Registered Provider:</b>	3fivetwo Medical Ltd Mark Regan
<b>Registered Manager:</b>	Sarah Marks
<b>Person-in-charge of the establishment at the time of inspection:</b>	Sarah Marks
<b>Registration Category:</b>	AH, PD, PT(E), AH(DS), PT(L)
<b>Date and time of inspection:</b>	17 February 2016 10.00 – 15.00
<b>Name of inspector:</b>	Winnie Maguire

## **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. A minimum of one inspection per year is required and this may be announced or unannounced.

## **3.0 Purpose of Inspection**

Kingsbridge Private Hospital have submitted an application for variation of registration to increase overnight beds by six and install and use a temporary theatre facility (to be known as theatre 4), a recovery area and a six bedded ward area (to be known as ward 3). The new facility is a temporary structure with its own entrance situated adjacent to the main hospital. The purpose of the visit was to follow up on issues identified for action during an inspection carried out on 10 February 2016 and to ensure that the temporary theatre 4, the recovery area and ward 3 are compliant with the legislation and Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## **4.0 Methods/Processes**

The methods/process used in this inspection included the following:

Prior to the inspection the following records were analysed: submitted application and supporting documentation.

During the inspection the RQIA care inspector and RQIA estates inspector met with Mr Mark Regan, Responsible Individual, Ms Sarah Marks, Registered Manager, Ms Ruth Millar, Clinical Governance Manager, Mr Stuart Wilson, Supply Chain Manager and members of the Vanguard support team.

Vanguard is the organisation who has supplied the theatre, the recovery area and a six bedded ward area. Vanguard will provide a range of services to Kingsbridge Private Hospital in relation to the ongoing estates management of the facility.

A range of documentation was examined and a review of the facilities was conducted.

The RQIA's estates inspector's report will be issued under separate cover.

## **5.0 Inspection Findings**

The previous inspection of Kingsbridge Private Hospital was a variation to registration visit for temporary theatre 4, recovery area and ward 3 on 10 February 2016. A review of the requirements and recommendations made as a result of the inspection undertaken on 10 February 2016 was conducted.

## Requirements

- 1. The registered provider must establish written induction and orientation programmes for staff and a record of completion must be maintained for inspection.**

Fifteen completed staff induction and orientation programmes undertaken on 15 and 16 February 2016 were reviewed and found to outline a robust induction and orientation programme for staff who will be delivering services in theatre 4, the recovery area and ward 3. There were also role specific competency assessments in place.

This requirement has been met.

- 2. The registered provider must clearly identify single sex washing and toilet facilities.**

The registered manager confirmed, where possible, single sex theatre lists will be undertaken but if this is not possible interchangeable signs designating male or female washing and toilet facilities will be in place. These were noted to be in place on a review of the facilities.

This requirement has been met

- 3. The registered provider must devise a patient's care pathway procedure for this facility. It must outline specific pre-operative, peri-operative and post-operative arrangements.**

A patient's care pathway procedure was in place dated 16 February 2016 with a renewal date for 16 February 2017. The procedure was colour-coded and provided a step by step care pathway of the entire patient journey. Ms Marks confirmed all staff will sign they have read and understood the procedure.

This requirement has been met

- 4. The registered provider must carry out a risk assessment, action accordingly and reference in the corporate risk register.**

The hospital Business Continuity Plan has been updated to include the new facility. It outlines the risk to service and patients.

This requirement has been met

## Recommendations

1. **It is recommended to carry out scenario training exercises with staff for example: resuscitation drills, emergency blood management and transfer of a patient to the main Kingsbridge Hospital for further post-operative management.**

Records of scenario training confirmed the following training had taken place on 15 and 16 February 2016:-

- a resuscitation drill
- a cardiac arrest drill
- a blood management drill
- a transfer to ward in main hospital drill
- a transfer out to NHS hospital drill
- fire drill

This recommendation has been met.

2. **It is recommended to forward the IPC report to RQIA when available and confirm all recommendations have been addressed.**

A letter written and signed by the hospital's microbiology advisor and co-signed by the hospital's infection prevention and control (IPC) advisor was reviewed. It outlined measures to be taken by the hospital to reduce the risk of infection. These included development of rigorous cleaning schedules incorporating the IPC advice and monthly audits by the IPC advisor for three months. Ms Marks confirmed a follow up visit had been undertaken by the IPC advisor but there was no evidence of this visit. Written evidence of this visit and confirmation the necessary action has been completed by the hospital was requested. The IPC advisor's record of visit and confirmation all action had been completed including the devising of cleaning schedules was forwarded to RQIA following inspection on 17 February 2016.

This recommendation has been met.

3. **It is recommended to devise specific procedures in consultation with surgeons and theatre nursing staff to outline arrangements to effectively manage storage to ensure timely access to surgical equipment and instruments.**

A range of specific procedures have been devised which outline arrangements to ensure timely access to surgical equipment and instruments.

This recommendation has been met.

4. **It is recommended to devise a written procedure which outlines the arrangements for blood and blood product management in theatre 4, recovery area and ward 3.**

A procedure titled Vanguard Mobile Facility Blood Components issued 12 February 2016 was reviewed. It outlined arrangements to ensure appropriate supply of blood components to the Vanguard mobile facility including in the event of an emergency.

This recommendation has been met.

5. **It is recommended to develop targeted audits to review the quality of care and treatment provided in this area. This should include patient experience feedback and staff feedback.**

A range of audits have been developed as follows:-

- An IPC audit by an external IPC advisor is to be undertaken monthly for first three months and the frequency will be reviewed thereafter
- An incident audit is to be carried out monthly and all incidents to be reviewed at the weekly management meetings
- A complaints audit is to be carried out monthly and all complaints to be reviewed at the weekly management meetings
- A specific patient satisfaction survey is to be carried out and findings discussed at the weekly management meetings for first three months and the frequency will be reviewed thereafter
- Staff feedback will be formally conducted and will be discussed at Kingsbridge Quality team meetings monthly

This recommendation has been met.

6. **It is recommended to develop written governance arrangements in relation to the delivery of services by Vanguard.**

A written policy has been devised dated 15 February 2016 which clearly outlines the governance arrangements with Vanguard Healthcare and confirms accountability for the service remains with Kingsbridge Private Hospital.

This recommendation has been met.

## 6.0 Review of Facilities

A review of the facilities noted it to be clean, tidy and clutter free. A number of minor issues were discussed and these included the provision of a pedal operated bin in the designated male shower/toilet area and displaying a warning sign regarding the small step up to the additional shower /toilet area. Ms Marks agreed to action these matters. The resuscitation trolley was examined and equipment was available in line with the UK Resuscitation Council Guidance. A written checking procedure had been established.

## 7.0 Conclusion

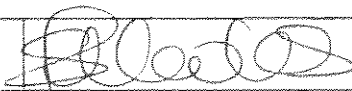

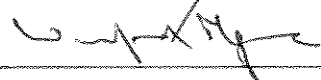
All requirements and recommendations made by the care inspector as a result of the inspection on 10 February 2016 have been addressed. There remained outstanding estate's issues which had been escalated to RQIA senior management and have resulted in three conditions being added to the establishment's registration. The variation to registration has been granted subject to these conditions which have been agreed by Mr Mark Regan, Responsible Individual.

The conditions are as follows:-

1. The variation to registration (VA010298) has been granted subject to full compliance with the Planning legislation
2. The variation to registration (VA0101298) has been granted subject to full compliance with the Building Control legislation
3. RQIA will conduct a formal review of the temporary structure which incorporates theatre four, recovery area and ward three within 18 months from the date of approval for use.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	1/4/16
Registered Person		Date Approved	1/4/16
RQIA Inspector Assessing Response		Date Approved	13/4/16

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**