



The Regulation and  
Quality Improvement  
Authority

Hillsborough Private Clinic  
RQIA ID: 10632  
Cromlyn House  
2 Main Street  
Hillsborough  
BT26 6AE

Inspector: Winnie Maguire  
Inspection ID: IN021425

Tel: 028 9268 8899

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**Announced Inspection of  
Hillsborough Private Clinic  
29 July 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 29 July 2015 from 10.00 to 16.00. Overall on the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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's (DHSSPS) Minimum Care Standards for Healthcare Establishments 2014 and guidance issued by DHSSPS on reducing the risk of Hyponatraemia when administering intravenous fluids to children aged between four weeks and 16 years (not applicable in this establishment).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Dianne Shanks registered manager and can be found in the main body of the report.

## 2. Service Details.

<b>Registered Organisation/Registered Person:</b> James Sharkey Gary John McKee	<b>Registered Manager:</b> Dianne Shanks
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Dianne Shanks	<b>Date Registered:</b> 01 May 2007
<b>Categories of Care:</b> AH(DS), PT(E), PT(L), PD	<b>Number of Registered Places:</b> No overnight beds - Day cases only

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 - Dignity, Respect and Rights
- Standard 5 - Patient and Client Partnerships
- Standard 6 - Care Pathway
- Standard 7 - Complaints
- Standard 32 - Surgery

The following additional areas were reviewed:

Other areas inspected: Reducing the risk of Hyponatraemia when administering intravenous fluids to children and young people (not applicable in this establishment), incidents, insurance arrangements and RQIA registration.

### 4. Methods/Process

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

Prior to the inspection the following records were analysed: pre-inspection information, notification of incidents and complaints return.

During the inspection the inspector met with the registered manager, a staff nurse and an administrator.

The following records were examined during the inspection:

- Eight patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Two complaints records
- Policies and procedures
- Surgical checklist
- RQIA certificate of registration
- Surgical register of operations
- Theatre manual
- Service records for theatre/medical equipment
- Incident/accident records
- Insurance documentation
- Training records

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 30 July 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 20 (1) Stated: First time	<p>The registered person must ensure the WHO surgical safety checklist is fully outlined and completed in patients care records.</p> <p><b>Action taken as confirmed during the inspection:</b>            Records confirmed staff had undertaken training in May 2015 on the use of the WHO surgical safety checklist; audits have been carried out to ensure compliance. Care records reviewed confirmed the WHO surgical safety checklist is fully outlined and completed in patient care records.</p>	Met
<b>Requirement 2</b> Ref: Regulation 20 (1) Stated: First time	<p>The registered person must ensure a permanent accurate record on fluid management including intra-operative fluid management is completed and maintained.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of care records confirmed an accurate fluid management record including intra-operative fluid management is completed and maintained.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 16 Stated: First time	<p>The registered person should devise a written policy and procedure for the absence of the manager.</p> <p><b>Action taken as confirmed during the inspection:</b>            A written policy and procedure on the absence of the manager is in place.</p>	Met

### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion with the registered manager and staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. Day patients and outpatients are provided with modesty screens and curtains as appropriate.

Patient care records were observed to be stored securely in locked filing cabinets in the administration office.

#### Is Care Effective?

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with the medical practitioner undertaking the treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

The establishment has a recovery area that can accommodate up to three patients which are in close proximity with each other and divided by curtains. The design and size presents challenges to nursing and medical staff in ensuring the privacy and confidentiality of patients. The registered manager monitors the situation and confirmed that the future development of the service would address this matter.

#### Is Care Compassionate?

Discussion with staff and review of eight patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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### 5.4 Standard 5 – Patient and Client Partnership

#### Is Care Safe?

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from the patient comments is collected in an anonymised format, summarised and used by the establishment to make improvements to services.

#### Is Care Effective?

Hillsborough Private Clinic obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to patients and 68 were returned and completed. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- "Staff were efficient and courteous at all times"
- "Put me at ease which is important"
- "Excellent care from nurses and doctors"
- "Very pleased with treatment, care and attention from first appointment to surgery to final appointment."
- "Great attention"

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read in the waiting areas of the establishment.

Discussion with the registered manager confirmed that comments received from patients and/or their representatives are reviewed by senior management and discussed at team meetings. An action plan is developed and implemented to address any issues identified. The action plan was reviewed as part of the inspection process.

#### **Is Care Compassionate?**

Review of patient care records and discussion with staff confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

#### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	0
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### **5.5 Standard 6 – Care Pathway**

#### **Is Care Safe?**

Discussion with staff confirmed that a range of clinical assessments are undertaken by the different members of the multidisciplinary health care team prior to surgery and the outcomes are recorded in the individual patient care records. Systems are in place to refer patients to specialist services to meet the assessed needs of the patients, e.g. physiotherapy and occupational therapy.

Review of eight patient care records found that they contained comprehensive information relating to pre-operative, intra-operative and post-operative care provided which clearly outlined the patient pathway and included the following:

- Patient personal information
- Range of holistic assessments
- Pre-operative care plans
- Pre-operative checks
- Signed consent forms
- Surgical safety checklist (WHO)
- Operation notes
- Anaesthetic notes
- Medical notes
- Intra-operative care plans
- Recovery care plans
- Post-operative care plans
- Discharge plan

Discussion with staff confirmed that patients receive written information regarding their treatment and have the opportunity to meet with their surgeon prior to going to theatre and discuss the nature of the surgery, the risks, complications and expected outcomes before signing the consent form. The consent forms reviewed were signed by the consultant surgeon and the patient.

Staff confirmed patients are discharged in line with the establishments written discharge criteria which has been approved and signed by relevant Consultants.

A discharge letter summarising the patient's treatment and care is sent to the patient's general practitioner (GP) and any other relevant professionals who are involved in ongoing care and treatment with the patients consent.

### **Is Care Effective?**

The establishment has arrangements and facilities in place to meet the assessed needs of each individual patient from admission through to discharge and review.

Appropriately trained and qualified health care professionals are available to contribute to the review of the outcomes of the patient treatment and care provided by the establishment.

### **Is Care Compassionate?**

Copies of the patient guide are made available to all patients within an information pack.

The establishment has a wide range of information leaflets available regarding the various types of procedures available. The registered manager confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

Review of the care records confirmed that the treatment plan is agreed with the patient and the ongoing care needs are communicated effectively to the health care team.

The registered manager confirmed that the results of investigations and treatment provided is explained to the patients and future treatment options are discussed and patients are involved in the decision making process.

### Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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## 5.6 Standard 7 - Complaints

### Is Care Safe?

Review of two complaints records found that complaints are investigated and responded to within 28 working days (in line with regulations) or if this is not possible, complainants are kept informed of any delays and the reason for this.

Discussion with the registered manager confirmed that information from complaints is used to improve the quality of services.

### Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the establishment for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

The registered manager demonstrated a good understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints.

Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Complaints records were observed to be stored securely in line with data protection legislation.

A complaints audit is undertaken six monthly. The audit information is used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Patient Guide; copies of which are available in the patient information file located in waiting areas for patients to read.

### Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf. The procedure is available in a range of formats suited to the patient's age and level of understanding if required.



The complainant will be notified of the outcome and action taken by the clinic to address any concerns raised.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Complaints were found to be handled in a sensitive manner.

### Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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## 5.7 Standard 32 - Surgery

### Is Care Safe?

Within the hospital there is a defined staff structure for surgical services which clearly outlines areas of accountability and individual roles and responsibilities.

The scheduling of patients for surgical procedures is co-ordinated by the registered manager or deputy manager. The theatre lists take into account the individual requirements of the patient, the type of procedure to be performed, availability of equipment, staffing levels required, associated risks and level of sedation used.

Review of the patient care records and discussion with staff confirmed that the anaesthetist who gives the anaesthetic (IV sedation only) visits the patient prior to surgery to:

- assess their general medical fitness
- review their medication
- explain the type of anaesthetic to be used
- discuss options for post-operative pain relief

Staff levels were discussed with the registered manager. The theatre was found to have adequate levels of appropriately skilled and qualified staff to meet the individual needs of the patients undergoing surgery.

There is an identified senior member of nursing staff, with theatre experience, in charge of the operating theatre at all times. A permanent record is retained of the name of nurse in charge of each theatre.

Staff confirmed that the anaesthetist/medical practitioner/surgeon is present throughout the operation and is available onsite until the patient has recovered from the immediate effects of the anaesthetic/iv sedation.

Discussion with staff also confirmed that patients are observed during surgery and in the recovery room on a one to one basis by staff trained in anaesthetics and resuscitation.

The establishment has discharge criteria in place from theatre to recovery to home.

Equipment, installations and facilities are in place to provide the services outlined in the establishment's Statement of Purpose. There are systems in place to ensure that theatre equipment is maintained and decontaminated in line with the manufacturers' guidelines.

### Is Care Effective?

The establishment has a wide range of comprehensive policies and procedures in place to ensure that safe and effective care is provided to patients, which are in accordance with good practice guidelines and national standards.

On discussion staff confirmed that the surgical checklist based on the World Health Organisation (WHO) model is used in the establishment. Intra-operative fluid management, the identification of the theatre team leader, the completion of the WHO checklist and roles and responsibilities of the theatre team was discussed with the registered manager and a member of the theatre team. Staff displayed a good understanding of the topics discussed.

The surgical register of operations which is maintained for all surgical procedures undertaken in the establishment was reviewed and found to contain all of the information required by legislation.

### Is Care Compassionate?

Prior to surgery, staff confirmed, that patients receive verbal and written pre-operative information on:

- Fasting
- Taking of existing medication
- Arrangements for escort to and from theatre

Information is available in a range of formats suited to the patient's age and level of understanding if required. The registered manager confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

Patients are provided with written post-operative instructions relevant to their individual procedure which may include information on:

- Pain relief
- Bleeding
- Care of the post-operative site
- The potential effects of anaesthesia
- Information on post-operative exercises and recovery information
- Arrangements for ongoing care and review
- Emergency contact information in the event of post-operative complications

### Areas for Improvement

No areas of improvement were identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
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**Additional Areas Examined**

**Reducing the risk of Hyponatraemia when administering intravenous fluids to children and young people**

The registered manager confirmed that the establishment does not administer intravenous fluids to children and young people. Hillsborough Private Clinic provides a consultation only service to children and young people under the age of sixteen.

**Management of Incidents**

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

Incident management was reviewed and it was found that incidents were very well documented, fully investigated and had outcomes recorded.

Audits of incidents are undertaken six monthly and learning outcomes are identified and disseminated throughout the organisation.

**RQIA registration and Insurance Arrangements**

Insurance arrangements within the establishment was discussed and this confirmed current insurance policies were in place. The certificates of RQIA registration and insurance were clearly displayed in the reception and in the corridor of the premises.

**6. No requirements or recommendations resulted from this inspection.**

I agree with the content of the report.			
Registered Manager	<i>Dianne Shanks</i>	Date Completed	17/8/15
Registered Person	<i>Gary McKeel</i>	Date Approved	17/8/15
RQIA Inspector Assessing Response	<i>W. McKeel</i>	Date Approved	11/11/15

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

*\*Please complete in full and returned to RQIA to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

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 practice. 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(s) from their responsibility for maintaining compliance with minimum standards and regulations.

