



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment:	Hillsborough Private Clinic
Establishment ID No:	10632
Date of Inspection:	30 July 2014
Inspector's Name:	Winnie Maguire
Inspection No:	16887

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of establishment:	Hillsborough Private Clinic
Address:	Cromlyn House 2 Main Street Hillsborough BT26 6AE
Telephone number:	028 9268 8899
Registered organisation/ registered provider:	Mr Gary McKee Mr James Sharkey
Registered manager:	Mrs Dianne Shanks
Person in charge of the establishment at the time of inspection:	Mrs Dianne Shanks
Registration categories:	AH(DS) - Acute Hospital (Day Surgery). PT(E) - Prescribed techniques or prescribed technology: establishments using endoscopy. PT(L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. PD - Private doctors (other).
Date and time of inspection:	30 July 2014 10.00 am – 3.15 pm
Date and type of previous inspection:	Announced 21 August 2013
Name of inspector:	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.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of an independent hospital, 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
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

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

2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information and self-assessment
- Discussion with Dianne Shanks, registered manager
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self-assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector spoke with the following:

Staff	1
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2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 5 Patient and Client Partnerships
- Standard 6 Care Pathway
- Standard 7 Complaints
- Standard 9 Clinical Governance
- Standard 16 Management and Control of Operations
- Standard 31 Resuscitation
- Standard 32 Surgery

3.0 Profile of Service

Hillsborough Private Clinic is located within a converted residential property in Cromlyn House, Hillsborough Co Down. Mrs D Shanks is the registered manager. The clinic is owned by Mr G McKee and Mr J Sharkey who are also the medical directors for the clinic.

The clinic provides day surgery only. Treatments that are carried out in the clinic are as follows:

- Endoscopic procedures
- OGD examinations
- Colonoscopic examinations
- Cataract surgery
- Excision of skin lesions
- Eyelid surgery
- Cystoscopy
- Refractive eye surgery using Class 4 laser
- Podiatric outpatient service/foot surgery under local anaesthetic

All surgical procedures are carried out by consultant surgeons who have been granted practising privileges.

Laser Services

The clinic is registered for the use of a class 4 laser for refractive eye surgery.

Laser details

Make:	Wavelight
Model:	Allegretto
Serial No:	1015-1-158
Type:	Eximer laser
Laser Protection Advisor:	Mr Philip Loan
Laser Protection Supervisor:	Ms Diane Shanks

The clinic has a theatre suite, recovery area, consultation rooms, treatment room, waiting area, patient and staff toilet facilities and staff offices.

The clinic is located over three floors which can be accessed by a stair lift.

Patients with disabilities can be offered a consultation appointment on the ground floor.

Public car parking is available for patients and visitors nearby.

Hillsborough Private Clinic is registered as an independent hospital with AH (DS), PT(E), PT(L) and PD categories of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 30 July 2014 from 10.00 am to 3.15 pm. The inspection sought to establish the compliance being achieved with respect to 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, the DHSPPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There was one requirement and two recommendations made as a result of the previous annual announced inspection on 21 August 2013. The requirement and recommendations have been fully addressed.

The inspection focused on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

At the time of this inspection a simultaneous review of theatre practices was being undertaken by a separate team of RQIA inspectors. A copy of the review report will be forwarded to the hospital and made available on the RQIA website.

Dianne Shanks was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the hospital.

There are robust systems in place to obtain the views of patients. The inspector reviewed the completed patient questionnaires, along with the summary reports and found that patients were highly satisfied with the quality of care and treatment provided. Comments received from patients can be viewed in the main body of the report. Feedback from patients is used by the management of the hospital to improve patient services.

Patients are provided with a comprehensive information pack prior to their admission which outlines any pre-operative requirements, post-operative instructions and the arrangements for admission to the establishment. The establishment only provides day surgery services.

The inspector reviewed the care records of five patients undergoing surgery and found them to be well completed. There was a clear pathway of care recorded from the initial consultation, to informed consent, to admission, through pre-operative care, intra-operative care, post-operative care, review and discharge. A requirement was made to ensure the WHO surgical checklist is fully outlined and completed in the care records. A requirement was also made to ensure a permanent accurate record on fluid management including intra-operative fluid management is completed and maintained.

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 consent of the patient.

The hospital's complaints policy and procedure is in line with the DHSSPS guidance and legislation. The inspector reviewed complaints management within the establishment and found that complaints were well documented, fully investigated and had outcomes recorded.

The registered manager is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The hospital has systems in place to audit and monitor the quality of clinical care provided. The inspector reviewed audits and quality of clinical care indicators as outlined in the main body of the report.

The inspector reviewed incident management and found that incidents were well documented, fully investigated and had outcomes recorded. Audits of incidents were undertaken as part of the hospital's clinical governance systems. Arrangements were in place to disseminate learning outcomes throughout the organisation.

The registered manager confirmed that no research is currently being undertaken within the hospital.

There is a defined management structure within the hospital and clear lines of accountability.

The inspector reviewed the policy and procedure in relation to whistle blowing. It was found to be in line with legislation and best practice. A recommendation was made to devise a written policy and procedure in relation to the absence of a manager.

The registered manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

The inspector reviewed the insurance arrangements for the hospital, the documentation was forwarded to the inspector following inspection and it was found that current insurance policies were in place.

There is a written resuscitation policy in place. Staff had received basic life support training and updates. There is always at least one staff member with advanced life support training on duty at all times.

Staff involved in the provision of paediatric care have paediatric life support training and updates. The hospital provides consultation only services to children.

There is a range of resuscitation equipment in place which is checked and restocked to ensure all equipment remains in working order and is suitable for use at all times.

The establishment has a range of policies and procedures for surgical procedures which are in accordance with good practice guidelines and national standards.

The scheduling of patients is co-ordinated by the manager with the assistance of administration staff. The theatre lists take into account the individual requirements of the patient, the type of procedure to be undertaken, equipment required, associated risks and the level of sedation used.

The inspector reviewed the theatre facilities. The theatre practices were fully reviewed by a separate team of RQIA inspectors as previously stated.

Overall, on the day of inspection, the hospital was found to be providing a quality, safe and effective service to patients.

The certificate of registration was clearly displayed in the reception area.

There were two requirements and one recommendation made as result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to thank Dianne Shanks, patients and staff of Hillsborough Private Clinic for their hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirement	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	18 (2) (a)	The responsible person must ensure all staff have paediatric life support training and a record maintained of same.	Paediatric life support training has been provided to all staff in September 2013.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4, C22	The responsible person should ensure more robust audits of complaints and incidents are established.	More robust audits of complaints and incidents have been established.	One	Compliant
2	C16	The responsible person should ensure the management of records policy and procedure is further developed as outlined in the main body of the report.	The management of records policy and procedure has been redeveloped and was found to be satisfactory.	One	Compliant

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>Hillsborough Private Clinic obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to patients and 100 were returned and completed. The inspector reviewed the completed questionnaires and found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:</p> <ul style="list-style-type: none"> • “Excellent ambassadors for health care sector” • “Everything is fully explained and fully aware of risks” • “No hesitation in recommending the clinic” • “Nothing but praise and high recommendation for all aspects of this clinic” • “I felt very safe” • “All staff are excellent and professional” <p>The results of the survey are reviewed by the management team within the clinic and an action plan is developed and implemented if any issues are identified.</p> <p>The information received from the feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read in the Patient Guide displayed in the waiting rooms.</p>	

Evidenced by:

Review of patient satisfaction surveys

Review of summary report of patient satisfaction surveys

Summary report made available to patients and other interested parties

Discussion with staff

STANDARD 6**Care Pathway:**

Patients and clients have a planned programme of care from the time of referral to a service through to discharge and continuity of care is maintained.

Patients are provided with a comprehensive information pack prior to their admission which outlines any pre-operative requirements and the arrangements for their stay in the hospital. Copies of the Patient Guide are made available to all patients following admission.

The establishment has a wide range of information leaflets available regarding the types of procedures available. The registered manager confirmed that information can be provided in an alternative language or format if required.

A range of clinical assessments are undertaken by the different members of the health care team prior to surgery and the outcomes are recorded in the individual patient care records.

The inspector reviewed the care records of five patients and found that the care records contained comprehensive information relating to pre-operative, intra-operative and post-operative care which clearly outlined the patient pathway and included the following:

- Patient personal information
- Holistic assessments
- Pre-operative care plans
- Pre-operative checks
- Signed consent forms
- Surgical safety checklist – which was not fully in keeping with WHO surgical safety checklist
- Operation notes
- Anaesthetic notes
- Medical notes
- Intra-operative care plans
- Recovery care plans
- Post-operative care plans
- Multidisciplinary notes
- Daily statement of the patient's condition
- Discharge plan

A requirement was made to ensure the WHO surgical safety checklist is fully outlined and completed in the patient care records. A requirement was also made to ensure a permanent accurate record of fluid management including intra-operative fluid management is completed and maintained.

Review of the care records confirmed that patients are involved in planning their care and treatment.

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.

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.

Evidenced by:

Review of patient care records

Discussion with patients and/or their representatives

Discussion with staff

Discharge plan and letter to GP or other relevant professionals

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered manager demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and complaints records. All complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation.</p> <p>The registered manager undertakes an audit of complaints as part of the establishment's quality assurance mechanisms. The audit information is used to identify trends and enhance services provided as part of the hospital's clinical governance arrangements.</p>	

Evidenced by:

- Review of complaints procedure**
- Complaint procedure made available to patients and other interested parties**
- Discussion with patients and/or their representatives**
- Discussion with staff**
- Review of complaints records**
- Review of the audit of complaints**

STANDARD 9

Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
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The registered manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

Discussion with the registered manager and review of specific training records confirmed that systems are in place to ensure that staff receives appropriate training when new procedures are introduced.

The hospital has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:

- Environmental audit
- Hand hygiene audit
- Audit of controlled drugs
- Notes audit
- Clinical incidents audit

Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment. The registered persons are regularly in the hospital providing medical services and attend monthly board meetings of which minutes are retained. The registered manager confirmed there is excellent communication with the registered persons and they are kept fully informed as to the conduct of the hospital.

Systems are in place to ensure that the quality of services provided by the hospital are evaluated on an annual basis and discussed with relevant stakeholders. Audits are undertaken as above.

There are clear arrangements for monitoring the quality of clinical care that include the following indicators:

- Unplanned returns to theatre
- Peri-operative deaths (none)
- Unplanned re-admissions to hospital
- Unplanned transfers to other hospitals
- Adverse clinical incidents
- Post-operative infection rates for the hospital

The hospital does not provide overnight beds however arrangements are in place to access inpatient beds if required.

The establishment has an incident policy and procedure in place which includes

reporting arrangements to RQIA.

The inspector reviewed incident management and found that incidents were documented, fully investigated and had outcomes recorded.

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

The registered manager confirmed that no research is currently being undertaken within the hospital. Ms Shanks also confirmed before any research involving patients would be considered a research proposal would be prepared and approval obtained from the appropriate Research Ethics Committee (REC).

Evidenced by:

Review of policies and procedures
Review of training records/competency records
Discussion with registered manager
Review of audits
Review of incident management
Review of research arrangements

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The establishment does not have a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. A recommendation was made to devise a written policy and procedure for the absence of the registered manager.</p> <p>Review of the training records and discussion with the registered manager confirmed that she undertakes training relevant to her role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment, the documentation was forwarded to the inspector following inspection and found current insurance policies were in place. The certificate of registration was clearly displayed in the reception area of the premises.</p>	

Evidenced by:

Review of policies and procedures
Review of training records
Review of Patient Guide
Review of Statement of Purpose
Review of arrangements for meals
Review of insurance arrangements

STANDARD 31

Resuscitation:

Resuscitation equipment is readily accessible and resuscitation is carried out by trained competent staff and in line with the Statement of Purpose.

There is a written resuscitation policy in place which was found to be in line with the Resuscitation Council (UK) guidelines.

Staff had received basic life support training and updates and all permanent nursing staff had received advanced life support training and updates. There is always at least one staff member with advanced life support training on duty at all times.

Staff involved in the provision of paediatric care have paediatric life support training and updates. The hospital provides medical consultation only services to children.

The inspector discussed arrangements regarding patients with a “Do Not Resuscitate” (DNR) order in place. The registered manager confirmed that patients who have a DNR order in place would not meet the admission criteria for the hospital and would not be admitted.

There is a range of resuscitation equipment in place in the recovery area.

Equipment for resuscitating patients includes:

- A charged defibrillator and ECG monitor
- Portable oxygen with appropriate valves, mask, metering and delivery system
- First line resuscitation medication
- Equipment for maintaining and securing the airway of a patient
- Equipment to insert and maintain intravenous infusions
- Latex free alternative equipment

Resuscitation equipment is checked and restocked to ensure all equipment remains in working order and suitable for use at all times. A record of all equipment and drugs is attached to the resuscitation trolley and a written record is retained of the daily checks.

Resuscitation equipment is cleaned and decontaminated following use.

Evidenced by:

- Review of resuscitation policy and procedure**
- Review of records of resuscitation equipment and checks**
- Review of resuscitation equipment**
- Review of resuscitation training**

STANDARD 32**Surgery:****There are arrangements in place to support the provision of safe and effective surgical practices.**

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

A separate team of RQIA inspectors were conducting a review of theatre practices. The report of their findings can be found on the RQIA website. As a result all aspects of surgical services were not reviewed in the context of this inspection.

The scheduling of patients for surgical procedures is co-ordinated by the 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.

The inspector reviewed the register which is maintained for all surgical procedures undertaken in the hospital and found it contained all of the information required by legislation.

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

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

The inspector was informed the medical practitioner is present throughout the operation and is present onsite until the patient has recovered from the immediate effects of the anaesthetic.

Discussion with staff 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 hospital has a discharge criterion in place from recovery to home.

Patients are provided with written post-operative instructions relevant to their individual procedure which includes:

- Pain relief
- Bleeding
- Care of the post-operative site
- The potential effects of anaesthesia

Equipment, installations and facilities are in place to provide the services outlined in the hospital's Statement of Purpose.

There are systems in place to ensure that theatre equipment is maintained and decontaminated in line with the manufacturers' guidelines.

Evidenced by:

Review of theatre policies and procedures

Review of surgical register of operations

Discussion with registered manager

Review of facilities

Review of service records for equipment

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Dianne Shanks as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Winnie Maguire
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

Quality Improvement Plan

Announced Inspection

Hillsborough Private Clinic

30 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Dianne Shanks either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	21(1) a	The registered person must ensure the WHO surgical safety checklist is fully outlined and completed in patients care records. Ref: Standard 6	One	Staff informed they must complete the checklist in full. This will be audited monthly until satisfactory.	One month
2	21(1)a	The registered person must ensure a permanent accurate record on fluid management including intra-operative fluid management is completed and maintained Ref: Standard 6	One	A carepathway specific to cystoscopy has been developed in order that fluid management may be recorded during the procedure. Staff have found this a useful resource in practice.	One month

RECOMMENDATION

This recommendation is based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. It promotes current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	16	The registered person should devise a written policy and procedure for the absence of the manager. Ref: standard 16	One	A policy and procedure has been written in line with Regulations and has been signed off by the Medical Directors.	Three months

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 and return to independent.healthcare@rqia.org.uk

Name of Registered Manager Completing QIP	SISTER DIANNE SHANKS
Name of Responsible Person / Identified Responsible Person Approving QIP	MR GARY MCKEE

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Winnie Maguire	17/09/14
Further information requested from provider			



**The Regulation and
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Authority**

Pre-Inspection Self-Assessment Independent Hospital

Name of Establishment: Hillsborough Private Clinic
Establishment ID No: 10632
Date of Inspection: 30 July 2014
Inspector's Name: Winnie Maguire
Inspection No: 16887

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 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.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of an independent hospital, 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
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

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

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the hospital since the previous inspection?		✓
Yes, please comment		

Policies and Procedures

	YES	NO
Does the hospital have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
No, please comment		

Records Management

	YES	NO
Does the hospital have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual patient? (theatre)	✓	
Do the care records reflect the patient pathway from referral to discharge?	✓	
Are arrangements in place to securely store patient care records?	✓	
No, please comment		

Patient Partnerships

	YES	NO
Does the hospital have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?	✓	
Does the hospital make available a summary report of patient feedback to patients and other interested parties?	✓	
No, please comment		

Resuscitation

	YES	NO
Does the hospital have a resuscitation policy and procedure in place which is in line with the Resuscitation Council (UK) guidance?	✓	
Is resuscitation equipment readily accessible in all clinical areas?	✓	
Are arrangements in place to ensure resuscitation equipment is checked regularly and restocked to ensure all equipment remains in working order and suitable for use at all times?	✓	
Is there at least one person with advance life support training on duty at all times?	✓	
Where children are admitted for treatment, is there at least one person with paediatric advanced life support training on duty at all times?	N/A.	
No, please comment		

Safeguarding

	YES	NO
Does the hospital have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospital have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospital have a whistle-blowing policy and procedure in place?	✓	
No, please comment		

Complaints

	YES	NO
Does the hospital have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the hospital's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the hospital have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the hospital's policy and procedure?	✓	
No, please comment		

Infection Prevention and Control

	YES	NO
Does the hospital have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between patients?	✓	
Does the hospital use single use surgical instruments?	✓	
Does the hospital have appropriate service level agreements in place for the sterilisation of surgical equipment?	✓	
No, please comment		

Recruitment of staff

	YES	NO
Does the hospital have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
No, please comment		

Staffing

	YES	NO
Is there appropriate numbers of suitably qualified, skilled and experienced staff on duty to meet the assessed needs of the patients and the operational requirements of the hospital?	✓	
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place for all new staff to participate in an induction programme relevant to their roles and responsibilities?	✓	
Are arrangements in place for staff to access continuing professional development opportunities in line with the requirements of their professional bodies?	✓	
Are training records available which confirm that the following mandatory training has been undertaken:		
	YES	NO
Moving and Handling – annually	✓	
Protection of vulnerable adults – every 3 years	✓	
Safeguarding children (where services are provided to children) – every 3 years	✓	
Infection prevention and control training – annually	✓	

Fire safety – annually	✓	
Basic adult life support - annually	✓	
Basic paediatric life support (where services are provided to children) - annually	✓	
If No, please comment		

Appraisal

	YES	NO
Does the hospital have an appraisal policy and procedure in place?	✓	
Are systems in place to provide recorded annual appraisals for staff?	✓	
No, please comment		

Medical Practitioners, Nurses, Social Workers & Allied Health Professionals

	YES	NO
Are systems in place to ensure medical, nursing staff, social workers and allied health professionals have a current registration with their relevant professional bodies?	✓	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?	✓	
Are practising privileges agreements in place for all medical practitioners? (where applicable)	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
No, please comment		

Surgical Services

	YES	NO
Are there suitable arrangements in place to provide appropriate pre-operative, peri-operative and post-operative care for patients?	✓	
Is an holistic assessment of patients care needs, using validated tools, carried out?	✓	
Are patient centred care plans developed and implemented for each patient and reviewed as changes occur?	✓	
Are contemporaneous medical records retained for each individual patient?	✓	
Does the hospital have a theatre manual in place?	✓	
Is there a register of operations retained that contains all of the information outlined in the legislation?	✓	
Does the hospital use the World Health Organisation (WHO) surgical checklist for each operation undertaken?	✓	
Does the hospital have systems in place for surgical pause?	✓	
Does the hospital provide endoscopy services?	✓	
Are there suitable arrangements in place for the provision of endoscopy services in line with best practice guidance? (where applicable)	✓	
Are systems in place to provide discharge information to patient's general practitioners and others involved in the patient's ongoing care?	✓	
Are arrangements in place for the collection, labelling, storage, preservation, transport and administration of specimens?	✓	
No, please comment		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
DIANNE SHANKS		Nurse manager	26/6/14

