

Announced Premises Inspection Report 02 February 2017



Hillsborough Private Clinic

Type of Service: Independent Health Care Establishment

Sub type of service: Hospital

Address: Cromlyn House, 2 Main Street, Hillsborough, BT26 6AE

Tel No: 028 9268 8899

Inspector: Gavin Doherty

1.0 Summary

An announced premises inspection of Hillsborough Private Clinic took place on 02 February 2017 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered provider. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments July 2014.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Dianne Shanks, Registered Manager and Mr Terry Dalzell, Estates Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

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

2.0 Service Details

| | |
|--|---|
| Registered organisation/registered provider: Hillsborough Private Clinic/Mr Gary John McKee and Mr James Sharkey | Registered manager: Mrs Dianne Shanks |
| Person in charge of the establishment at the time of inspection: Mrs Dianne Shanks | Date manager registered: 01/05/2007 |
| Categories of care: AH(DS), PT(E), PT(L), PD | Number of registered places: 0 |

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Dianne Shanks, Registered Manager and Mr Terry Dalzell, Estates Manager for the premises.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25/07/16

The most recent inspection of the establishment was an announced care inspection. The completed QIP is still to be returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 18/12/12

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 25(4)(a) Stated: First time | <p>A visual inspection must be carried out to each item of fire-fighting equipment in accordance with BS5306-3 'Fire extinguishing installations and equipment on premises'. This should be carried out at least monthly.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that records for this visual inspection were available and up to date at the time of inspection.</p> | Met |
| Requirement 2 Ref: Regulation 25(4)(f) Stated: First time | <p>On next review of the facility's fire risk assessment, reference must be made to the specific legislation and guidance used. The relevant guidance contained in the 'Firecode' suite of documents issued by the Department of Health, Social Services and Public Safety would be deemed appropriate for this facility.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the fire risk assessment is now undertaken in conjunction with the guidance contained in Northern Ireland Health Technical Memorandum 85 at the time of inspection.</p> | Met |
| Requirement 3 Ref: Regulation 25(4)(d) Stated: First time | <p>Ensure that a sufficient number of fire drills are held so as to allow all staff to participate in a drill at least once in any given 12 month period. Records should be maintained for these drills and should be available for inspection within the premises.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that all staff underwent formal evacuation training on the 8 and 9 March 2016.</p> | Met |
| Requirement 4 Ref: Regulation 15(2)(a)(b) | <p>Ensure that any issues identified for attention on the most recent ventilation verification report are signed off and dated when completed by the Authorised Persons (Ventilation).</p> | Met |

| | | |
|--|---|------------|
| Stated: First time | Action taken as confirmed during the inspection: Inspector confirmed that the most recent ventilation verification report was completed on 25 January 2017. There were no actions required as a result of this inspection. | |
| Requirement 5 Ref: Regulation 15(3) | Ensure that 'Health Estates Investment Group' (HEIG) is satisfied with the protocols for the decontamination of the Clinic's endoscopes recently submitted by the Registered Manager. | Met |
| Stated: First time | Action taken as confirmed during the inspection: Inspector confirmed that the implemented policy in relation to the decontamination of endoscopes which has been approved by HEIG, is being maintained and records were available and up to date at the time of inspection. | |
| Requirement 6 Ref: Regulation 15(2)(a)(b) | Ensure that the thorough examination of the facility's stair lifts is completed at intervals not exceeding six months. | Met |
| Stated: First time | Action taken as confirmed during the inspection: Inspector confirmed that a thorough examination of the stair lift was undertaken on 2 November 2016. No observations were noted in the report issued. | |

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. At the time of the inspection it was noted that the shelving arrangement in the ground floor store room enabled items to be stored immediately adjacent to a fixed electrical fuse board. It is important that this shelf is relocated to ensure that storage directly adjacent to the electrical fuse board is prevented. It is also recommended that the fire detection system is extended into this room from the adjoining entrance lobby to the store. Refer to recommendation 1 in the attached Quality Improvement Plan.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.

This supports the delivery of effective care and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. A program for the redecoration of the entire premises is currently underway and will be completed before the end of the current financial year. This is to be commended.

A new stair lift is also scheduled to be installed in the premises which will incorporate the first two stairs and quarter landing which the current stair lift does not. This will provide full disability access to the first floor reception area and consulting rooms.

This supports the delivery of compassionate care and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. A new position of 'Estates Manager' has also been created. This role will have full responsibility for managing all estates and facilities related matters. This will continue to support a well led service and no areas for improvement were identified during the inspection.

| | | | |
|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 0 |
|-------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Dianne Shanks, Registered Manager and Mr Terry Dalzell, Estates Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Care Standards for Independent Healthcare Establishments July 2014. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 24.2

Stated: First time

To be completed by:
30 March 2017

The registered provider should ensure that the shelf in the ground floor store is relocated to ensure that storage directly adjacent to the electrical fuse board is prevented. It is also recommended that the fire detection system is extended into this room from the adjoining entrance lobby to the store.

Response by registered provider detailing the actions taken:
Storage items adjacent to electric fuse board have been removed. Maintenance have been contacted re provision of a cupboard for these items. Electrical company have been contacted to arrange siting of a new sensor in the changing room, with work to be completed by 30th March 2017.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)