



RQIA Provider Guidance 2019-2020

Independent Health Care

Independent Medical Agency

www.rqia.org.uk

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has four main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.
- We support establishments and service providers to improve the service they deliver.

All work undertaken by RQIA is focused on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers, and inspects and supports a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The Four Domains



How We Will Inspect

We will inspect every independent medical agency (IMA) at least annually. Our inspectors carry out an announced inspection.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect an independent medical agency, we aim to provide assurances in respect of the standard, quality and safety of services delivered. We do this by:

- Seeking the views of the people who use the service, or their representatives.
- Talking to the management and other staff on the day of the inspection
- Examining a range of records including care records, incidents, complaints and policies
- Providing feedback on the day of the inspection to the registered person/manager on the outcome of the inspection; and
- Providing a report of our inspection findings and outline any areas for quality improvement.

Our inspections are underpinned by:

- [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) 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 \(DOH\) Minimum Care Standards for Healthcare Establishments July 2014](#)

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators.

Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of Evidence

Staffing

- There are sufficient numbers of staff in various roles to fulfil the needs of the IMA and patients
- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive annual appraisals and records should be retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role in keeping with the [RQIA training guidance](#)
- including professional body Continuing Professional Development (CPD), records should be retained
- There are arrangements for monitoring the professional registration status of clinical staff, records should be retained
- There are arrangements in place for monitoring the professional indemnity of all staff who require individual indemnity cover, records should be retained
- Evidence that each private doctor has confirmation of identity, current General Medical Council (GMC) registration, professional indemnity insurance, qualifications in line with service provided; evidence of ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- Evidence that each private doctor has an appointed responsible officer (RO)
- Arrangements are in place to link into the wider system of RO's for doctors with practising privileges who work in other parts of the NI healthcare system or in other healthcare systems beyond NI
- Evidence for arrangements for revalidation
- The private doctor is aware of their responsibilities under GMC Good Medical Practice

Recruitment and Selection

- Staff have been recruited in line with Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended
- There is a written policy and procedure for staff recruitment in keeping with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005
- Staff personnel files are in keeping with 19 (2) Schedule 2, as amended
- Enhanced AccessNI checks received prior to new staff commencing work
- Recruitment and selection records should be retained in keeping with Regulation 21 (3) Schedule 3 Part II
- An up-to-date staff register should be maintained and retained in keeping with Regulation 21 (3) Schedule 3 Part II

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of Evidence

Safeguarding

Adult

- Policies and procedures are in line with the regional [Adult Safeguarding Prevention and Protection in Partnership policy \(July 2015\)](#) and [Adult Safeguarding Operational Procedures \(2016\)](#)
- The practice has identified an adult safeguarding champion (if required)
- There is an identified safeguarding lead in the agency and staff are aware of who the safeguarding lead is
- There are arrangements in place to embed the regional adult safeguarding operational procedures
- All staff receive the relevant level of training as outlined in [RQIA training guidance](#)
- Staff training should be in keeping with the [Northern Ireland Adult Safeguarding Partnership \(NIASP\) Training Framework \(revised June 2016\)](#)
- Staff are knowledgeable about adult safeguarding and are aware of their obligations in relation to raising concerns
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns
- The IMA ensures arrangements are in place that pharmacists who are providing patient group directions have awareness of actions to be taken should a safeguarding issue arise

Children

- Policies and procedures are in line with the regional [Co-operating to Safeguard Children and Young People in Northern Ireland, \(August 2017\)](#) and [Safeguarding Board for Northern Ireland \(SBNI\) Procedures Manual \(November 2017\)](#)
- There is an identified safeguarding lead in the agency and staff are aware of who the safeguarding lead is
- There are arrangements in place to embed the regional procedures manual
- All staff receive the relevant level of training as outlined in [RQIA training guidance](#)
- Staff training should be in keeping with [SBNI Child Safeguarding Learning and Development Strategy and Framework 2015 – 2018](#)
- Staff are knowledgeable about safeguarding children and are aware of their obligations in relation to raising concerns
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns
- The IMA ensures arrangements are in place that pharmacists who are providing patient group directions have awareness of actions to be taken should a safeguarding issue arise

Patient identity

- There are protocols to identify and verify the patient at the start of the first consultation and subsequent consultations
- The registered person protects against patients using multiple identities

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of Evidence

Management of Medical Emergencies

- The IMA ensures arrangements are in place that pharmacists who are providing patient group directions have awareness of actions to be taken in the event of a medical emergency

Infection Prevention Control and Decontamination Procedures

- The IMA ensures arrangements are in place that pharmacists who are providing patient group directions have awareness of infection prevention and control and adhere to regional guidance

Management of patient group directions (PGD)

- For each PGD there should be governance arrangements with clear lines of responsibility and accountability
- The PGD should be developed in accordance with [The Human Medicines Regulations 2012](#)
- All PGD's should be authorised by a pharmacist registered with the Pharmaceutical Society of Northern Ireland
- Review process for PGDs to ensure that they are kept up to date and reflect more frequent changes eg: Seasonal Influenza Vaccine

Risk Management

- There are risk management procedures in place
- All risks in connection with the hospital, treatment and services are identified, assessed and managed
- Arrangements are in place to provide evidence of appropriate review of risk assessments. Any findings/learning arising from risk assessments should be implemented and assured
- An overarching corporate risk register is in place which details the measures in place to mitigate and control identified risks

Indicator S4

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

Examples of Evidence

- Not applicable

Is care effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

Clinical Records

- Arrangements are in place for maintaining and updating clinical records
- The treatment plan is developed in consultation with the patient and includes information about the costs of treatment, options and choices
- Record keeping is in accordance with legislation, standards and best practice guidance; [GMGR records management](#)
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection
- Records are securely stored – electronic/hard copy
- A freedom of information publication scheme is in place
- The IMA is registered with the Information Commissioners Office (ICO)
- There are systems in place to audit the completion of clinical records and an action plan is developed to address any identified issues
- The private doctor/staff displayed a good knowledge of effective records management
- The establishment has arrangements in place to comply with the [General Data Protection Regulation \(GDPR\)](#) legislation which was effective from May 2018

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of Evidence

- A range of audits, including clinical audits are undertaken routinely and actions identified for improvement are implemented into practice

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of Evidence

Communication

- There is an open and transparent culture that facilitates the sharing of information
- Patients are aware of who to contact if they want advice or if they have any issues/concerns
- Staff meetings are held with doctors involved in the IMA service
- Staff can communicate effectively
- Learning from complaints/incidents/near misses is effectively disseminated to staff, implemented and assured
- The IMA has a website which contains comprehensive information regarding the types of treatment provided

- The IMA also provide specific information to patients which explains the treatment provided and associated risks and complication

Communication with registered general practitioners

- There are systems in place to contact the patient's registered general practitioner (GP), with their consent, for further information if necessary
- The IMA must support private doctors to practise in line with the GMC guidance on remote prescribing as outlined in [Good practice in prescribing and managing medicines and devices](#) and open a dialogue with patients to explore when consent to share information with registered GPs is declined

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of Evidence

- Staff can demonstrate how confidentiality is maintained
- Discussion with staff demonstrated that patients are treated with dignity and respect
- There is a policy and procedure on maintaining confidentiality which is regularly assured

Consent

- Staff can demonstrate how consent is obtained
- Consent is obtained in line with [GMC guidance on consent](#)
- There are systems in place to ensure patients are effectively involved in making decisions about their treatment and are provided with clear and accessible information about the implications of the treatment and the options available to them
- Informed consent or refusal is documented in the patient's record and completed consent forms are kept in with patient records

Dignity, Respect and Rights

- Patients' privacy and dignity is respected at all times
- Patients' rights to make decisions about care and treatment are acknowledged and respected
- Patients are treated and cared for in accordance with legislative requirements for equality and rights

Informed Decision Making

- Information regarding services provided by the IMA accurately reflects the types of IMA service provided and are prepared in line with GMC Good Medical Practice
- Information provided includes the costs of treatments
- Information is written in plain English

Mental Capacity

- There are systems and processes in place to identify where there may be evidence of lack of mental capacity
- There is a model of consultation, which facilitates an assessment of capacity in line with legal expectations

Indicator C2

Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of Evidence

- There are arrangements in place to support patients to make informed decisions

Indicator C3

There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence**Patient Consultation**

- Patient consultation (patient satisfaction survey) about the standard and quality of care is carried out at least on an annual basis
- The results of the consultation are collated to provide a summary report
- The summary report is made available to clients and a subsequent action plan is developed to inform and improve services
- RQIA staff/service user questionnaire responses are reviewed and used to improve services
- Reports summarising patient comments and action taken by the agency are presented regularly to the agency management group (where appropriate) and are made available to patients and interested parties

Is the service well led?

Effective leadership, management and governance which creates a culture, focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1

There are management and governance systems in place to ensure the overall quality and safety of services provided.

Examples of Evidence

Governance Arrangements

- Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, arrangements are in place to ensure the registered person/nominated representative monitors the quality of services and undertakes an unannounced visit to the premises at least six monthly and produces a report of their findings (where appropriate)
- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are centrally indexed, a date of implementation and planned review is recorded and they are retained in a manner which is easily accessible by staff
- Arrangements are in place to provide evidence of an appropriate review of risk assessments e.g. legionella, fire, Control of Substances Hazardous to Health (COSHH)
- The registered person/manager ensures the agency delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards

Complaints

- The agency operates a complaints procedure in accordance with the relevant legislation and DOH guidance on complaints handling.
- Records are kept of all complaints and these include details of all communications with complainants, investigation records, the result of any investigation, the outcome and the action taken
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and improve services provided
- Themes emerging from complaints are analysed with input from the MAC and other relevant governance committees and any themes identified are disseminated to all staff
- Complaints are triaged to identify if there are any clinical issues which need to be further reviewed in line with Risk Management procedures

Statutory notification of incidents and deaths to RQIA

- The agency has an incident policy and procedure in place which includes reporting arrangements to RQIA
- Incidents are effectively documented and investigated in line with legislation
- All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures. [RQIA Statutory Notification of Incidents and Deaths](#)
- Arrangements are in place to audit adverse incidents to identify trends and improve service provided

Equality

- The management have systems in place to consider equality for patients

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

Quality Improvement

- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and patients

Quality Assurance

- Arrangements are in place for managing relevant alerts
- Arrangements are in place for staff supervision and appraisal
- There is collaborative working with external stakeholders e.g. community pharmacists
- There are procedures to facilitate audit, including clinical audit (e.g. records, incidents, accidents, complaints)
- Results of audits are analysed and actions identified for improvement are embedded into practice

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all areas of the agency
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s have understanding of their role and responsibilities as outlined in legislation
- Patients are aware of the roles of staff and who to speak to if they need advice or have issues/concerns
- The registered person is kept informed regarding the day to day running of the agency
- There are opportunities to raise staff awareness through training and education regarding equality legislation to recognise and respond to patients' diverse needs

Practising Privileges

- There is a written agreement between the medical practitioner and the agency that sets out the terms and conditions of granting practising privileges.
- Practising privileges agreements are reviewed at least every two years
- There is a written procedure that defines the process for application, granting, maintenance and withdrawal of practising privileges

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The statement of purpose and patient guide are kept under review, revised when necessary and updated
- Insurance arrangements are in place for public & employers liability
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- Any changes in the registration status of the service are notified to RQIA
- RQIA certificate of registration is on display and reflective of services provided

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal & supervision)
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements for management to effectively address staff suggestions/concerns
- There is a raising concerns/ whistleblowing policy and procedural guidance for staff

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards as a minimum. Where no areas for improvement result from the inspection this will be reflected in the report.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews