



# RQIA Provider Guidance 2017-2018

## Independent Medical Agency (IMA)

[www.rqia.org.uk](http://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 three 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 inspect and report on the following four domains:

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

RQIA registers and inspects 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 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:

- Seek the views of the people who use the service, or their representatives
- Talk to the management and other staff on the day of the inspection
- Examine a range of records including care records, incidents, complaints and policies
- Provide feedback on the day of the inspection to the registered person/manager on the outcome of the inspection; and
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified

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, Social Services and Public Safety's (DHSPPS) 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. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

## 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 are retained
- A system is in place to ensure that all staff receive appropriate training to fulfil the duties of their role, records should be made available for inspection
- There are arrangements for monitoring the professional registration status of clinical staff, records should be retained for inspection
- There are arrangements in place for monitoring the professional indemnity of all staff who require individual indemnity cover, records should be retained for inspection
- 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
- 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. Policy should include: open recruitment process, advertising, application process, shortlisting, interview & selection process, issuing of job description & contract of employment, employment checks, references, employment history, AccessNI, health, professional qualifications
- Staff personnel files are in keeping with 19 (2) Schedule 2, as amended
- Enhanced AccessNI or equivalent 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
- A staff register should be maintained up-to-date and retained for inspection 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**

- 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), Co-operating to Safeguard Children and Young People in Northern Ireland, 2016 and Area Child Protection Committees' Regional Policy and Procedures, 2005
- There are arrangements in place to identify the Adult Safeguarding Champion/Safeguarding Lead (delete as appropriate)
- There are arrangements in place to embed the new regional operational safeguarding procedures
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns
- Safeguarding training is provided during induction and updated as necessary
- 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, additional identified safeguards are put in place
- Staff are aware of their obligations in relation to raising concerns about poor practice
- 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

**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

**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
- 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

## 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

- 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
- 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 complications

# 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
- Staff can demonstrate how consent is obtained
- Discussion with staff demonstrated that patients are treated with dignity and respect
- There is a policy and procedure on confidentiality

### **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

## **Indicator C2**

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

### **Examples of Evidence**

- There are arrangements in place for involving 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 patients
- An action plan is developed to inform and improve services provided, if appropriate
- RQIA staff/service user questionnaire responses support the outcome that compassionate care is in place
- 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 meet the needs of service users.

### Examples of Evidence

#### Governance Arrangements

- 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 review risk assessments (e.g. legionella, fire)
- 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 DHSSPS 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 take
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision

#### Incidents

- 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

## 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 with if they need advice or have issues/concerns
- The registered person is kept informed regarding the day to day running of the agency

**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 - 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 service provision

**Indicator L5**

There are effective working relationships with internal and external stakeholders.

**Examples of Evidence**

- There is a raising concerns/whistleblowing policy and procedural guidance for staff
- 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

# 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. Where no areas for improvement are identified from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

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



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