

Inspection Report

19 February 2024



Malone Medical Chambers

Type of service: Independent Clinic (IC) -IC-Private Doctor Services

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Malone Medical Chambers Ltd	Registered Manager: Miss Elizabeth Shaw
Responsible Individual: Mr Edward Cooke	Date registered: 27 October 2015
Person in charge at the time of inspection: Miss Elizabeth Shaw	
Categories of care: Independent Clinic (IC) – Private Doctor (PD)	
Brief description of how the service operates: Malone Medical Chambers is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor category of care. A private doctor is a medical practitioner who does not have a substantive post in the Health and Social Care (HSC) sector in Northern Ireland (NI) or is not on the General Practitioner (GP) performers list in NI. Malone Medical Chambers provides a wide range of outpatient clinics across a range of medical specialties. This inspection focused solely on the private doctor services that fall within regulated activity and the category of care for which the establishment is registered with RQIA.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 19 February 2024 from 9.50 am to 1.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified since the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning patient safety in respect of staffing; recruitment and selection of staff; staff training; safeguarding; infection prevention and control; the environment and the adherence to best practice guidance in relation to COVID-19.

Other examples included: the management of the patients' care pathway; communication; records management; practising privileges arrangements and governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Patients were not consulted on the day of the inspection and patient feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Malone Medical Chambers during November 2023.

Posters were issued to Malone Medical Chambers by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire.

We received four completed patient questionnaires and all outlined that they were very satisfied with all aspects of the service. No written comments were included.

We received four staff questionnaires and all outlined they were very satisfied that the service is safe and well led. The staff were either very satisfied or satisfied that the service was effective and compassionate. Positive comments included that it was an excellent facility and well managed.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Malone Medical Chambers was undertaken on 18 December 2022 by a care inspector; no areas for improvement were identified.

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of patients?

As previously discussed a medical practitioner is considered to be a wholly PD if they do not have a substantive post in the HSC sector in NI or are not on the GP performers list in NI. Miss Shaw confirmed that there are three private doctors working in the clinic.

Nine private doctors provide medical services within Malone Medical Chambers. Miss Shaw confirmed that three of the nine private doctors provide medico-legal and also offer private consultations. The other seven doctors only provide medico-legal or occupational health services.

The provision of medico-legal or occupational health services by a private doctor are exempt from regulation with RQIA in accordance with regulation 5 (b) of The Independent Health Care Regulations (Northern Ireland) 2005.

In accordance with legislation and to evidence that robust medical governance arrangements are in place, services must retain evidence of the following for each private doctor:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Records pertaining to the three private doctors who offer regulated services were reviewed and all records were retained in accordance with legislation.

Induction programme templates were in place relevant to specific roles within the establishment. Miss Shaw confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Miss Shaw confirmed that the private doctors are aware of their responsibilities under GMC Good Medical Practice.

It was determined that staffing levels were sufficient to meet the needs of the private doctor service.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

No new private doctors have been recruited since the previous inspection however one new member of staff involved in the private doctor service has been recruited. Miss Shaw confirmed that should any private doctors who are subject to regulation be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection. Miss Shaw confirmed that the same recruitment process applies to all staff and medical practitioners who work in Malone Medical Chambers irrespective of whether the services they offer are subject to regulation with RQIA or not. Review of the new member of staff's personnel file found all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was in place.

There was a recruitment policy and procedure available that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the establishment. Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

Registered establishments are required to maintain a staff register. Miss Shaw is aware that the staff register is a live document and should be reviewed and updated as and when necessary.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

A policy and procedure was in place for the safeguarding and protection of children and adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Miss Shaw demonstrated that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A review of training records evidenced that Miss Shaw and the three private doctors involved in the delivery of regulated services had received training in safeguarding of children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

It was confirmed that Miss Shaw as the safeguarding lead had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Miss Shaw confirmed that a copy of the regional policy entitled '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)' (August 2017) and a copy of the regional guidance document entitled '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015) were available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

A policy and procedure on dealing with medical emergencies in place.

An automated external defibrillator (AED) with adult and paediatric pads and adrenaline medication was provided in various doses and readily available for use in the event of a medical emergency. The emergency trolley included various pieces of medical emergency equipment and a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry dates. There was an identified individual with responsibility for checking emergency medicines and equipment.

Miss Shaw outlined that the clinic is considering providing oxygen in the event of a medical emergency. It was advised to ensure that the matter is fully discussed by the clinic's governance team and all aspects on the provision of oxygen in the clinic in the event of a medical emergency is considered including staff training. Miss Shaw was receptive to this advice.

Discussion with Miss Shaw demonstrated she was aware what action to take in the event of a medical emergency. The three private doctors involved in the delivery of regulated services had completed refresher training in basic life support in keeping with RQIA [training guidance](#).

The service had appropriate arrangements in place to manage a medical emergency should it arise.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The three private doctors involved in the delivery of regulated services had completed refresher training in IPC in keeping with RQIA training guidance.

During a tour of the establishment, it was observed that the consultation rooms were clean, tidy and uncluttered. All areas of the establishment reviewed were fully equipped to meet the needs of patients and cleaning schedules were in place.

It was confirmed that the consultation rooms had hand washing facilities, adequate supplies of personal protective equipment, liquid soap, alcohol based hand gels and disposable hand towels available. Appropriate arrangements were in place for the management of clinical waste.

Miss Shaw confirmed that no reusable medical devices requiring decontamination are used in the establishment.

The service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

The management of operations in response to the COVID-19 pandemic were discussed with Miss Shaw who outlined the measures taken by Malone Medical Chambers to ensure current best practice measures are in place.

Miss Shaw advised that patients attend the clinic for face to face consultations; these visits are pre-arranged and by appointment only, to ensure the risk of cross contamination is reduced as far as possible.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The establishment was found to be clean, tidy and well maintained. Miss Shaw confirmed that arrangements for maintaining the environment were in place.

The most recent fire risk assessment had been reviewed by an approved fire consultant on 2 February 2024.

Miss Shaw confirmed that fire awareness training had been completed by the three private doctors involved in the delivery of regulated services and that they were aware of the action to take in the event of a fire.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. The policy reviewed included the arrangements for the creation; use; storage; transfer; disposal of and access to records in keeping with best practice guidance and legislative requirements.

Miss Shaw confirmed that the private doctors involved in the delivery of regulated services were aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements. Patient records are kept either manually or electronically.

The patient pathway was discussed with Miss Shaw, who stated that the private doctors submit a list of their patients who are due to attend Malone Medical Chambers. Some of the private doctors provide this list in advance electronically and others provide this list on the day of their outpatients' clinic. Each private doctor is responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice.

Miss Shaw advised that some of the clinical records pertaining to private consultations were available on an electronic software system called DGL practice manager and others held manually. Miss Shaw confirmed that all patients' medical records are stored securely.

It was noted that not all patient consultation records were available within the clinic either in hard copy or electronically. Advice was provided to Miss Shaw and a private doctor (one of the directors of Malone Medical Chambers) on ensuring that a contemporaneous record of each private doctor patient consultation is accessible to the clinic. It was also noted minor procedures were carried out that involved the administration of medication. It was advised that a robust management of medicines policy and procedure should be devised and implemented in the clinic. Miss Shaw and the private doctor were receptive to this advice and agreed to action.

The establishment is registered with the Information Commissioner's Office (ICO).

Discussion with Miss Shaw and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

It was determined that clinical records are managed in accordance with legislation and best practice guidance.

5.2.9 How does the service ensure that patients are treated with dignity and respect and are involved in the decision making process?

Discussion with Miss Shaw regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The consultations and treatments are provided in consultation rooms with the patient and private doctor present. If required, information is provided to the patient in verbal and written form during their consultation to allow patients to make choices about their care and treatment and provide informed consent.

Malone Medical Chambers obtains the views of patients on a formal and informal basis as an integral part of the service they deliver. Patients are provided with feedback questionnaires and are asked for their comments in relation to the quality of treatment provided, information and care received. The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties. Advice was provided to include an action plan outlining the action taken as the result of the findings of the patient survey. Miss Shaw was receptive to this advice and agreed to action.

A review of the most recent patient satisfaction surveys completed during November 2023 evidenced that patients were satisfied with the quality of treatment, information and care received.

Appropriate measures are in place to treat patients with dignity and respect and to ensure they have sufficient information to make informed decisions.

5.2.10 Are practising privileges being effectively managed?

Miss Shaw outlined the process for granting practising privileges. The three private doctor's personnel files reviewed evidenced that there was a written agreement between each private doctor and the establishment setting out the terms and conditions of practising privileges. There were systems in place to review practising privileges agreements every two years.

A practising privileges policy was in place that included the arrangements for the application; granting; maintenance; suspension and withdrawal of practising privileges.

Appropriate measures are in place to manage practising privileges agreements.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Miss Shaw is the nominated individual with overall responsibility for the day to day management of the establishment.

Malone Medical Chambers is operated by a limited company which has three directors. At least one of the directors is on site on a daily basis and Mr Cooke, Responsible Individual, works on site every Monday and Wednesday therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available for staff reference. A system was in place to ensure that policies and procedures are signed, dated, reviewed and updated at least on a three yearly basis.

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patients' guide. Miss Shaw confirmed she was knowledgeable about how to respond to complaints.

Miss Shaw confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Miss Shaw was aware that notifiable events should be investigated and reported to RQIA or other relevant bodies as appropriate.

Miss Shaw demonstrated a clear understanding of her role and responsibilities in accordance with legislation.

The RQIA certificate of registration was displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in relation to the equality of opportunity for patients and the importance of being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Miss Shaw who told us that equality data is collected and managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Shaw, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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