

Inspection Report

10 March 2025



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

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|---|---|
| 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 Ltd (MMC) is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic with a private doctor category of care. A private doctor is a medical practitioner who is not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) and who is not named on the NI Primary Medical Performers List (NI PMPL). MMC 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 10 March 2025 from 9.50 am to 4.45pm.

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 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; and records management.

During this inspection concerns were identified in relation to the process by which a practising privileges application had been approved during January 2025. A concern was also identified regarding the provision of minor surgical procedures which fall outside of the registration status of MMC. As a result of the concerns identified Mr Edward Cooke, Responsible Individual and Miss Elizabeth Shaw, Registered Manager, were invited to attend a serious concerns meeting in RQIA on 2 April 2025.

Prior to this meeting, Mr Cooke provided a detailed action plan which outlined the actions that had taken place to address the areas of concerns identified. During the meeting, Mr Cooke further detailed the measures which have been implemented to strengthen the clinical governance and oversight arrangements within MMC with respect to the procedure for granting practising privileges agreements and ensuring the establishment operates within their registration status and categories of care. As a result of this RQIA were satisfied that appropriate action had been taken and therefore further enforcement was not deemed necessary.

However, four areas for improvement have been identified against the regulations; to ensure that private doctors are suitably qualified and skilled to carry out the proposed service to be delivered in MMC; to implement robust arrangements for the granting and reviewing of practising privileges for private doctors that includes a clear scope of practice; to ensure strict adherence to MMC's Statement of Purpose and, finally, to ensure robust oversight and governance arrangements of the services provided by private doctors in MMC.

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

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

Two staff submitted responses. Both respondents indicated that they felt the care was safe and effective, that patients are treated with compassion and that the service was well led. Both staff indicated that they were very satisfied with each of these areas of care. One staff response included comments which were very positive and described management and staff as supportive.

No completed patient questionnaires were received prior to the inspection.

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 MMC was undertaken on 19 February 2024; 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 private doctor is a medical practitioner who is not affiliated with the HSC sector in Northern Ireland (NI) and who is not named on the NI Primary Medical Performers List (NI PMPL).

Miss Shaw confirmed that five private doctors provide medical services within MMC that fall under regulation with RQIA. Two new private doctors have been granted practising privileges since the previous inspection. There are other private doctors in MMC who only provide medico-legal or occupational health services. The provision of medico-legal or occupational health services 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 five private doctors who offer regulated services were reviewed and most records were retained in accordance with legislation. However, it was noted that not all records relating to a private doctor who had been granted practicing privileges in January 2025 had been retained, records to evidence additional/specialist qualifications relating to the medical service being delivered by the identified doctor were not sought. This was discussed with Mr Cooke and Miss Shaw and the matter was highlighted as a concern. An area of improvement has been made against the regulations to ensure there is evidence that private doctors are suitably qualified and skilled to carry out the proposed private doctor service to be delivered in MMC.

A review of training records evidenced that private doctors had completed basic life support, infection prevention control (IPC), fire safety awareness and safeguarding adults and children at risk of harm training in keeping with the RQIA training guidance.

Through discussion and review of relevant documentation, it was demonstrated that there were systems in place for undertaking, recording, and monitoring aspects of private doctor's appraisal and ongoing professional development.

Evidence was available that staff who have a professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

Addressing the area for improvement will strengthen systems to ensure staff are appropriately qualified to provide the services they propose to offer. It was demonstrated that staffing levels are safe to meet the needs of the patients.

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

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.

As stated two new private doctors have been recruited since the previous inspection. Both private doctor's personnel files were reviewed. It was confirmed that in the main, recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained for inspection with the exception of specialist qualifications for one private doctor as outlined in section 5.2.1. An area of improvement has been made on this matter in section 5.2.1

Registered establishments are required to maintain a staff register. A review of the staff register confirmed that it was up to date and included all staff involved with delivery of the private doctor led service.

There were robust recruitment and selection procedures in place that adhered to legislation and best practice guidance.

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 HSC 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 all staff had received training in safeguarding of 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 level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016). As previously discussed all staff had undertaken safeguarding adults at risk of harm training.

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 was in place that included the procedure for resuscitation in the event of a cardiac event.

Emergency medication and equipment was in place, as outlined in the clinic's policy. It was noted that arrangements were in place to ensure the emergency medicines were stored safely and securely and in accordance with the manufacturer's instructions. A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

Miss Shaw outlined that since that previous inspection the clinic has installed an oxygen cylinder for use in the event of a medical emergency. It was advised to include the oxygen cylinder in the monitoring arrangements. Following the inspection evidence of the inclusion of the oxygen cylinder in the emergency equipment and medications monitoring arrangements was submitted to RQIA.

Miss Shaw demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

A review of records confirmed that private doctors 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 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. Private doctors had completed refresher training in IPC in keeping with RQIA [training guidance](#).

Review of the premises noted that the consultation rooms were clean, tidy and uncluttered. 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. Sharps boxes were in place in the consultation rooms and it was noted the date of commencement of use was not always recorded on the box. It was advised to ensure this information is completed to enable traceability of this clinical waste. Miss Shaw gave assurances on this matter.

Cleaning schedules and records were in place and a monthly environment audit is undertaken and reviewed by Miss Shaw. It was advised to ensure the management of sharps boxes is included in the environment audit.

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

Addressing the areas of advice as outlined will strengthen the 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 to minimise the risk of COVID-19 transmission were discussed with Miss Shaw who outlined the measures taken by MMC to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and 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 undertaken on 7 March 2025.

A review of training records evidenced that fire safety awareness training had been completed by all staff working in the clinic. It was confirmed that the staff 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 for patients receiving private doctor services in MMC 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 MMC. 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.

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 clients are treated with dignity and respect and are involved in the decision making process?

Discussion with Miss Shaw and Mr Cooke 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.

Following a recent patient complaint in relation to lack of transparency of fees, Mr Cooke and Ms Shaw confirmed that complete clarity on fees is now required from all private doctors. Complaints management is further discussed in section 5.2.11 of this report.

MMCs 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.

A review of the most recent patient satisfaction survey report completed for 2024/25 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?

The only mechanism for a medical practitioner to work in a registered independent clinic is either under a practising privileges agreement or through direct employment by the establishment. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005.

Two private doctors had been granted practising privileges since the previous inspection. Both of these private doctors' personnel files were reviewed and evidenced that there was a written agreement between each private doctor and the establishment setting out the terms and conditions of practising privileges. However, it was identified that due diligence had not been followed in respect of the granting of one practising privileges agreement. This was discussed with Mr Cooke and the matter was highlighted as a concern. Following the inspection RQIA received an action plan which outlined the measures to be put in place to strengthen the medical oversight and governance for the granting, review and renewal of practising privileges agreements for private doctors in MMC.

An area of improvement has been made against the regulations to review and strengthen the practising privilege policy and procedure, ensure strict implementation of the procedure with robust arrangements for the granting and reviewing of practising privileges for private doctors including a clear scope of practice for each private doctor.

The implementation of the area of improvement outlined will help ensure there are appropriate measures are in place to grant and review practising privileges; and manage practising privileges agreements.

5.2.11 Are robust arrangements in place regarding organisational and medical governance?

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.

MMC 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 two days each week, 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.

Review of the complaints policy and procedures evidenced that they had been developed in accordance with the relevant legislation and Department of Health (DoH) guidance on complaints handling; [Health and Social Care Complaints Procedure \(Revised April 2023\)](#). Patients and/or their representatives were made aware of how to make a complaint by way of the clients' guide. Miss Shaw confirmed that arrangements were in place to effectively manage complaints from patients, 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.

The results of audits are analysed and, if required, an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and, where appropriate, made available to key staff in a timely manner.

A robust system was in place to ensure that notifiable events would be investigated and reported to RQIA or other relevant bodies as appropriate. Miss Shaw outlined the process for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered at the earliest opportunity.

Discussions in relation to the nature of the services provided by private doctors identified that procedures which would be viewed as minor surgical procedures had been carried out in a consultation room in MMC. This is not in accordance with the RQIA registration status of MMC as an independent clinic and is not in accordance with MMC's Statement of Purpose which must be strictly adhered to. This matter was discussed with Mr Cooke who gave assurances that minor surgical procedures would cease in MMC with immediate effect.

An area of improvement has been made against the regulations to ensure MMC operates in accordance with their Statement of Purpose and within their RQIA registration status and categories of care at all times.

Due to concerns identified in relation to the process by which a practising privileges application had been approved during January 2025 and the provision of minor surgical procedures which fall outside of the registration status of MMC, Mr Edward Cooke, Responsible Individual and Miss Elizabeth Shaw, Registered Manager, were invited to attend a serious concerns meeting in RQIA on 2 April 2025.

During the meeting Mr Cooke outlined the measures which have been implemented to strengthen the clinical governance and oversight arrangements within MMC with respect to the procedure for granting practising privileges agreements and ensuring the establishment operates within their registration status and categories of care.

As a result of this RQIA were satisfied that appropriate action had been taken and therefore further enforcement was not deemed necessary. However, a further area of improvement has been made against the regulations to ensure robust oversight and governance arrangements are established and implemented to ensure MMC operates in accordance to the legislation and Minimum Standards.

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

Insurance documents were available for inspection and confirmed that professional indemnity, employers and public liability insurance was in place.

It was determined that arrangements to ensure the responsible individual assures themselves of the quality of the services provided require to be strengthened and the area of improvements identified will assist on this matter.

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 clients 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

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#)

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 4 | 0 |

Areas for improvement and details of the QIP were discussed with Mr Cooke and Miss Shaw as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 19 (2) (b) Stated: First time To be completed by: | The responsible individual shall ensure that prior to granting or amending practising privileges there is evidence that the private doctor is suitably qualified and skilled to carry out the proposed private doctor service to be delivered in Malone Medical Chambers Ltd. Ref: 5.2.1 |

| | |
|--|---|
| 10 April 2025 | |
| Area for improvement 2 Ref: Regulation 19 (1) (b) Stated: First time To be completed by: 10 April 2025 | Response by registered person detailing the actions taken: The responsible individual shall review and strengthen the practising privilege policy and procedure, ensure strict implementation of the revised procedure with robust arrangements for the granting and reviewing of practising privileges for private doctors including a clear scope of practice for each private doctor. Ref: 5.2.10 |
| Area for improvement 3 Ref: Regulation 7 Stated: First time To be completed by: 10 April 2025 | The responsible individual shall ensure Malone Medical Chambers Ltd operates in accordance with the Statement of Purposes and within their RQIA registration status and categories of care at all times. Ref: 5.2.11 Response by registered person detailing the actions taken: |
| Area for improvement 4 Ref: Regulation 13(1) Stated: First time To be completed by: 10 May 2025 | The responsible individual shall establish and implement robust oversight and governance arrangements to ensure Malone Medical Chambers Ltd operates in accordance to the legislation and Minimum Standards. Ref: 5.2.11 Response by registered person detailing the actions taken: |

Please ensure this document is completed in full and returned via Web Portal



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