

# Announced Care Inspection Report 19 October 2020



## Malone Medical Chambers

**Type of Service: Independent Clinic (IC) – Private Doctor**

**Address: 142 Malone Road, Belfast, BT9 5LH**

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**Inspector: Stephen O'Connor**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



In respect of Independent Clinic Private Doctor services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- infection prevention and control (IPC);
- patient feedback;
- organisational and medical governance arrangements; and
- review of areas for improvement identified during the previous care inspection (if applicable).

## 2.0 Profile of service

Malone Medical Chambers is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. 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.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Malone Medical Chambers Limited	<b>Registered Manager:</b> Ms Elizabeth Shaw
<b>Responsible Individual:</b> Mr Edward Cooke	
<b>Person in charge at the time of inspection:</b> Ms Elizabeth Shaw	<b>Date manager registered:</b> 27 October 2015
<b>Category of care:</b> Independent Clinic (IC) – Private Doctor	

## 4.0 Inspection summary

An announced inspection took place on 19 October 2020 from 10:00 to 11:45 hours.

This inspection was 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 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; IPC procedures; patient feedback; and the organisational and medical governance arrangements.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 24 October 2019

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 24 October 2019.

#### 4.3 Review of areas for improvement from the last care inspection dated 24 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref: Regulation 21</b>  <b>Stated: First time</b>	The responsible individual shall ensure that a comprehensive medical record is maintained for each patient who has attended a private doctor with the exception of consultations for medical-legal or occupational health purposes. Where patients' medical records are not retained on site, they should be stored securely and can be located if required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A private doctor is a doctor registered with the General Medical Council (GMC) who does not have a substantive post with the National Health Service (NHS) in Northern Ireland (NI) or who is not on the General Practitioners (GPs) performers list in NI. We confirmed that nine GMC registered doctors providing services within Malone Medical Chambers are private doctors. However, seven of these doctors only provide medico-legal or occupational health services and are therefore	

	exempt from regulation. The other two doctors undertake medico-legal and private consultations. We confirmed that clinical records pertaining to private consultations were available on an electronic software system called DGL practice manager.	
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 18.3 <b>Stated:</b> First time	<p>The responsible individual shall complete a medical emergency risk assessment in regards to patients using the clinic; following which a decision should be made in regards to the medical emergency medicines and equipment that should be provided in the clinic. Records to evidence this should be retained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          We reviewed minutes of a Medical Advisory Committee (MAC) meeting held on 18 December 2019 detailing the medical emergency medicines and equipment to be retained in the clinic. We were told that advice and guidance was sought from an individual who facilitates medical emergency training and a consultant anaesthetist. We observed an automated external defibrillator (AED) with adult and paediatric pads and Adrenaline in various doses available in the reception area. We also observed a crash trolley with various sizes of oropharyngeal airways and adult and paediatric self-inflating bags. We confirmed that arrangements are in place to check the expiry dates of emergency medicines and equipment. We were told that the provision of emergency medicines and equipment will be reviewed by the MAC.</p>	

## 5.0 How we inspect

Prior to the inspection we reviewed a range of information relevant to the establishment. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection;
- the previous care inspection report; and

- the returned QIP from the previous care inspection.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. Returned completed patient questionnaires were analysed prior to the inspection. We also invited staff to complete an electronic questionnaire prior to the inspection. Completed patient and staff questionnaires are discussed in section 6.6 of this report.

We undertook a tour of the premises and met with, Ms Shaw, Registered Manager and a receptionist.

We examined records relating to the following areas:

- management of operations in response to COVID-19 pandemic;
- personnel records for the private doctors;
- patient records;
- IPC procedures;
- patient feedback;
- organisational and medical governance arrangements; and
- documents in relation to the day to day operation of the clinic.

We reviewed areas for improvement identified at the last care inspection and we recorded assessment of compliance as met, partially met, or not met.

The findings of the inspection were provided to Ms Shaw at the conclusion of the inspection.

## 6.0 Inspection findings

### 6.1 Management of operations in response to the COVID-19 pandemic

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular businesses need consider the risks to their patients and staff.

We discussed the management of operations in response to the COVID-19 pandemic with Ms Shaw who outlined the measures taken by Malone Medical Chambers to ensure current best practice measures were in place. We observed that staff practice in relation to the management of COVID-19 was in line with best practice guidance and we determined that, appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

#### **Areas of good practice: Management of operations in response to COVID-19 pandemic**

We confirmed the establishment had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the patient pathway.

**Areas for improvement: Management of operations in response to COVID-19 pandemic**

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

**6.2 Infection prevention and control (IPC)**

We reviewed arrangements for IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We confirmed that the establishment had overarching IPC policies and procedures in place which were readily accessible to staff.

In relation to the management of operations in response to the COVID-19 pandemic we observed that staff practice was in line with best practice guidance and we determined that appropriate actions had been taken in this regard.

We undertook a tour of the premises and noted that the clinic was clean, tidy and uncluttered. We found that all areas of the clinic were fully equipped to meet the needs of patients.

We confirmed that no reusable medical devices are used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed perspex screens had been provided at the reception desk to encourage social distancing and that hand sanitisers were readily available for staff and patient use throughout the clinic.

We confirmed waste management arrangements were in place and we observed clinical waste bins were pedal operated in keeping with best practice guidance.

We found that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

Staff told us that appointments are scheduled to minimise the number of patients in the waiting area and that following every appointment the seating in the waiting area and all touch points (door handles etc) are decontaminated.

**Areas of good practice: Infection prevention and control (IPC)**

We reviewed the current arrangements with respect of IPC practice and evidenced good practice that was being actively reviewed.

**Areas for improvement: Infection prevention and control (IPC)**

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

### 6.3 Patient feedback

Ms Shaw described the arrangements for obtaining feedback from patients about the quality of treatment provided, the information given and care received. Randomly selected patients are encouraged to complete a patient satisfaction survey. Completed surveys are reviewed and collated into an annual summary report which is made available to patients and other interested parties. The most recent report generated as a result of completed patient satisfaction surveys was dated October 2020. Review of this report indicated that patients were highly satisfied with the standard of care and treatment they received. Comments included in completed patient satisfaction surveys were as follows:

- 'Great, friendly helpful staff.'
- 'Very relaxed atmosphere, thanks very much.'

We confirmed that Malone Medical Chambers has a website. We advised that feedback from patients recorded on the website should be included in the annual summary patient satisfaction report.

#### Areas of good practice: Patient feedback

We reviewed the current arrangements in respect of patient feedback and found robust arrangements in place.

#### Areas for improvement: Patient feedback

We identified no areas for improvement regarding patient feedback.

	Regulations	Standards
Areas for improvement	0	0

### 6.4 Organisational and medical governance

We examined various aspects of the organisational and medical governance systems in place and found there was a clear organisational structure within the clinic. We confirmed that Ms Shaw is in day to day charge of the clinic.

Where the business entity operating a registered service is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, unannounced quality monitoring visits by the Responsible Individual must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Malone Medical Chambers is operated by a Limited company; the limited company has three directors. At least one of the directors is on site on a daily basis therefore Regulation 26 unannounced quality monitoring visits do not apply.

As discussed in section 4.3 of this report, through discussion and review of relevant records, we confirmed that a number of doctors are involved in the provision of services. However, only two of the private doctors provide consultations to patients.



We reviewed records in relation to the two private doctors and found evidence of the following:

- confirmation of identity;
- current 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 (RO); and
- arrangements for revalidation with the GMC.

All GMC registered doctors must have a designated RO. All doctors registered with the GMC must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors work as RO's with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

We reviewed records and confirmed that both private doctors had completed refresher training in keeping with our training guidance for [Independent Clinic – Private Doctor](#) services.

We reviewed records and confirmed there was a written agreement between the clinic and the doctors which is reviewed at least every two years in keeping with best practice guidance.

We reviewed the arrangements in place for the management of medicines within the clinic to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines. We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We noted 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.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during within the previous 12 calendar months. We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Ms Shaw demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. Ms Shaw told us that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and were available to patients on request.

### **Areas of good practice: Organisational and medical governance**

We found examples of good practice regarding organisational and medical governance.

## Areas for improvement: Organisational and medical governance

We identified no areas for improvement in relation to organisational and medical governance.

	Regulations	Standards
Areas for improvement	0	0

### 6.5 Equality data

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

### 6.6 Patient and staff views

We found that four patients submitted questionnaire responses to RQIA. The patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted questionnaire responses.

We also invited staff to complete an electronic questionnaire prior to the inspection. We found that two completed staff questionnaires were submitted and both staff members indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and that they were very satisfied with each of these areas of patient care. No comments were included in submitted questionnaire responses.

### 6.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

### 7.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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