

Announced Care Inspection Report 24 October 2019



Malone Medical Chambers

Type of Service: Independent Clinic (IC) – Private Doctor
Address: 142 Malone Road, Belfast, BT9 5LH
Tel No: 028 9066 7676
Inspector: Carmel McKeegan

www.rqia.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



2.0 Profile of service

This is a registered independent clinic providing a private doctor service. Malone Medical Chambers provides a wide range of outpatient clinics across a range of medical specialties. Although a wide range of consulting services and treatments are offered in Malone Medical Chambers, it is only the service or treatment provided by the private doctors that falls within regulated activity.

3.0 Service details

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

Malone Medical Chambers was originally registered with the Regulation and Quality Improvement Authority (RQIA) on 27 October 2015 as a partnership with Mr Edward Cooke, Mr Neil Thompson and Mr Paul Nolan as the registered persons.

On 21 January 2018 RQIA received an application to vary the registration with RQIA as the business entity had changed to become a limited company. RQIA reviewed the application to vary the registration and following due processes approval was granted. Malone Medical Chambers Limited is the registered provider and Mr Edward Cooke is the responsible individual.

4.0 Inspection summary

An announced inspection took place on 24 October 2019 from 10.00 to 12.45.

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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These included the arrangements for staffing, recruitment and selection, safeguarding, the management of medical emergencies, medicines management, infection prevention and control and the environment. Other examples included the management of the patients' care pathway, communication, the management and governance arrangements, practising privileges arrangements and engagement to enhance the patients' experience.

One area for improvement against the regulations was made in relation to the provision, retention and accessibility arrangements of the required medical records to be kept for each patient who has attended a private doctor with the exception of consultations for medical-legal or occupational health purposes.

One area for improvement against the standards was made to undertake a risk assessment to ensure appropriate medicines and equipment are retained for use in the event of a medical emergency

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Elizabeth Shaw, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.0 Action/enforcement taken following the most recent inspection dated 27 November 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 27 November 2018

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
Area for improvement 1 Ref: Regulation 25 (4) (f) Stated: First time	The registered persons shall ensure that a fire risk assessment is completed by a competent person and that any areas identified for action are addressed. The fire risk assessment should be reviewed on an annual basis.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that a fire risk assessment had been undertaken during January 2019 and an action plan was provided. Review of the action plan and discussion with Ms Shaw demonstrated that Malone Medical Chambers has addressed the	

	<p>majority of the issues identified and have a timed programme of work in place to address the outstanding areas.</p> <p>Ms Shaw is aware that the fire risk assessment should be reviewed annually.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (3)</p> <p>Stated: First time</p>	<p>The registered persons should maintain a register of patients who attend the clinic. The register should include the information as outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Schedule 3 Part II.</p> <p>Action taken as confirmed during the inspection: A register of patients who attend the clinic was in place.</p>	Met
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 10.1 & 10.7</p> <p>Stated: First time</p>	<p>The registered persons shall establish a robust system for ensuring that all the private doctors are registered with the General Medical Council (GMC) and are covered by appropriate professional indemnity.</p> <p>Action taken as confirmed during the inspection: Discussion with Ms Shaw and review of records confirmed that a system is in place to ensure that all private doctors are registered with the GMC and are covered by appropriate professional indemnity.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 22.1</p> <p>Stated: First time</p>	<p>The registered persons shall ensure electrical equipment is subject to portable appliance testing (PAT) and records retained.</p> <p>Action taken as confirmed during the inspection: Records reviewed evidenced that PAT testing had been completed on 12 March 2019.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 30.2</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that minutes of the medical advisory committee (MAC) meetings are formally recorded and retained.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that the MAC meets quarterly. Minutes of the MAC</p>	Met

	meetings include; the date, time and venue, the agenda, the names of those present, apologies of those not in attendance and a full account of the matters discussed.	
Area for improvement 4 Ref: Standard 11.5 Stated: First time	The registered person shall ensure that practising privileges agreements are signed and dated by both parties and reviewed every two years.	Met
	Action taken as confirmed during the inspection: There are ten private doctors working in Malone Medical Chambers, three of whom are directors of Malone Medical Chambers Limited and are not required to have a practising privileges agreement. Review of the other seven private doctors' personnel files confirmed that a practising privileges agreement was in place for each private doctor. Each practising privileges agreement had been signed by the private doctor and a director of Malone Medical Chambers Limited	

5.0 Inspection findings

6.4 Is care safe?

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

Staffing

Ms Shaw confirmed that are sufficient numbers of staff in various roles to fulfil the needs of the private doctor service and patients.

Induction programme templates were in place relevant to specific roles within the establishment.

As previously discussed there are ten wholly private doctors who work in Malone Medical Chambers. Review of all ten private doctor's personnel files demonstrated that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Ms Shaw confirmed that there is a system in place to ensure that all staff receives appropriate training to fulfil the duties of their role in keeping with the RQIA training guidance.

Training records were in place which demonstrated that all private doctors and reception staff had completed training in accordance with RQIA mandatory training guidance.

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

As previously discussed records reviewed demonstrated that a robust system is in place to ensure that all private doctors are registered with the GMC and are covered by appropriate professional indemnity.

A review of ten private doctors' details confirmed there was evidence of the following:

- confirmation of identity
- current GMC registration
- professional indemnity insurance
- qualifications in line with service 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
- each doctor has an appointed responsible officer (RO)
- arrangements for revalidation

We were informed that Malone Medical Chambers is a designated body with the GMC and Mr Paul Nolan is the RO for Malone Medical Chambers. Ms Shaw confirmed that each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

We were informed that no new staff have been recruited since the previous inspection. Ms Shaw confirmed that should staff or private doctors 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 as amended would be sought and retained for inspection.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements. There was a recruitment policy and procedure available which was comprehensive and reflected best practice guidance.

Safeguarding

Ms Shaw was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

Malone Medical Chambers has a policy and procedure on dealing with medical emergencies.

Ms Shaw and the receptionist demonstrated that they were aware what action to take in the event of a medical emergency and that this has been discussed at staff meetings.

All private doctors and other staff members have received training in basic life support and basic medical emergency equipment is available including an automated external defibrillator (AED). Training records reviewed confirmed that the use of the AED was included in the medical emergency training.

The clinic has a first aid box; a body fluid/blood spillage kit and an eye wash kit.

Ms Shaw was advised that a management of medical emergencies risk assessment should be undertaken based on the patient groups who attend Malone Medical Chambers; following which a decision should be made in regards to the emergency medicines and equipment that should be provided. A record of this should be retained. An area for improvement against the standards has been made in this regard.

Medicines management

We were informed that no medical practitioners providing services in Malone Medical Chambers write prescriptions for medications. If a prescription is required, the medical practitioner issues a letter to the patient's General Practitioner.

Other than medicines retained for use in the event of a medical emergency, no other medicines are retained.

Infection prevention control and decontamination procedures

Malone Medical Chambers has a range of infection prevention and control (IPC) policies and procedures.

A range of information for patients and staff regarding hand washing techniques was available.

Ms Shaw confirmed that no reusable medical devices requiring decontamination are used in the clinic; only single use equipment is used.

As previously discussed all staff are provided with training commensurate with their role which included IPC training.

Discussion with Ms Shaw and the receptionist confirmed they had a good knowledge and understanding of IPC measures.

Risk Management

Ms Shaw confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Ms Shaw demonstrated that arrangements were in place to review risk assessments.

Environment

The establishment was found to be clean, tidy and well maintained. Detailed cleaning schedules are in place and completed records of cleaning were displayed in various areas.

Arrangements were in place for maintaining the environment including; a gas safety inspection on 7 August 2019, an electrical condition inspection on 25 August 2019 and the fire alarm and security systems were serviced on 21 October 2019.

A legionella risk assessment was undertaken on 25 October 2018 by an external company and action points addressed; water temperature is monitored and recorded as recommended.

As previously discussed a fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was observed that a Close Circuit Television (CCTV) system was in place. Following the previous inspection a copy of the RQIA guidance document in regards to CCTV was forwarded to Ms Shaw and it was confirmed that a policy has been developed in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and selection, safeguarding, medicines management, infection prevention and control and decontamination and the general environment.

Areas for improvement

A medical emergency risk assessment in respect of the patients who use the clinic should be undertaken; following which a decision should be taken in regards to medical emergency medicines and equipment that should be provided.

	Regulations	Standards
Areas for improvement	0	1

6.5 Is care effective?

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

Clinical records

Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

The patient pathway was discussed with Ms Shaw, who stated that the medical practitioners, including the private doctors, offering services in the clinic submit a list of their patients who are due to attend Malone Medical Chambers. Some clinicians provide this list in advance electronically and other clinicians provide this list on the day of their outpatients' clinic.

We were informed that each medical practitioner is responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice.

Ms Shaw confirmed that each private doctor brings their patients' medical records with them for consultations and removes them from the establishment when they leave. Locked filing pedestals are available in each consulting room for the secure storage of medical records. Ms Shaw confirmed that patients' medical records are not retained in the establishment. Ms Shaw was advised that in keeping with The Independent Health Care Regulations (Northern Ireland) 2005, a comprehensive medical record should be maintained and retained 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. An area for improvement against the regulations has been made in this regard.

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

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. The board of directors and Ms Shaw meet monthly to discuss and review the service delivery and internal oversight arrangements.

Communication

The establishment has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the establishment for information by phone, via the website or by referral from another medical practitioner or solicitor for medico-legal assessments.

Each individual private doctor provides patients with information regarding the service provided by them. Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and was in line with GMC Good Medical Practice.

Information provided to patients and/or their representatives is written in plain English.

Staff confirmed that management is approachable and their views and opinions are listened to. Ms Shaw confirmed that meetings are usually held on a monthly basis after the core professional development (CPD) training session.

Ms Shaw confirmed that should the establishment receive complaints or have occurrences of accidents/incidents these would be audited to identify trends and patterns and that any learning would be shared with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to clinical records, audits and communication.

Areas for improvement

A comprehensive medical record should be maintained for each patient who has attended a private doctor with the exception of consultations for medical-legal or occupational health purposes. Medical records should be available for review during inspection.

	Regulations	Standards
Areas for improvement	1	0

6.6 Is care compassionate?

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

Dignity, respect and involvement with decision making

Discussion regarding the consultation and treatment process with Ms Shaw confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within private rooms with the patient and medical practitioner present.

It was confirmed that patients are treated in accordance with the DoH standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

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 asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issues feedback questionnaires to patients. 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. Review of the completed questionnaires found that patients were satisfied with the quality of treatment, information and care received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to informed decision making and patient consultation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

There was a clear organisational structure within the establishment and staff were able to describe their role and responsibilities and were aware of who to speak to if they had a concern. Ms Shaw is the nominated individual with overall responsibility for the day to day management of the establishment.

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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. At least one of the Malone Medical Chambers Limited company directors are on site on a daily basis therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on a three yearly basis.

There was a complaints policy and procedure in place which was in accordance with legislation and 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 and information on display in the establishment. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of documentation and discussion with Ms Shaw evidenced that no complaints have been received. It was evidenced that appropriate arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party.

Ms Shaw confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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.

Ms Shaw outlined the process for granting practising privileges and confirmed medical practitioners would meet with her prior to privileges being granted.

Seven medical practitioner's personnel files reviewed confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

Malone Medical Chambers has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. There are systems in place to review practising privileges agreements every two years.

Ms Shaw confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available.

Ms Shaw demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Shaw confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, incidents and alerts, the arrangements for managing practising privileges, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

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 was discussed with Ms Shaw.

6.9 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All 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.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Elizabeth Shaw, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 Stated: First time To be completed by: 24 December 2019	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by responsible individual detailing the actions taken: Medical records are maintained by each individual doctor and the matter of access by clinic staff to medical records of those patients who are attending for consultations other than for medical-legal or occupational health purposes will be discussed by the Responsible Individual, Mr Eddie Cooke, at the upcoming Medical Advisory Committee meeting due to be held on Wednesday 18.12.19.</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2019</p>	<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> <p>Ref: 6.4</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>The next meeting of the Medical Advisory Committee has been arranged for Wednesday 18.12.19 and Mr Eddie Cooke (Responsible Individual) will discuss this matter with the clinic directors. Following the MAC meeting any decisions made will be recorded in the minutes and all private doctors will be informed of the outcome, in addition clinic policies and procedures will be amended where appropriate.</p>

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



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