

Announced Care Inspection Report 27 November 2018



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.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



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: Malone Medical Chambers Responsible Individuals: Mr Paul Nolan Mr Edward Cooke Mr Neill Thompson	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	

4.0 Inspection summary

An announced inspection took place on 27 November 2018 from 10.30 to 13.45.

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 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 related to: patient safety in respect of staffing, the management of medical emergencies and infection prevention control. Other examples included: the management of the patients' care pathway; communication; records management and engagement to enhance the patients' experience.

Two areas of improvement were made against the regulations, to ensure that a fire risk assessment is completed by a competent person and to maintain a register of patients attending Malone Medical Chambers. Four areas of improvement were made against the standards; to establish a robust system that ensures all private doctors are registered with the relevant regulatory body and are covered by appropriate professional cover, to ensure portable appliance testing is completed, to retain formal minutes of the medical advisory committee meetings and to ensure there are systems in place to review practising privileges agreements every two years.

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	2	4

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.

4.2 Action/enforcement taken following the most recent care inspection dated 26 January 2018

No further actions were required to be taken following the most recent inspection on 26 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. 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

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were provided to RQIA.

During the inspection the inspector met with Ms Elizabeth Shaw, registered manager and a receptionist.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements
- medical practitioner personnel files

- clinical records
- management and governance arrangements
- insurance documentation

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 January 2018

The most recent inspection of the Malone Medical Chambers was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 January 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 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

Discussion with Ms Shaw demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

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

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 receive appropriate training to fulfil the duties of their role in keeping with the RQIA training guidance.

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

- confirmation of identity
- 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

However it was identified that three of the private doctor files did not provide verification of their up to date registration with the General Medical Council (GMC) or current professional indemnity insurance cover.

Mrs Shaw confirmed that the medical practitioners are aware that they are required to provide this information annually. An area for improvement has been made against the standards to establish a robust system for ensuring that all the private doctors are registered with the GMC and are covered by appropriate professional indemnity.

Discussion with Ms Shaw and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Discussion with Ms Shaw demonstrated that no new staff have been recruited since the previous inspection. During discussion Ms Shaw confirmed that should staff 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.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Mrs 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

The establishment has a policy and procedure on dealing with medical emergencies.

Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

All medical practitioners have received training in basic life support and basic medical emergency equipment is available.

Infection prevention control and decontamination procedures

The establishment has a range of infection prevention and control policies and procedures.

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

Staff are provided with IPC training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

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 are in place for maintaining the environment which included routine servicing of the heating boiler, firefighting equipment, the fire detection system and the intruder alarm.

Arrangements were also in place to ensure the fixed wiring installations are inspected every five years. It was identified that that portable appliance testing (PAT) had not been completed and an area of improvement has been made against the standards in this regard.

A legionella risk assessment had been undertaken by an external organisation, there were monitoring arrangements in place and this risk assessment had been reviewed on 25 October 2018.

Staff confirmed fire training and fire drills had been completed and demonstrated that they were aware of the action to take in the event of a fire.

A fire risk assessment could not be located, it was established that a fire risk assessment had previously been completed some years earlier. Ms Shaw stated that arrangements would be made for a fire risk assessment to be completed by an external organisation. An area of improvement has been made against the regulations in this regard.

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, 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, safeguarding, management of medical emergencies, infection prevention and control and decontamination and the general internal environment.

Areas for improvement

Establish a robust system for ensuring that all the private doctors are registered with the GMC and are covered by appropriate professional indemnity.

Portable appliance testing (PAT) should be completed and records retained.

A fire risk assessment should be completed by a competent person and any areas identified for action should be addressed. The fire risk assessment should be reviewed on an annual basis.

	Regulations	Standards
Areas for improvement	1	2

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.

Ms Shaw confirmed that no patient's records are held overnight on the premises. Each private doctor brings their patient care records with them for consultations and removes them when they leave. Locked filing pedestals are available in each consulting room for the secure storage of records.

Discussion with Ms Shaw identified that Malone Medical Chambers does not have a register of patients who attend the establishment, this was discussed with Ms Shaw and an area of improvement has been made against the regulations 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.

Records required by legislation were retained and made available for inspection at all times.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. The registered persons 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 were 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/incident 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

Malone Medical Chambers 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. (1) (a) to (g).

	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 through the above discussion that patients are treated in accordance with the Department of Health (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.

Some of the comments received included:

- "Staff very pleasant, quick service provided."
- "Doctor very friendly and easy to talk to."

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.

It was confirmed that the medical advisory committee (MAC) meets quarterly, discussion with Ms Shaw identified that minutes of these meetings were not formally recorded. An area of improvement has been made against the standards in this regard.

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.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Ms Shaw demonstrated a good awareness of complaints management.

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.

Four 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. However two of the practising privileges agreements had not been dated and signed by both parties, one practising privileges agreement had been due for review in June 2018 and the other in August 2018. An area for improvement has been made against the standards to ensure that agreements are signed and dated by both parties and reviewed every two years.

Malone Medical Chambers has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

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. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

Malone Medical Chambers was originally registered as a partnership and have now formed a limited company and have submitted an application to RQIA in respect of a change of business entity for the establishment; this application is being processed by RQIA under separate cover.

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, quality improvement and maintaining good working relationships.

Areas for improvement

Minutes of the medical advisory committee (MAC) meetings should be formally recorded and retained.

Ensure practising privileges are signed and dated by both parties and reviewed every two years.

	Regulations	Standards
Areas for improvement	0	2

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

Thirteen patients submitted questionnaire responses to RQIA. All 13 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 also indicated that they were very satisfied with each of these areas of their care.

The following comments were provided in submitted questionnaires:

- 'Very satisfied'
- 'Very relaxing and caring environment'

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	2	4

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 Malone Medical Chambers. 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

<p>Area for improvement 1</p> <p>Ref: Regulation 25 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2019</p>	<p>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.</p> <p>The fire risk assessment should be reviewed on an annual basis.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Fire risk assessment has been carried out on 03.01.19 by Fire Defence Ltd. Their report is awaited and any recommendations will be actioned as soon as possible.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 21 (3)</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2019</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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A register of private patients has been implemented.</p>

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

<p>Area for improvement 1</p> <p>Ref: Standard 10.1 & 10.7</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2019</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: GMC registration and professional indemnity cover in relation to all private doctors has been confirmed and will be repeated in January 2020 and on an annual basis thereafter. For any new doctors throughout the year, the above will be required when practising privileges are first agreed by the MAC and will then be confirmed on an annual basis thereafter.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 22.1</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2019</p>	<p>The registered persons shall ensure electrical equipment is subject to portable appliance testing (PAT) and records retained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: PAT testing is being arranged through Fire Defence Ltd and will be carried out as soon as possible.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30.2</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2019</p>	<p>The registered persons shall ensure that minutes of the medical advisory committee (MAC) meetings are formally recorded and retained.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The next meeting of the MAC is scheduled for 20.02.19 and minutes will be recorded for that and for all future meetings, and will be made available for RQIA inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2019</p>	<p>The registered person shall ensure that practising privileges agreement are signed and dated by both parties and reviewed every two years.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Practising Privileges agreements have been issued to all private doctors for signature and all signed agreements are anticipated to have been received before the end of January 2019. One private doctor has indicated that he has some queries in relation to same, and this is to be discussed by the MAC at the earliest opportunity following receipt of a formal email query from the private doctor.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews