

Announced Care Inspection Report 20 July 2017



Escripts Marketing Limited

Type of Service: Independent Medical Agency

Address: 69 Old Street, London EC1V 9HX

Tel No: 0203 176 0022

Inspector: Winifred Maguire

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 an independent medical agency (IMA) which provides an online private doctor service and offers a patient group direction (PGD) service to community pharmacists in Northern Ireland who belong to a group of independent pharmacies.

3.0 Service details

Organisation/Registered Provider: Escripts Marketing Limited Responsible Individual: Mr Richard Adams	Registered Manager: Mr Richard Adams
Person in charge at the time of inspection: Mr Richard Adams	Date manager registered: 26 July 2016
Categories of care: Independent Medical Agency (IMA) (PD) Private Doctor	

4.0 Inspection summary

An announced inspection took place on 20 July 2017 from 10.00 to 11.00 and 14.00 to 16.30.

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, Social Services and Public Safety (DHSSPS) 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 independent medical agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was evidenced in all four domains. These related to the monitoring and updating of the private doctors details; staff training and development; the provision of information to patients allowing them to make an informed decision; and engagement to enhance the patients' experience.

Areas requiring improvement were identified in relation to devising an induction programme; developing a freedom of information publication scheme; devising a practising privilege policy and implementing a community pharmacies audit.

The findings of this report will provide the independent medical agency 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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mr Richard Adams, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 July 2016.

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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection information form

Questionnaires were provided to staff prior to the inspection by the independent medical agency on behalf of RQIA. Returned completed staff questionnaires were also analysed prior to the inspection.

A complaints return and a request for supporting documentation was forwarded to the provider prior to the inspection. Mr Richard Adams, registered person, was requested to be available for contact via the telephone on 20 July 2017, at an agreed time. Having reviewed the records Mr Adams was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

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

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

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

The findings of the inspection were provided to Mr Richard Adams at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 July 2016

The most recent inspection of the independent medical agency was an announced pre-registration care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)		Validation of compliance
Area for improvement 1 Ref: Standard 5 Stated: First time	A copy of the summary report of the patient satisfaction survey should be made available to patients and other interested parties on the website.	Met
	Action taken as confirmed during the inspection: Mr Adams confirmed a copy of the summary report of the patient satisfaction survey is available to patients and other interested parties on the IMA's website.	
Area for improvement 2 Ref: Standard 9 Stated: First time	The record audit should include the completion of clinical records.	Met
	Action taken as confirmed during the inspection: It was confirmed the record audit now includes the completion of clinical records.	

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 Mr Adams and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

Induction programme templates relevant to specific roles within the agency were not available for inspection. The development of an induction programme template was identified as an area of improvement and advice was given on the matter.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Mr Adams confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of the private doctor's details confirmed there was evidence of the following:

- 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

Discussion with Mr Adams and review of staff questionnaires confirmed that the private doctor is aware of his responsibilities under GMC Good Medical Practice.

Recruitment and selection

Discussion with Mr Adams confirmed that no new staff have been recruited since the previous inspection. Mr Adams confirmed that three private doctors were in the process of being recruited and that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is being sought and will be 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. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Mr Adams confirmed the IMA has arrangements are in place to ensure that the medical practitioner and other staff have an awareness of actions to be taken should a safeguarding issue arise. The private doctor has undertaken safeguarding training. Mr Adams agreed he would access safeguarding training in line with his role as safeguarding lead.

A safeguarding policy and procedure was reviewed and it was suggested that the policy should reflect the guidance issued in Northern Ireland in July 2015 'Adult safeguarding, prevention and protection in partnership'. An electronic copy of the guidance was forwarded to Mr Adams and he agreed to submit an amended copy of the safeguarding policy to RQIA following the inspection.

Management of medical emergencies

Mr Adams confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of actions to be taken in the event of a medical emergency.

Infection prevention control and decontamination procedures

Mr Adams confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and adhere to regional guidance.

Staff views

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was provided:

- "All of the above."

Areas of good practice

There were examples of good practice found in relation to monitoring and updating the private doctor's details; awareness of recruitment and selection processes; and staff training and development.

Areas for improvement

An induction programme template should be developed.

	Regulations	Standards
Total number of 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 ten electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Discussion with Mr Adams confirmed that appropriate staff have received training in records management, and that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements.

Mr Adams demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency's clinical governance structures.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

The agency is registered with the Information Commissioner's Office in England. The IMA did not have a Freedom of Information Publication Scheme. This was identified as an area of improvement.

Review of documentation confirmed that the agency 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 agency also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Review of staff questionnaires and discussion with Mr Adams confirmed there is an open and transparent culture that facilitates the sharing of information, and patients are aware of who to contact if they want advice or if they have any issues/concerns.

Information provision

Information about services provided by the agency was reviewed and found to accurately reflect the types of IMA private doctor service provided and were in line with GMC Good Medical Practice.

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency

for information via the website and by email. The Patient Guide is made available on the website.

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

Discussion with Mr Adams and review of records confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and include all aspects of the treatment.

Mr Adams confirmed staff meetings are held monthly and learning from complaints incidents/near misses is effectively disseminated to staff.

Staff views

Three submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Two staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, and ensuring effective communication between patients and staff.

Areas for improvement

Devise a Freedom of Information Publication Scheme.

	Regulations	Standards
Total number of areas for improvement	0	1

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 in decision making

Discussion with Mr Adams and review of staff questionnaires confirmed that the patient's dignity is respected at all times during the consultation and treatment process. Consultations are predominately provided online through the website. Patients may also contact the private doctor via email if they have any additional queries.

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

Patients consult via their secure online patient record which is accessible via the website regarding their treatment and are fully involved in decisions regarding their treatment. Mr Adams and staff questionnaires confirmed patients' wishes are respected and acknowledged by the agency.

It was confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

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

Patients are invited to complete an online patient satisfaction survey. 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 to read online on the agency's website. Patient comments included the following:

- "An excellent service and fast delivery."
- "I have a terrible medical phobia and you have eased my stress and worry."
- "Overall first class service."
- "Your site does not allow me to order."
- "Your logon process is a nightmare."

Discussion with the registered person confirmed the agency uses the findings to make improvements to services.

Staff views

Three submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care, and indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

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 agency, and Mr Adams was able to describe his role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Mr Adams is in day to day control of the agency.

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 an annual basis.

A copy of the complaints procedure is available on the agency's website. Mr Adams demonstrated a good awareness of complaints management and confirmed no complaints had been received from patients in Northern Ireland.

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.

Mr Adams outlined the process for granting practising privileges and confirmed medical practitioners meet with him prior to privileges being granted.

A medical practitioner's details were reviewed and confirmed that there was a written agreement between the medical practitioner and the agency setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

A written policy and procedure which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges was not available for inspection. An area of improvement was identified on this matter.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Mr Adams outlined arrangements to strengthen the clinical governance systems for the agency including the appointment of a third party private doctor to review the quality of online medical consultations. A community pharmacies audit has also been developed however not yet implemented. An area of improvement was identified on this matter.

A whistleblowing/raising concerns policy was available.

Information requested by RQIA has been submitted within specified timeframes. Mr Adams confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

Mr Adams confirmed the RQIA certificate of registration was up to date and displayed in the agency.

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

Staff views

Three submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. The following comment was provided:

- “We have improvements coming up in the next few months.”

Areas of good practice

There were examples of good practice found in relation quality improvement and maintaining good working relationships.

Areas for improvement

Devise a written policy and procedure which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

The community pharmacies’ audit, which has been developed, should be implemented.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Richard Adams, registered person, 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 independent medical agency. 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; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 10.11 Stated: First time To be completed by: 20 August 2017	The registered person shall devise an induction programme template. Ref: 6.4 Response by registered person detailing the actions taken: The company has produced a new policy - which is provided.
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 20 October 2017	The registered person shall devise a Freedom of Information Publication Scheme. Ref: 6.5 Response by registered person detailing the actions taken: Not applicable as not a public service.
Area for improvement 3 Ref: Standard 11.1 Stated: First time To be completed by: 20 September 2017	The registered person shall devise a written policy and procedure which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. Ref: 6.6 Response by registered person detailing the actions taken: The company has produced a new Practicing provilages policy which is provided.
Area for improvement 4 Ref: Standard 9.3 Stated: First time To be completed by: 20 October 2017	The registered person shall implement the community pharmacies' audit which has been developed. Ref: 6.6 Response by registered person detailing the actions taken: An audit policy has been developed and will be implemented as detailse din the policy provided. Escripts will also register its new GPhC director pharmacist with the PSNI by 4 th Spetember 2017.

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



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