Announced Care Inspection Report
12 February 2019

Orthoderm Clinic

Type of Service: Independent Hospital (IH) – Private Doctor
Address: 2 Ballynahinch Road, Hillsborough, BT26 6AR
Tel No: 028 9268 0940
Inspector: Stephen O'Connor

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

Orthoderm clinic provides a wide range of services and treatments, including outpatient clinics across a range of medical specialties; diagnostic tests and investigations and some surgical day case procedures.

Following the previous inspection Orthoderm Ltd submitted a variation to registration application to add a private doctor (PD) category of care to their registration. Following review of the variation application the PD category of care was approved with effect from 2 July 2018. Although a wide range of services and treatments are offered in Orthoderm clinic, the only services and treatments that currently fall within regulated activity is the flexible cystoscopy and private doctor services.

On 11 October 2018 Orthoderm Ltd submitted a variation to registration application to reconfigure the kitchen on the ground floor to a minor operation theatre and re-establish the kitchen on the first floor. Mr Gavin Doherty, RQIA premises inspector is processing this application. Additional information in this regard can be found in section 6.4 of this report under the environment heading.

3.0 Service details

Organisation/Registered Provider: Orthoderm Ltd **Responsible Individual:** Mr Michael Eames	**Registered Manager:** Mrs Andrea Pollock
Person in charge at the time of inspection: Mr Michael Eames	**Date manager registered:** 25 January 2018
Categories of care: Independent Hospital (IH) – PT(E) – Prescribed technique Endoscopy PD - Private Doctor	

4.0 Inspection summary

An announced inspection took place on 12 February 2019 from 10:30 to 14:20.

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, practising privileges arrangements and engagement to enhance the patients' experience.

No areas requiring improvement were identified during the inspection.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Pollock, registered manager and the human resources 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.

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. Returned completed staff questionnaires were analysed prior to and following the inspection.

During the inspection the inspector met with Mr Eames, responsible individual, and also with Mrs Pollock, registered manager, the human resources manager and the lead nurse.

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 Pollock at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2018

The most recent inspection of the establishment was an announced pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 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 Mr Eames and Mrs Pollock and review of completed staff questionnaires 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.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed they felt supported and involved in discussions about their personal development.

There were systems in place for recording and monitoring all aspects of staff ongoing professional development (CPD), including specialist qualifications and training. Mrs Pollock 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.

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct.

Mrs Pollock confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover.

There was a process in place to review the registration details of all health and social care professionals.

Discussion with Mrs Pollock and review of documentation evidenced that one private doctor provides services in the establishment. Review of the identified private doctors' 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 Mrs Pollock and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Discussion with Mrs Pollock confirmed that one private doctor has been recruited since the previous inspection. Review of the personnel file for the identified private doctor demonstrated that documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been retained. A discussion took place in regards to the recruitment and selection of self-employed staff and the relevant documentation that should be retained. It was suggested that the introduction of a recruitment checklist would ensure that all relevant documentation is sought and retained. Following the inspection the practice was provided with a number of templates to assist in recording individual recruitment details.

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.

Surgical services

Mrs Pollock confirmed that no procedures are undertaken using general anaesthetic; only local anaesthetic is used during procedures. It was confirmed that a number of consultants from orthopaedics, plastic surgery, dermatology and urology undertake minor surgical procedures to treat carpal tunnel syndrome, the excision of lumps and bumps and biopsies of suspect basal cell carcinoma's (BCC's) and flexible cystoscopies.

Orthoderm Clinic has a contract with Belfast Link Labs to analyse all biopsy samples taken during surgical procedures.

The establishment has a wide range of comprehensive policies and procedures in place to ensure that safe and effective care is provided to patients, which are in accordance with good practice guidelines and national standards.

Within the establishment there is a defined staff structure for surgical services which clearly outlines areas of accountability and individual roles and responsibilities.

The scheduling of patients for surgical procedures is co-ordinated by the clinical co-ordinator, the consultant medical practitioner and the administration office. The theatre lists take into account the individual requirements of the patient, the type of procedure to be performed, availability of equipment, staffing levels required, associated risks and level of sedation used.

Review of the patient care records and discussion with staff and patients confirmed that the consultant preforming the procedure meets with the patient prior to the procedure to discuss the procedure and obtain informed consent.

There is an identified member of nursing staff, with relevant experience, in charge during all procedures.

A review of the surgical register of operations which is maintained for all surgical procedures undertaken in the establishment found that it contained all of the information required by legislation.

The establishment provides day surgery only and has discharge criteria in place to check the patient's condition and suitability to transfer from recovery to the waiting area if necessary or home.

Safeguarding

It was confirmed that the establishment only provides services to patients aged 18 and over.

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

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 for 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.

An emergency trolley in the waiting area adjacent to the treatment room was reviewed and was found to contain various medicines and medical emergency equipment. It was confirmed that following a review of best practice literature and completion of a risk assessment a decision was taken in regards to what emergency medicines and equipment would be retained in the clinic.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Infection prevention control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC). The establishment has a designated IPC lead nurse.

Mrs Pollock confirmed that the establishment has access to an external infection prevention and control advisor if required.

There was a range of information for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. The establishment has a contract in place with the CSSD (Central Sterile Services Department) at the Ulster Hospital, South Eastern Health and Social Care Trust to decontaminate flexible cystoscopes. A contract is also in place with the CSSD at Musgrave Hospital, Belfast Trust to decontaminate reusable medical instruments.

Staff confirmed single use equipment is used where possible.

Staff have been provided with IPC training commensurate with their role. It was confirmed that members of nursing staff attend the CSSD at the Ulster Hospital to undertake training in respect of the pre-cleaning and packing of flexible cystoscopes for transportation prior to the service being provided.

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

A range of IPC audits have been carried out including:

- clinical waste
- sharps
- environmental cleanliness

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

The establishment was found to be clean, tidy and well maintained.

A review of infection prevention and control arrangements indicated that very good infection control practices are embedded in the clinic.

There were a range of IPC policies and procedures in place which were located within an IPC manual.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Mrs Pollock confirmed that arrangements are in place to ensure the fire and legionella risk assessments are reviewed annually.

Arrangements are in place to ensure the intruder alarm, fire detection system; firefighting equipment, passenger lift and gas heating boiler are serviced in keeping with manufacturer's instructions.

It was also confirmed that portable appliance testing (PAT) of electrical appliances is undertaken and that the fixed electrical wiring installation has been inspected.

As discussed Orthoderm limited submitted a variation to registration application to reconfigure the kitchen on the ground floor to a minor operation theatre and re-establish the kitchen on the first floor. A review of the newly established minor operation theatre on the ground floor evidenced that it had been finished to a very high standard. It was confirmed that the new minor operation theatre is not currently operational. Arrangements are in place to fit locks to the cupboards that will eventually store medications, an air conditioning system has yet to be installed and the glass on the external door has to be frosted in order to maintain privacy when the room is in use.

As discussed Mr Gavin Doherty, RQIA premises inspector is progressing this variation.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

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

Care pathway

It was confirmed that patients are provided with comprehensive information prior to their surgical procedure which outlines any pre-operative requirements.

Patients attending for a surgical procedure meet with the consultant at an outpatient clinic. At the outpatient appointment the consultant establishes the patients' medical history, discusses the procedure to include risks, benefits and expected outcomes. On the day of the procedure the consultant meets with the patient and discusses the nature of the procedure, the risks, complications and expected outcomes before signing the consent form.

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.

Staff spoken to were aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Patient care records are held in secure locked filing cabinets. Computerised records are accessed using individual usernames and passwords.

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Mrs Pollock 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 which included:

- completion of surgical register
- control of substances hazardous to health (COSHH)
- environment cleanliness
- decontamination of flexible cystoscopes and reusable medical instruments
- dermatology 'red flag' referrals
- upper limb
- return to theatre

- practising privileges

Communication

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. Mrs Pollock confirmed that staff meetings are held routinely. Review of documentation demonstrated that minutes of staff meetings are retained.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	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 staff 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 DHSSPS standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

Mrs Pollock confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

Orthoderm Clinic 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 issued 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.

Breaking bad news

The establishment has a policy and procedure for delivering bad news to patients and/or their representatives which is accordance with the Breaking Bad News Regional Guidelines 2003.

The establishment retains a copy of these guidelines and this is accessible to staff.

Mrs Pollock confirmed that bad news would be delivered to patients and/or their representatives by consultants who have experience in communication skills and act in accordance with the hospital's policy and procedure.

Where bad news is shared with others, Mrs Pollock confirmed that consent must be obtained from the patient and documented in the patient's records.

Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

With the patient's consent, information will be shared with the patient's general practitioner and/or other healthcare professionals involved in their ongoing treatment and care.

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. There was a nominated individual with overall responsibility for the day to day management of the establishment. A discussion took place in regards to documenting the

outcome of unannounced quality monitoring visits by Mr Eames in keeping with regulation 26 of the 2003 Order.

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, or sooner if necessary.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Staff demonstrated a good awareness of complaints management. Mrs Pollock confirmed that complaints would be audited to identify trends and patterns and that any learning would be shared with staff and assured.

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. A discussion took place in regards to staff debriefing following the initial management of incidents and ensuring all relevant external stakeholders have been informed, were applicable.

Mr Eames outlined the process for granting practising privileges and confirmed medical practitioners meet with a director of Orthoderm Ltd person prior to privileges being granted.

Review of one medical practitioner's personnel file confirmed that there was a written agreement between the medical practitioner and the establishment 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.

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

Mrs Pollock 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.

Mr Eames and Mrs Pollock both demonstrated a clear understanding of their respective roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Pollock 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 Mrs Pollock.

6.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 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 20 patients indicated that they were very satisfied with each of these areas of their care. The following comments were included in the submitted patient questionnaires:

- "The staff are so friendly and helpful. They have given me the best treatment possible".
- "My experience has been excellent at Orthoderm. All staff are professional and extremely caring and supportive".
- "Thank you all for all your kindness and excellent treatment".
- "Very good, very easy".
- "Very happy with care to date".
- "Excellent treatment, staff all very friendly and helpful".

Eleven staff submitted questionnaire responses to RQIA. All 11 staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care with the exception of one staff member who indicated that they were very unsatisfied in respect of safe care, this staff member did not provide a comment. The following comment was included in a questionnaire response:

- "It's a great place to work."

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**0**

7.0 Quality improvement plan

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

The Regulation and Quality Improvement Authority

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