

Announced Care Inspection Report 17 November 2020



Musgrave House Healthcare Limited

Type of Service: Independent Clinic (IC) – Private Doctor Service
Address: 10 Stockman's Lane, Belfast, Antrim, BT9 7JA
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Inspector: Stephen O'Connor

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



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

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

2.0 Profile of service

Musgrave House Healthcare Limited is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. Musgrave House Healthcare Limited offers outpatient clinics in the following medical specialities; orthopaedics; psychiatry; emergency medicine; sports and rehabilitation; general medicine; and plastic surgery. Four consultations rooms are available within the clinic.

3.0 Service details

Organisation/Registered Provider: Musgrave House Healthcare Limited	Registered Manager: Mrs Lynne Johnson
Responsible Individual: Mr Sean McGovern	
Person in charge at the time of inspection: Mr Sean McGovern	Date manager registered: 08 April 2019
Categories of care: Independent Clinic (IC) – Private Doctor	

4.0 Inspection summary

An announced inspection took place on 17 November 2020 from 09:45 to 11:30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

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

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

4.1 Inspection outcome

	Regulations	Standards
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 Mr Sean McGovern, Responsible Individual and Mrs Lynne Johnson, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 November 2019

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 11 November 2019.

4.3 Review of areas for improvement from the last care inspection dated 11 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 8.1 Stated: First time	The responsible individual shall ensure that a records management policy is developed, shared with staff and embedded into practice. The policy should detail the arrangements in respect of the creation, use, retention, storage, transfer, disposal of and access to records.	Met
	Action taken as confirmed during the inspection: We reviewed a records management policy dated 6 January 2020 and evidenced that it detailed the arrangements in respect of the creation; use; retention; storage; transfer; disposal of; and access to records. Mrs Johnson told us the policy had been shared with all staff and visiting professionals.	

Area for improvement 2 Ref: Standard 8.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A private doctor is a doctor registered with the General Medical Council (GMC) who does not have a substantive post with the National Health Service (NHS) in Northern Ireland (NI) or who is not on the General Practitioners (GPs) performers list in NI. We confirmed that 25 GMC registered doctors provide services within Musgrave House. Four of these doctors are private doctors. However, two of the four private doctors exclusively provide medical-legal services and are therefore exempt from regulation. The other two private doctors offer private consultations. We confirmed that clinical records of private consultations were either available on an electronic software system called DGL practice manager or are retained in hard copy.	

5.0 How we inspect

Before 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; and
- the returned QIP from the previous care inspection.

Questionnaires were provided to patients before the inspection by the establishment on our behalf. Returned completed patient questionnaires were analysed before the inspection. We also invited staff to complete an electronic questionnaire before the inspection. Completed patient and staff questionnaires are discussed in section 6.7 of this report.

During the inspection, we spoke with, Mr McGovern, Responsible Individual; Mrs Johnson, Registered Manager; and a receptionist.

We examined records relating to the following areas:

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

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 McGovern and Mrs Johnson at the conclusion of the inspection.

6.1 Inspection findings

6.2 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Mr McGovern and Mrs Johnson and application of the DoH letter dated 11 August 2020 '[Use of face masks/face covering in all health and social care facilities - updated as of 11 August 2020](#)'.

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

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

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

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

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

	Regulations	Standards
Areas for improvement	0	0

6.3 Infection prevention and control (IPC)

We undertook a tour of some areas of the clinic and noted that the clinic was clean, tidy and uncluttered. We found that the areas of the clinic reviewed were fully equipped to meet the needs of patients. We reviewed arrangements in relation to IPC procedures throughout the clinic and found that the risk of infection transmission to patients, visitors and staff was minimised.

We confirmed that no reusable medical devices were used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed that there were social distancing screens in place at the reception desk and in the consultation rooms and boardroom. Hand sanitisers were readily available for staff and patient use throughout the clinic.

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

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

Staff told us that appointments are scheduled to minimise the number of patients in the clinic and patients are escorted by staff to the consultation rooms. Should a patient use the seating in the waiting area arrangements are in place to clean the seat as well as all touchpoints (door handles etc).

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

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

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.4 Patient feedback

Mrs Johnson described the arrangements for obtaining feedback from patients about the quality of treatment provided, the information given and care received. Randomly selected patients are encouraged to complete a patient satisfaction survey via survey monkey. Completed surveys are reviewed and collated into an annual summary report which is made available to patients and other interested parties. The most recent report detailing the findings of the patient satisfaction surveys completed during 2020 indicated patients were highly satisfied with the standard of services received.

We confirmed that Musgrave House has a website and Facebook page. We advised that the annual summary patient satisfaction report should include all means by which patients provide feedback.

Areas of good practice: Patient feedback

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

Areas for improvement: Patient feedback

We identified no areas for improvement regarding patient feedback.

	Regulations	Standards
Areas for improvement	0	0

6.5 Organisational and medical governance

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

Where the business entity operating an establishment registered with us is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, unannounced quality monitoring visits by the Responsible Individual must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

As discussed, Mrs Johnson is in day to day charge; therefore Mr McGovern is required to undertake unannounced quality monitoring visits and generate a report detailing the findings of his visit. We reviewed the most recent unannounced quality monitoring visit report dated 18 August 2020 completed by Mr McGovern. We confirmed these reports are made available for patients; their representatives; staff; RQIA; and any other interested parties to read.

We confirmed that four private doctors are involved in the provision of services. We reviewed records concerning the private doctors and found evidence of the following:

- confirmation of identity;
- current GMC registration;
- professional indemnity insurance;
- qualifications in line with services provided;
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC;
- ongoing annual appraisal by a trained medical appraiser;
- an appointed Responsible Officer (RO); and
- arrangements for revalidation with the GMC.

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

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

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

We reviewed the arrangements in place for the management of medicines within the clinic to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines. We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

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

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

Areas of good practice: Organisational and medical governance

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

Areas for improvement: Organisational and medical governance

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

	Regulations	Standards
Areas for improvement	0	0

6.6 Equality data

Equality data

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

6.7 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care, with the exception of one patient who indicated they were undecided in relation to care being compassionate. The following comments were included in a submitted questionnaire response.

- 'All very good. Doing well in these difficult times.'
- 'Happy with mum's consultation. Instructions about coming to the clinic were given in advance. Staff came to meet us at the car park to take temperature etc. All done in a professional manner.'

We also invited staff to complete an electronic questionnaire prior to the inspection. Seven questionnaires were returned, two from Musgrave House staff and five from visiting professionals. Six of the questionnaire indicated that they felt patient care was safe and effective, that patients were treated with compassion and that the service was well led and indicated they were very satisfied with each of these areas. One visiting professional indicated they were very unsatisfied with each of these areas. However, this questionnaire included the following comment: 'The building is always very clean and managerial staff available.' An additional two visiting professionals made positive comments as follows:

- 'Post lockdown my clinics have run well and I have felt that all necessary precautions are being taken and enforced by Musgrave House management.'
- 'The level of service and professionalism of Musgrave House is outstanding in my opinion.'

6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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



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