

# Inspection Report

10 February 2022



## Musgrave House Healthcare Limited

Type of Service: Independent Clinic (IC) – Private Doctor  
Address: 10 Stockman's Lane, Belfast, BT9 7JA  
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Musgrave House Healthcare Limited	<b>Registered Manager:</b> Mrs Lynne Johnson
<b>Responsible Individual:</b> Mr Sean McGovern	<b>Date registered:</b> 8 April 2019
<b>Person in charge at the time of inspection:</b> Mrs Lynne Johnson	
<b>Categories of care:</b> Private Doctor (PD)	
<b>Brief description of the accommodation/how the service operates:</b> 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 consultation rooms are available within the clinic.	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 10 February 2022 from 10.30 am to 1.00 pm. The inspection was facilitated by Mrs Johnson, Registered Manager and Mr McGovern, Responsible Individual.

The purpose of the inspection was to assess progress with areas for improvement identified since the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning patient safety in respect of staffing; recruitment and selection of staff; staff training; safeguarding; infection prevention and control; the environment and the adherence to best practice guidance in relation to COVID-19. Other examples included the management of the patients' care pathway; communication; records management and governance arrangements.

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

### 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practice on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

### 4.0 What people told us about the service

Posters were issued to Musgrave House Healthcare Limited by RQIA, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

No patient or staff questionnaire responses were returned to RQIA.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last inspection to Musgrave House Healthcare Limited was undertaken on 17 November 2020; no areas for improvement were identified.

### 5.2 Inspection findings

#### 5.2.1 How does this service ensure that staffing levels are safe to meet the needs of patients?

A private doctor (PD) is a medical practitioner who is registered with the General Medical Council (GMC) and who is not on the General Practitioner (GP) performers list in Northern Ireland (NI) or is not employed in a substantive post in the Health and Social Care (HSC) sector within NI. If a PD is not directly employed by the establishment they require the granting of a practising privileges agreement in order to work in the establishment. It was confirmed that four PDs work in Musgrave House Healthcare Limited and each has a practising privileges agreement in place, this area is further discussed in section 5.2.10.

In accordance with legislation and to evidence that robust medical governance arrangements are in place, services must retain evidence of the following for any PD:

- 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)
- arrangements for revalidation

A review of the four PDs personnel files evidenced that all records were retained in accordance with legislation.

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. It was established that Musgrave House Healthcare Limited is registered with the GMC as a designated body and Mr McGovern is the appointed RO.

Induction programme templates were in place relevant to specific roles within the establishment. Mrs Johnson 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 PDs training records evidence they had each undertaken training in keeping with RQIA [training guidance](#).

Discussion with Mr McGovern and Mrs Johnson confirmed that the PDs are fully aware of their responsibilities under [GMC Good Medical Practice](#).

It was confirmed that staffing levels were sufficient to meet the needs of the PD service.

### **5.2.2 How does the service ensure that recruitment and selection procedures are safe?**

There was a recruitment policy and procedure available that adhered to legislation and best practice that ensured suitably skilled and qualified staff work in the establishment.

No new PDs have been recruited since the previous inspection. It was confirmed that should any PDs be recruited in the future, adherence to the recruitment policy would 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.

Registered establishments are required to maintain a staff register. Mrs Johnson was aware that the staff register is a live document and should be reviewed and updated as and when necessary.

There were robust recruitment and selection procedures in place that adhered to legislation and best practice guidance.

### 5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

A policy and procedure was in place for the safeguarding and protection of children and adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising. The relevant contact details were included for onward referral to the local HSC Trust should a safeguarding issue arise.

Discussion with Mrs Johnson demonstrated that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A review of training records evidenced that the four PDs had received training in safeguarding of adults and children, as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

It was confirmed that Mrs Johnson as the safeguarding lead had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016).

Mrs Johnson confirmed that a copy of the regional policy entitled '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)' (August 2017) and a copy of the regional guidance document entitled '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015) were available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

### 5.2.4 How does the service ensure that medical emergency procedures are safe?

A policy and procedure on dealing with medical emergencies was in place that included the procedure for resuscitation in the event of a cardiac event.

Emergency medication and equipment was in place, as outlined in the clinic's policy. It was noted that arrangements were in place to ensure the emergency medicines were stored safely and securely and in accordance with the manufacturer's instructions. 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.

Mrs Johnson demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

A review of records confirmed the PDs had completed refresher training in basic life support in keeping with RQIA [training guidance](#).

The service had appropriate arrangements in place to manage a medical emergency should it arise.

### 5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance. The PDs had completed refresher training in IPC in keeping with RQIA [training guidance](#).

Review of the premises noted that the clinic was clean, tidy and uncluttered. All areas of the clinic reviewed were fully equipped to meet the needs of patients. It was confirmed that the four consultation rooms had hand washing facilities, adequate supplies of personal protective equipment, liquid soap, alcohol based hand gels and disposable hand towels available.

A monthly cleaning audit is undertaken and the results are shared with all relevant staff

Ms Johnson confirmed that no reusable medical devices requiring decontamination are used in the establishment.

The service had appropriate arrangements in place in relation to IPC and decontamination.

### 5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mrs Johnson who outlined the measures taken by Musgrave House Healthcare Limited to ensure current best practice measures are in place. Mrs Johnson confirmed that appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments. Mrs Johnson told us that reception/clinical assistant staff undertake frequent cleaning of touch points when the clinic is use.

Mrs Johnson advised that patients attend the clinic for face to face consultations; these visits are pre-arranged and by appointment only to ensure the risk of cross contamination is reduced as far as possible.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

### 5.2.7 How does the service ensure the environment is safe?

The establishment was found to be clean, tidy and well maintained. Mrs Johnson confirmed that arrangements for maintaining the environment were in place.

The most recent fire risk assessment had been undertaken during September 2021. The fire risk assessment report is held electronically and the action taken by the clinic in response to the action plan was clearly recorded. Any area that had not yet been fully addressed was outlined in a timed action plan. Fire extinguishers had been serviced and certified in October 2021 and the emergency light periodic testing was checked on 15 September 2021 by a certified electrical company.

A review of training records evidenced that fire safety awareness training had been completed by all staff including the four PDs. It was confirmed that the staff were aware of the action to take in the event of a fire.

It was determined that appropriate arrangements were in place to maintain the environment.

### 5.2.8 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. The policy reviewed included the arrangements for the creation; use; storage; transfer; disposal of and access to records in keeping with best practice guidance and legislative requirements.

Mrs Johnson confirmed that the PDs were aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements. Patient records are kept electronically.

The patient pathway was discussed with Mrs Johnson who stated that the PDs submit a list of their patients who are due to attend Musgrave House Healthcare Limited.

It was confirmed that each PD is responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice. Mrs Johnson advised that the clinical records pertaining to private consultations were available on an electronic software system. Mrs Johnson confirmed that all patients' medical records are stored securely and can be located if required.

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

Discussion with Mrs Johnson 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.

It was determined that clinical records are managed in accordance with legislation and best practice guidance.

### 5.2.9 How does the service ensure that patients are treated with dignity and respect and are involved in the decision making process?

Discussion with Mrs Johnson regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The consultations and treatments are provided in consultation rooms with the patient and PD present. If required, information is provided to the patient in verbal and written form during their consultation to allow patients to make choices about their care and treatment and provide informed consent.

Musgrave House Healthcare Limited 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. A review of the most recent patient satisfaction surveys completed during September 2021 evidence that patients were satisfied with the quality of treatment, information and care received. 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.

Appropriate measures are in place to treat patients with dignity and respect and to ensure they have sufficient information to make informed decisions.

### 5.2.10 Are robust arrangements in place regarding organisational and medical governance ?

Where the entity operating a registered service is a corporate body or partnership or an individual owner who is not in day to day management of the service; Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. It was confirmed that Mrs Johnson is the nominated individual with overall responsibility for the day to day management of the establishment. The establishment is operated by a limited company which has three directors. Whilst each of the directors work on site on a weekly basis, none are responsible for the day to day management of the establishment, therefore Regulation 26 unannounced quality monitoring visits do apply. During this inspection it was evidenced that Mr McGovern as the responsible individual had undertaken an unannounced monitoring visit on 18 November 2021. The report of this visit was available and was reviewed. The report demonstrated that the unannounced monitoring visit had been undertaken in a meaningful manner and the report had been provided to Mrs Johnson later in November 2021.

As previously discussed, Musgrave House Healthcare Limited is operated by three directors. Mr McGovern informed us that the Board of Directors meet quarterly and minutes are retained. Review of minutes of meetings confirmed that the Board of Directors undertakes the Medical Advisory Committee (MAC) function for the establishment. The MAC reviews the latest key performance indicators and audit findings within the establishment.

The only mechanism for a clinician to work in a registered establishment is either under a practising privileges agreement or through direct employment by the establishment. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.



Mr McGovern outlined the process for granting practising privileges and it was noted that a practising privileges policy was in place that included the arrangements for the application; granting; maintenance; suspension and withdrawal of practising privileges.

Review of the four PDs personnel files demonstrated that there was a written agreement between each PD and the establishment setting out the terms and conditions of practising privileges. It was evidenced that a system was in place to review practising privileges agreements every two years. It was determined that robust arrangements are in place to manage practising privileges agreements.

Policies and procedures were available for staff reference. A system was in place to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly.

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patients' guide. Mrs Johnson confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. There had been no complaints made regarding the regulated service since the previous inspection. Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Mrs Johnson demonstrated good knowledgeable about how to respond to complaints.

Mrs Johnson was aware that notifiable events should be investigated and reported to RQIA or other relevant bodies as appropriate.

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.

The RQIA certificate of registration was displayed in a prominent place.

It was determined that appropriate arrangements were in place to ensure the responsible individual assure themselves of the quality of the services provided.

#### **5.2.11 Does the service have suitable arrangements in place to record equality data?**

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

**6.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr McGovern, Responsible Individual, and Mrs Johnson, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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