

# Inspection Report

10 December 2024



## Musgrave House Healthcare Limited

Type of service: Independent Clinic (IC) – Private Doctor

Address: 10 Stockman's Lane, Belfast, BT9 7JA

Telephone number: 028 9560 7020

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 [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 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 two care inspectors on 10 December 2024 from 10.10 am to 2.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during 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 (IPC); respiratory illness and the environment.

Other examples included the management of the patients' care pathway; communication and records management.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

One area for improvement has been identified against the standards in relation to the practising privileges agreements for each private doctor.

No immediate concerns were identified regarding the delivery of front line client 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 practices 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 clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

### **5.0 The inspection**

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

The last inspection to Musgrave House Healthcare Limited was undertaken on 1 August 2023; no areas for improvement were identified.

### **5.2 Inspection outcome**

#### **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. 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

It was confirmed that two PDs work in Musgrave House Healthcare Limited. A review of the two PD's 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 ROs with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, ROs 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, during and following the inspection, evidenced they had each undertaken training in keeping with RQIA [training guidance](#).

Discussion with 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 in place that adhered to legislation and best practice guidance ensuring 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. Mrs Johnson was provided with advice to ensure the staff register included details of all staff working in the establishment.

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.

The inspection process evidenced that both PDs had received training in safeguarding of adults, 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).

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.

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 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 inspection process evidenced that 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 transmission of respiratory illnesses?

The infection prevention and control measures to prevent transmission of respiratory illnesses in the establishment was discussed with Mrs Johnson. It was confirmed that arrangements are in place in keeping with the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#). Mrs Johnson was receptive to advice to regularly check Department of Health (DoH) websites for further advisory information, guidance and alerts in this regard.

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 service had appropriate arrangements in place in to minimise the transmission of respiratory illnesses.

### 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 January 2024.



The inspection process evidenced that fire safety awareness training had been completed by both 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.

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 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.

It was identified that patient satisfaction surveys had not been re-implemented in Musgrave House Healthcare Limited. Mrs Johnson was provided with advice in this regard and following the inspection, RQIA received evidence that this matter would be addressed.

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 9 July 2024. The report of this visit was available and was reviewed.

As previously discussed, Musgrave House Healthcare Limited is operated by three directors. Mrs Johnson 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.

A practising privileges policy was in place that included the arrangements for the application; granting; maintenance; suspension and withdrawal of practising privileges.

It was evidenced that each PD had submitted an application for practising privileges at the establishment however, it was identified that the written agreement between each of the PDs and establishment, detailing scope of practice and terms and conditions, was not available for review. This was discussed with Mrs Johnson during the inspection process and an area for improvement against the standards has been made in this regard.

Addressing the area for improvement will ensure 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.



The complaints policy and procedure provided clear instructions for patients and staff to follow. Clients were made aware of how to make a complaint by way of the patient's guide.

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.

A review of records confirmed that no complaints had been received since the previous inspection.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Johnson confirmed that incidents would be effectively documented and investigated in line with legislation. Mrs Johnson was provided with advice to ensure that all relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mrs Johnson demonstrated a clear understanding of her role and responsibilities in accordance with legislation.

The inspection process evidenced 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.

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

One area for improvement has been identified where action is required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the QIP were discussed with Mrs Johnson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.4 and 11.5  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2024	<p>The responsible individual shall ensure there is a written agreement between each private doctor and the establishment that sets out the terms and conditions of the practising privileges of each private doctor and defines the scope of practice in which the private doctor may treat patients. Evidence of the written agreements for each private doctor should be submitted on return of this quality improvement plan (QIP).</p> <p>Ref: 5.2.10</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A written agreement has been developed, agreed and put in place for each private doctor.</p>



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)