

# Announced Care Inspection Report 11 November 2019



## Musgrave House Healthcare Limited

**Type of service: Independent Clinic (IC) - Private Doctor**

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

**Tel No: 028 9560 7020**

**Inspector: Stephen O'Connor**

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



## 2.0 Profile of service

This is an independent clinic offering a private doctors service. Outpatient clinics are provided 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

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

### 4.0 Inspection summary

An announced inspection took place on 11 November 2019 from 09:55 to 13:40.

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 during and 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 included the arrangements for staffing, recruitment and selection, safeguarding, the management of medical emergencies, medicines management, infection prevention and control and the environment. Other examples included the management of the patients' care pathway, communication, the management and governance arrangements, practising privileges arrangements and engagement to enhance the patients' experience.

Two areas for improvement against the standards have been made. These relate to the development of a records management policy and ensuring that a medical record is retained within Musgrave House for each patient.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Sean McGovern, responsible individual and Mrs Lynne Johnson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent pre-registration care inspection dated 30 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2019.

## 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
- the returned QIP from the previous care inspection

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 held discussions with Mr Sean McGovern, responsible individual and Mrs Lynne Johnson, registered manager.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- medicines management
- infection prevention and control and decontamination
- information provided to patients
- policies and procedures
- practising privileges agreements

- medical practitioner personnel files
- clinical records
- management and governance arrangements
- insurance documentation

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, responsible individual and Mrs Johnson, registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 January 2019

The most recent inspection of Musgrave House Healthcare was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 30 January 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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	<p>The registered person shall ensure that Appendix 1 of the Minimum Care Standards for Independent Healthcare Establishments (July 2014) is reviewed to identify relevant policies that need to be developed.</p> <p>Priority should be given to developing the following policies:</p> <ul style="list-style-type: none"> <li>• management of medical emergencies</li> <li>• infection prevention and control policies and procedures</li> <li>• arrangements in respect of practising privileges</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Mrs Johnson confirmed that she reviewed Appendix 1 of the Minimum Care Standards for Independent Healthcare Establishments (July 2014) and identified relevant policies to be developed. Records were maintained to evidence this.</p> <p>Review of documentation identified that the policies listed above have all been developed in accordance with relevant best practice guidance.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that a patient register to include all information as specified in Schedule 3 Part II (1) of the Independent Health Care Regulations (Northern Ireland) 2005 is developed and maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> An electronic patient register in accordance with Schedule 3 Part II (1) of the Independent Health Care Regulations (Northern Ireland) 2005 has been developed. This is backed up daily. Robust procedures are in place to ensure the electronic patient register is accurate and up to date.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 18.3 <b>Stated:</b> First time</p>	<p>The registered person shall complete a medical emergency risk assessment in regards to patients using the clinic; following which a decision should be made in regards to the medical emergency medicines and equipment that should be retained in the clinic. Records to evidence this should be retained.</p> <p><b>Action taken as confirmed during the inspection:</b> It was confirmed that the directors of Musgrave House Healthcare Limited and Mrs Johnson met to complete a medical emergency risk assessment. During this meeting an agreement was reached in respect of the emergency medicines and equipment to be retained. Subsequently the agreed emergency medicines and equipment were purchased.</p>	<b>Met</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 22.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the actions detailed in the fire and legionella risk assessment are addressed and records confirming this are maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the fire and legionella risk assessments and discussion with Mrs Johnson evidenced that the recommendations within the risk assessments have been actioned.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that records are available to confirm that each private doctor has completed training in keeping with RQIA training guidance for private doctor services.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> It was confirmed that 23 doctors provided services within Musgrave House. Of the 23 medical practitioners four are considered to be private doctors as they do not hold a substantive post in the NHS in Northern Ireland and are not on the general practitioners (GPs) list in Northern Ireland. Review of the personnel files for the four private doctors evidenced that they had completed training in accordance with RQIA's training guidance for private doctor.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all information as detailed below is retained in respect of private doctors providing services in the clinic:</p> <ul style="list-style-type: none"> <li>• confirmation of identity</li> <li>• current General Medical Council (GMC) registration</li> <li>• professional indemnity insurance</li> <li>• qualifications in line with services provided</li> <li>• ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC</li> <li>• ongoing annual appraisal by a trained medical appraiser</li> <li>• an appointed responsible officer</li> <li>• arrangements for revalidation</li> </ul>	<p><b>Met</b></p>



	<p><b>Action taken as confirmed during the inspection:</b> As discussed, four private doctors provide services in Musgrave House. Review of the four private doctor's personnel files evidenced that they included all of the information listed above.</p>	
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### 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 McGovern and Mrs Johnson, 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.

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

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 in keeping with the RQIA training guidance. As discussed, a review of the personnel files of four private doctors evidenced that they had completing training in accordance with RQIA training guidance for private doctors.

Evidence was available that confirmed that staff who have professional registration, undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

A review of a sample of records confirmed that arrangements are in place for monitoring the professional body registration status of all clinical staff.

A review of a sample of records confirmed that arrangements are in place for monitoring the professional indemnity of all staff who require individual indemnity cover.



As discussed, a review of four 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 service 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
- each doctor/surgeon has an appointed responsible officer (RO)
- arrangements for revalidation

Mr McGovern informed us that Musgrave House Healthcare Limited is a designated body with the GMC. Mr McGovern is the RO for Musgrave House Healthcare Limited. Mr McGovern confirmed that arrangements are in place to link into the wider system of RO's for doctors with practising privileges who work in other parts of the Northern Ireland (NI) healthcare system or in other healthcare systems beyond NI.

Mr McGovern confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

### **Recruitment and selection**

Discussion with Mrs Johnson informed us that no new staff have been recruited since the previous inspection. Mrs Johnson confirmed that should staff or private doctors be recruited in the future robust systems and processes have been developed to 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.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements. There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

### **Safeguarding**

Mrs Johnson confirmed that Musgrave House 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.

Mr McGovern and Mrs Johnson confirmed that no safeguarding concerns have been identified since the pre-registration inspection on 30 January 2019.

### **Management of medical emergencies**

As discussed, the establishment has a policy and procedure on 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 and basic medical emergency equipment is available. Robust procedures are in place to check that emergency medicines and equipment do not exceed their expiry date.

Mrs Johnson confirmed that no medical emergencies have occurred in the establishment since the previous inspection.

### **Medicines management**

Mr McGovern and Mrs Johnson confirmed that no medical practitioners providing services in Musgrave House write prescriptions for medications. If a prescription is required, the medical practitioner issues a letter to the patients GP.

Other than medicines retained for use in the event of a medical emergency, no other medicines are retained.

### **Infection prevention control and decontamination procedures**

Musgrave House has a range of infection prevention and control policies and procedures.

A range of information for patients and staff regarding hand washing techniques was available.

Mr McGovern and Mrs Johnson confirmed that no reusable medical devices requiring decontamination are used in Musgrave House; only single use equipment is used.

All staff are provided with IPC training commensurate with their role.

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

## Risk Management

Mr McGovern and Mrs Johnson confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Discussion with Mrs Johnson demonstrated that arrangements were in place to review risk assessments.

Arrangements were in place for maintaining the environment.

## Environment

The establishment was found to be clean, tidy and well maintained. Mrs Johnson confirmed that reception staff are responsible for undertaking daily cleaning tasks and that an external organisation also provides cleaners once a week. Cleaning schedules are in place.

## 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, medicines management, 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.**

## Clinical records

It was confirmed that a record management policy to include the arrangements in place for the management of records; the creation, use, retention, storage, transfer, disposal of and access to records has not been developed. An area for improvement against the standards has been made in this regard.

The patient pathway was discussed with Mr McGovern and Mrs Johnson. We were informed that medical practitioners offering services in Musgrave House submit their outpatient lists, a copy of which is retained. We were also informed that each medical practitioner is responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice. In general medical records are not retained in Musgrave House, and Musgrave House do not have access to medical records generated by visiting medical practitioners.

There are five offices available on the second floor of Musgrave House. A number of these offices are rented to visiting medical practitioners who base their administrative support there. Therefore, medical practitioners who rent office space in Musgrave House may store their own records in the office.

Mr McGovern and Mrs Johnson were advised that in keeping with The Independent Health Care Regulations (Northern Ireland) 2005, as amended by the 2011 Amendment Regulations, a comprehensive medical record should be maintained and retained 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. An area for improvement against the regulations has been made in this regard.

We would refer you to the Department of Health website for advice and guidance in regards to [records management](#).

As discussed, Musgrave House does maintain an electronic patient register in accordance with Schedule 3 part II of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs Johnson confirmed that the patient register is kept up to date.

## Communication

Musgrave House has a website detailing information about services provided by them. Mr McGovern confirmed that each medical practitioner operating from Musgrave House is responsible for ensuring that they furnish patients with information in regards to the services they provide.

## Areas for improvement

A records management policy must be developed, shared with relevant staff and embedded into practice.

A comprehensive medical record should be maintained for each patient who has attended a private doctor with the exception of consultations for medical-legal or occupational health purposes. Medical records should be available for review during inspection.

	Regulations	Standards
Areas for improvement	0	2

## 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 Mr McGovern and Mrs Johnson they 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 Johnson confirmed that Musgrave House 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 suggestions and comments in relation to the quality of treatment provided, information and care received.

The establishment issued feedback questionnaires to patients. Mrs Johnson confirmed that only a small number of completed questionnaires have been returned. Mrs Johnson also confirmed that once sufficient completed questionnaires have been returned these will be collated into an annual summary report which will be made available to patients and other interested parties. Mrs Johnson provided assurances that the first patient feedback report will be generated prior to the first anniversary of registration with RQIA. A discussion took place in regards to ensuring the feedback report includes all means by which patients provide feedback.

### 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
<b>Total number of areas for improvement</b>	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

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Johnson, registered manager, is in day to day charge of the establishment. However, at least one of the directors of the limited company that operates Musgrave House is onsite every day. Mr McGovern; responsible individual is onsite at least four days a week. Mr McGovern and the directors are fully aware of the day to day management issues. Mr McGovern was advised that in keeping with Regulation 26, an unannounced quality monitoring visit should be undertaken at least once every six months. Mr McGovern readily agreed to this. Following the inspection a template that could be used to document unannounced quality monitoring visits was forwarded to Mr McGovern. This template will need to be localised to reflect the services provided in Musgrave House.

There was a clear organisational structure within the establishment and Mrs Johnson confirmed that staff are aware of their role and responsibilities and who to speak to if they had a concern.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on an annual basis.

There was a complaints policy and procedure in place which was in accordance with legislation and 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 and information on display in the establishment. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of documentation and discussion with Mrs Johnson evidenced that no complaints have been received since registration with RQIA. It was evidenced that appropriate arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mrs Johnson confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr McGovern and Mrs Johnson outlined the process for granting practising privileges and confirmed medical practitioners meet with them prior to privileges being granted.

Four medical practitioner's personnel files reviewed confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties. A discussion took place in regards to the level of detail to be recorded in practising privileges agreements in respect of the medical practitioner's scope of practice and the best way to record this information.

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

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

Mrs Johnson 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 McGovern, responsible individual and Mrs Johnson, registered manager demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Johnson 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.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	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 Mr McGovern and Mrs Johnson.

## 6.9 Patient and staff views

Five 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 either satisfied or very satisfied with each of these areas of their care. The following comment was included in a questionnaire response:

- “I am well treated by the doctor and the receptionist at the clinic.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. Three staff completed the questionnaire. Two staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led indicating they were either satisfied or very satisfied with each of these areas of patient care. One staff member indicated they were very unsatisfied with each of these areas of patient care. Two comments were included in staff questionnaires responses as detailed below. The staff member who submitted the very unsatisfied response included the second comment listed below.

- “A pleasant, professional environment in which to work”.
- “I believe the facility provides a valuable and effective service.”

Following the inspection the staff questionnaire responses were shared with Mrs Johnson who readily agreed discuss the responses with all staff.

## Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Sean McGovern, responsible individual and Mrs Lynne Johnson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The responsible individual/registered manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.1 <b>Stated:</b> First time <b>To be completed by:</b> 06 January 2020	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.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> Records Mangement Policy now in place.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 February 2020</p>	<p>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.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Currently working towards completion of this and will be compliant by 3 February 2020.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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