

Inspection Report

2 February 2022



Combat Stress

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

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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

Organisation/Registered Provider: Combat Stress	Registered Manager: Ms Elizabeth Gorman
Responsible Individual: Ms Elizabeth Gorman	Date registered: 31 August 2021
Person in charge at the time of inspection: Ms Elizabeth Gorman	
Categories of care: Private Doctor (PD)	
Brief description of how the service operates: Combat Stress is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a PD category of care. Combat Stress is a registered charity providing a range of services to veterans for 100 years. The charity is based in England and has a hub in Northern Ireland (NI) that has been operational for 40 years historically offering welfare support. Over the past 15 years the NI hub has further developed the range of services offered, to include mental health support and treatments provided by a medical practitioner. This inspection focused solely on the private doctor service; that falls within regulated activity and the category of care for which the establishment is registered with RQIA.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 February 2022 from 11.00 am to 1.30 pm.

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 Combat Stress by RQIA, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

Nine patients submitted questionnaire responses and indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Patients indicated that a high level of satisfaction with each of these areas of patient care. Six patients provided additional comments outlining how they have benefited from the care and treatment provided by Combat Stress and emphasised how much the service is needed and valued.

Five staff submitted questionnaire responses and indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. Staff members indicated that they were very satisfied with each of these areas of patient care. Additional comments provided by two staff members demonstrated these staff members found the service was well managed and that the staff team worked well together to provide a veteran centred service.

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 Combat Stress was undertaken on 28 October 2020; 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 PD is a medical practitioner, registered with the General Medical Council (GMC) and who is not on the General Practitioners performers list in NI or are not employed in a substantive post in the Health and Social Care (HSC) within NI. A PD may require the granting of a practising privileges agreement, however as Combat Stress directly employ a PD a practising privileges agreement is not required.

All medical practitioners working within the clinic must have a designated Responsible Officer (RO). Per 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 doctor's 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.

The PD told us they receive regular formal appraisal both by the Combat Stress medical director and by their appraiser in the Health Trust in England in which they are also employed. It was evidenced that the PD has a designated external RO.

We discussed with Ms Gorman how concerns regarding a doctor's practice are shared with the senior management team, their RO and the wider HSC. We found that good internal arrangements were in place.

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
- arrangements for revalidation

Records pertaining to the PD were reviewed and it was evidenced that all records were retained in accordance with legislation.

Induction programme templates were in place relevant to specific roles within the establishment. Ms Gorman confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Ms Gorman confirmed that the PD is aware of their responsibilities under [GMC Good Medical Practice](#).

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?

No new PDs have been recruited since the previous inspection. Ms Gorman confirmed that should any PDs 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.

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. Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

Registered establishments are required to maintain a staff register. Ms Gorman 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, should PDs be recruited in the future.

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 Ms Gorman 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 Ms Gorman and the PD 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 Ms Gorman as the safeguarding lead had completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016).

Ms Gorman 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. Ms Gorman demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

A review of records confirmed the staff who works in the service and the PD 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 PD had completed refresher training in IPC in keeping with RQIA [training guidance](#).

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

Ms Gorman 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 Ms Gorman who outlined the measures taken by Combat Stress to ensure current best practice measures are in place. Ms Gorman 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. Ms Gorman told us that administration staff undertake frequent cleaning of touch points when the office is occupied.

Ms Gorman advised that patients are starting to return to the clinic for one to one assessments and treatments; 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?

Ms Gorman confirmed that arrangements for maintaining the environment were in place.

Combat Stress has a corporate property manager who supports the five hubs within the organisation with regards to the maintenance and upkeep of the premises. We were told that the landlord is responsive for the maintenance and upkeep of the passenger lift and fire detection system. Combat Stress has completed their own fire and legionella risk assessments.

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. Patient records in Combat Stress are stored and held electronically.

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

Ms Gorman confirmed that the PD was aware of the importance of effective records management and that all records are held in line with best practice guidance and legislative requirements.

The PD confirmed during discussion that they are responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice. Clinical records pertaining to private consultations are recorded on 'dragonware' and are sent to an identified member of the administration team for typing. These letters and all documents sent to the patient's GP or other healthcare professionals are reviewed and approved by the PD prior to being issued. It was demonstrated that 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 Ms Gorman and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records. This is 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 Ms Gorman regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The PD is based in England and due to the impact of the COVID-19 pandemic consultations are conducted via teleconference 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. This involves the patient in the decision making process.

Combat Stress 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. 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 practising privileges being effectively managed?

As discussed in 5.2.1 Ms Gorman and the PD confirmed the PD is directly employed by Combat Stress and therefore a practising privileges agreement is not required.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the 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. As Combat Stress is a corporate body based in England with a hub in Northern Ireland, Regulation 26 unannounced quality monitoring visits should be undertaken on behalf of Combat Stress. This area was discussed with Ms Gorman who confirmed that six monthly unannounced monitoring visits would be implemented. Advice and guidance was provided to Ms Gorman in this regard.

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.

Ms Gorman confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. Ms Gorman confirmed she was knowledgeable about how to respond to complaints. There had been no complaints made regarding the regulated services 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.

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

Ms Gorman demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes.

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

Observation of insurance documentation confirmed that current insurance policies were in place.

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

5.2.12 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 Ms Gorman who told us that equality data is collected and managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	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 Ms Gorman, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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Quality Improvement
Authority

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