The Regulation and Quality Improvement Authority

Inspection Report

12 September 2024

Healthcare 2000 (NI) Ltd

Type of service: IC-Private Doctor Services
Address: 62A Bloomfield Avenue, Belfast, BT5 5AD
Telephone number: 028 9045 5556

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Healthcare 2000 (NI) Ltd **Responsible Individual:** Mr Paul Swift	**Registered Manager:** Ms Karen Armstrong **Date registered:** 10 December 2013
Person in charge at the time of inspection: Mr Paul Swift	
Categories of care: Independent Clinic (IC) – Private Doctor	
Brief description of how the service operates: Healthcare 2000 (NI) Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. The PD provides a doctor-led weight management service. This inspection focused solely on the private doctor services that fall 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 12 September 2024 from 10.10 am to 12.45 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during and 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; safeguarding; the management of medical emergencies; infection prevention and control; 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; practising privileges arrangements 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 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).

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

4.0 What people told us about the service

Posters were issued to Healthcare 2000 (NI) Ltd by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient 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 Healthcare 2000 (NI) Ltd was undertaken on 13 December 2023 by a care inspector; 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 affiliated with the Health and Social Care (HSC) sector in 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.

One newly recruited PD offers services in Healthcare 2000 (NI) Ltd and has been granted practising privileges. Mr Swift confirmed that both previous PDs no longer provide services in Healthcare 2000(NI) Ltd.

In accordance with legislation and to ensure robust arrangements concerning medical governance, services must retain evidence of the following for each private doctor:

- confirmation of identity
- current General Medical Council (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. All records were retained including evidence of an appointed responsible officer and the PD confirmed the arrangements for his annual appraisal with a medical appraisal organisation.

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

A discussion with the PD confirmed that he was aware of his responsibilities under GMC Good Medical Practice.

Staffing levels were sufficient to meet the needs of the private doctor 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. Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

As stated a PD has been recruited since the previous inspection. Review of the PD's recruitment records found that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained for inspection.

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

The recruitment of private doctors complies with the 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?

It was confirmed that the establishment only provides services to patients aged 18 years and over.

Policies and procedures were in place for the safeguarding and protection of adults 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.

The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with staff demonstrated that they were 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 staff and the private doctor involved in the delivery of regulated services had received training in safeguarding of adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

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

It was observed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was 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?

The establishment has a policy and procedure on dealing with medical emergencies.

The clinic does not hold any emergency medicines or equipment. It was advised to carry out a formal risk assessment in consultation with the PD to underpin this decision reflecting the nature of the service and the patients availing of the service.
Following the inspection, a risk assessment was completed and submitted to RQIA which clearly outlined the rationale for the decision not to hold emergency medicines or equipment.

Discussion with staff demonstrated they were aware what action to take in the event of a medical emergency. The private doctor 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 establishment has two consultation rooms however Ms Armstrong advised that only one consultation room was operational. During a tour of the establishment, it was observed that the consultation room in use was clean, tidy and uncluttered. All areas of the establishment reviewed were fully equipped to meet the needs of patients and cleaning schedules were in place.

It was confirmed that the consultation room had hand washing facilities, adequate supplies of personal protective equipment, liquid soap, alcohol based hand gels and disposable hand towels available. Appropriate arrangements were in place for the management of clinical waste.

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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with staff who outlined the measures taken by Healthcare 2000 (NI) to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and 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. Ms Armstrong confirmed that arrangements for maintaining the environment were in place.

A fire risk assessment was not available for review. However, following the inspection a fire risk assessment was submitted to RQIA. Ms Armstrong confirmed that fire drills and fire awareness training had been completed by all staff and that all 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 to include the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records in keeping with best practice guidance and legislative requirements.

Discussion with the PD confirmed that he was aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. All patient records were held manually and no electronic records were maintained.

The establishment was registered with the Information Commissioners Office (ICO).

Review of five patient care records relating to the private doctor services found that all entries were dated and signed by the private doctor and outlined a contemporaneous record of the treatment provided. The records were found to be maintained in line with best practice guidance.

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 management and the private doctor regarding the consultation and treatment process confirmed that patients are treated with dignity and respect.

The consultations and treatments are provided in a private consultation room with the patient and medical practitioner 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.
Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Appropriate measures are in place to maintain patient confidentiality and observations made evidenced that patient care records were stored securely in a lockable storage case.

5.2.10 Are practising privileges being effectively managed?

Mr Swift and Ms Armstrong outlined the process for granting practising privileges. The private doctor's personnel file reviewed evidenced that there was a written agreement between the private doctor and the establishment setting out the terms and conditions of practising privileges. There were systems in place to review practising privileges agreements every two years.

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

Appropriate measures are in place to manage practising privileges agreements.

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

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

Ms Armstrong is in day to day charge of the clinic. Mr Swift as the responsible individual is required to undertake unannounced quality monitoring visits and generate a report detailing the findings of his visit. The most recent unannounced quality monitoring visit report completed by Mr Swift dated 9 April 2024 was reviewed.

Ms Armstrong confirmed that the report is available for patients, their representatives, staff, RQIA and any other interested parties to read. Ms Armstrong confirmed that where issues are identified an action plan would be developed which would include timescales and the person responsible for completing the action.

Policies and procedures were available for staff reference and policies and procedures reviewed were 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 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 Armstrong confirmed she was knowledgeable about how to respond to complaints.

Ms Armstrong confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. There had been no recent complaints made regarding the service provided.

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 Armstrong was aware that notifiable events should be investigated and reported to RQIA or other relevant bodies as appropriate and an incident policy was in place.

It was confirmed that the doctor led weight loss management service provided involves the prescribing and dispensing of schedule 3 controlled drugs (CDs). There was a range of policies and procedures on the management of medicines. Following the previous RQIA inspection, Mr Swift contacted the Department of Health(DOH) and received advice on the CD arrangements within the clinic. He confirmed at present there was no requirement for a CD licence and current arrangements are in line DOH guidance. An email from DOH, Principal Pharmaceutical Officer outlining this position was available for review.

Mr Swift and Ms Armstrong demonstrated a clear understanding of their roles 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.

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 Mr Swift and Ms Armstrong who told us that equality data is collected and managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

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

The Regulation and Quality Improvement Authority

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