

# Announced Care Inspection Report 5 May 2016



## Healthcare 2000 (NI) Ltd

Service Type: Private Doctor

Address: 62A Bloomfield Avenue  
Belfast  
BT5 5AD

Tel No: 028 9045 5556  
Inspector: Winifred Maguire

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Healthcare 2000 (NI) Ltd took place on 5 May 2016 from 10:00 to 13:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Paul Swift, Registered Person, Ms Karen Armstrong, Registered Manager, and one private doctor demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and the general environment. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Swift, Ms Armstrong, and one private doctor demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Swift, Ms Armstrong and one private doctor demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, practising privileges arrangements, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Paul Swift, Registered Person and Ms Karen Armstrong, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Healthcare 2000 (NI) Ltd Mr Paul Swift	<b>Registered manager:</b> Ms Karen Armstrong
<b>Person in charge of the service at the time of inspection:</b> Ms Karen Armstrong	<b>Date manager registered:</b> 10 December 2013
<b>Categories of care:</b> Independent Clinic (IC) - Private Doctor (PD)	

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: notification of incidents, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Paul Swift, Registered Person, Ms Karen Armstrong, Registered Manager and one private doctor. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements
- maintenance arrangements

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2015**

The most recent inspection of Healthcare 2000 (NI) Ltd was an announced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 15 June 2015**

Last care inspection recommendation		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 9 Stated: First time	It is recommended that a management of incidents policy and procedure should be devised which includes reporting arrangements to RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An incident policy and procedure has been devised which includes reporting arrangements to RQIA.	

### 4.3 Is care safe?

#### Staffing

Two private doctors provide medical services in this establishment. Discussion with Ms Armstrong and one private doctor and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

No new staff have been recruited since registration with RQIA, however, induction programme templates were in place relevant to specific roles within the establishment. There has been a very low turnover of staff with the private doctors having provided services in the establishment for many years leading to continuity of care for the patients.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. The private doctor confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of two evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of two 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 services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- annual appraisal by a trained medical appraiser
- arrangements for revalidation

Ms Armstrong has a system in place to ensure all doctors details are kept up to date. Discussion with Ms Armstrong and one private doctor and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under the GMC Good Medical Practice.

#### Recruitment and selection

A review of the submitted staffing information and discussion with Ms Armstrong confirmed that no new staff have been recruited since the previous inspection. It was confirmed that should staff 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. The policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

The establishment does not treat patients under 18 years of age. 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.

Policies and procedures were in place for the safeguarding and protection of adults. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Ms Armstrong confirmed that all staff have read and understood the policies and procedures.

## **Management of medical emergencies**

The establishment provides a limited range of low risk medical services and following a risk assessment by management and the private doctors it was decided that the establishment did not require to have a full range of emergency medicines and equipment. As a result the establishment retains an anaphylaxis emergency medicines kit only. A review of medical emergency arrangements evidenced appropriate emergency medicines for the management of anaphylaxis were available and a robust system was in place to ensure that emergency medicines do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines.

A review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated in keeping with best practice guidance.

Discussion with a private doctor demonstrated that they had a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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

The establishment was clean and clutter free. Discussion with a private doctor evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. The private doctors have up to date training in infection prevention and control.

## **Environment**

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

A legionella risk assessment was last undertaken in May 2016.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

### Patient and Staff Views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt safe and protected from harm. The following comment was provided:

- “Very friendly and professional staff.”

Five staff submitted questionnaire responses to RQIA. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patients safety is paramount and we have measures in place for this.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 4.4 Is care effective?

### Clinical records

A review of eight patient records relating to the private doctor service found that all entries were dated and signed and outlined a contemporaneous record of the treatment provided.

Any alterations or additions were dated, signed and made in such a way that the original entry could still be read.

Patient records were observed to be securely stored in locked filing cabinets

There were systems in place to audit the completion of clinical records and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the establishment’s clinical governance structures.

Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The establishment also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Ms Armstrong and the private doctor demonstrated a good knowledge of effective records management.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

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

### **Information provision**

The establishment provides information leaflets to all patients which outline the services and treatments provided. Information about services provided by the establishment was reviewed and was found to accurately reflect the types of private doctor service provided and was in line with GMC Good Medical Practice.

The Patient Guide is made available to patients during the initial consultation.

Information provided to patients is written in plain English.

Discussion with the private doctor and review of documentation confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and included all aspects of the treatment. The private doctor confirmed a range of healthy lifestyle advice, including healthy eating literature which is given to patients to promote their well-being.

### **Communication**

The private doctor confirmed that arrangements are in place to advise patients for onward referral in respect of any identified unexpected medical issues.

Discussion with the private doctor confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of who to contact if they want advice or if they have any issues/concerns

### **Patient and staff views**

Both patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided:

- "Drs are excellent and give great advice and learning to get regular blood pressure."

Five submitted staff questionnaire responses indicated that they feel that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "To ensure that patients achieve weight loss the most important thing is for them to get the right information and advice."



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 4.5 Is care compassionate?

#### Dignity, respect and involvement with decision making

Discussion with the private doctor regarding the consultation and treatment process, confirmed that patients are treated with dignity and respect. The consultation and treatment is provided in a private room. Information is provided to the patient in verbal and written format at the initial consultation and subsequent treatment sessions, to allow the patient to make choices about their care and treatment and provide informed consent.

Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice.

The establishment undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the establishment pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the establishment to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

#### Patient and staff views

Both patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- "All staff are amazing, I confide in Dr xxx. Made to feel welcome and valued."

Five submitted staff questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. The following comments were provided:

- "Some patients feel embarrassed and nervous when they come to seek help. I reassure them that it is my duty to help them to achieve weight loss."

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## Areas for improvement

No areas for improvement were identified during the inspection.

#### 4.6 Is the service well led?

##### Management and governance arrangements

There was a clear organisational structure within the establishment and the private doctor was able to describe their role and responsibilities and was aware of who to speak to if they had a concern. The private doctor confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised.

Systems are in place to ensure that the registered person is kept informed regarding the day to day running of the establishment.

The registered person monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. The private doctor spoken with was aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the establishment and Ms Armstrong demonstrated a good understanding of complaints management. The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. Ms Armstrong confirmed arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issued by the DHSSPS and professional regulatory bodies. All alerts are stored and screened by the registered manager and if appropriate the private doctors.

Mr Swift and Ms Armstrong outlined the process for granting practising privileges and confirmed medical practitioners meet with registered person prior to privileges being granted.

Two 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.

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

Healthcare 2000 (NI) Ltd has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Discussion with Mr Swift and Ms Armstrong 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. The following audits were reviewed:

- a monthly patient record audit
- daily patient record check for information and consistency
- daily check on completion of prescription sheet
- an annual patient survey

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Swift and Ms Armstrong demonstrated a clear understanding of their roles and responsibility in accordance with legislation and as responded very positively to inspection. Developing and strengthening the management frameworks since registration. Information requested by RQIA has been submitted within specified timeframes. It was 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 in the waiting room.

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

### **Patients and staff views**

Both patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was provided:

- "Absolutely!"

Five submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "The service at Healthcare 2000 is well led and all of us work together in total harmony."

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews