

# Announced Care Inspection Report 7 February 2018



## Healthcare 2000 (NI) Ltd

**Service Type: Independent Clinic - IC-Private Doctor Services**

**Address: 62A Bloomfield Avenue, Belfast BT5 5AD**

**Tel No: 028 9045 5556**

**Inspector: Elizabeth Colgan**

[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 a registered independent clinic providing a private doctor service.

### 3.0 Service details

<b>Organization/Registered Provider:</b> Healthcare 2000 (NI) Ltd  <b>Responsible Individual:</b> Mr Paul Swift	<b>Registered Manager:</b> Ms Karen Armstrong
<b>Person in charge at the time of inspection:</b> Mr Paul Swift	<b>Date manager registered:</b> 10 December 2013
<b>Categories of care:</b> Independent Clinic– Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 07 December 2018 from 10.00 to 12.30.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to all four domains. These related to patient safety in respect of staff training and development, safeguarding, and the general environment. Other examples included communication, informed decision making, patient consultation, governance arrangements, arrangements for managing practising privileges, quality improvement and maintaining good working relationships.

No areas requiring improvement were identified.

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	0

This inspection resulted in no areas for improvement being identified. 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 05 May 2016**

No further actions were required to be taken following the most recent inspection on 05 May 2016

#### **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
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA did not receive any completed staff questionnaires.

A poster informing patients that an inspection was being conducted was displayed.

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

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

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements
- medical practitioner personnel files
- clinical records
- management and governance arrangements
- Insurance documentation

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 05 May 2016

The most recent inspection of the establishment was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 05 May 2016

There were no areas for improvement made as a result of the last care inspection.

## 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

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 within the establishment. Ms Armstrong confirmed to RQIA by electronic mail on 9 February 2018 that one of the private doctors is to attend an Adult Safeguarding Champion and Appointed Person Training course on 15th March 2018. Ms Armstrong also confirmed that, on line safeguarding vulnerable adults training has been organised for all other members of staff.

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.

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

## **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 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.

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. 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.

## **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 and alcohol gel for the decontamination of hands were available. Adequate supplies of personal protective equipment (PPE) were provided.

The sharps bin in use was not signed or dated as required for identification and tracking purposes, however a clinical waste bin was not provided for the disposal of clinical waste. Ms Armstrong confirmed to RQIA by electronic mail on 20 February 2018 that the sharps bin has been signed and dated and arrangements have been made to obtain a clinical waste bin, the supplier will also arrange collection of clinical waste bags.

The private doctors have up to date training in infection prevention and control. The establishment has a range of infection prevention and control policies and procedures.

## **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.

Ms Armstrong confirmed that arrangements are in place for maintaining the environment.

A legionella risk assessment has been undertaken and weekly tap flushes are in place.

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

Six patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. All patients indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses were received.

### 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; infection prevention and control and decontamination; and the general environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Clinical records

Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Staff spoken to were aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Patient care records are held in secure locked filing cabinets. Computerised records are accessed using individual usernames and passwords.

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Ms Armstrong, staff and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and where appropriate ICO regulations and Freedom of Information legislation.



Discussion with the private doctor confirmed that patient care records relating to the private doctor services are always dated and signed by the medical practitioner and a contemporaneous record of the treatment is maintained.

Records required by legislation were retained and made available for inspection at all times.

### **Audits**

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

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

### **Communication**

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

Information provided to patients and/or their representatives is written in plain English. No complaints had been received by the service in the previous year. Discussion with the staff confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of whom to contact if they want advice or if they have any issues/concerns.

Staff confirmed that management is approachable and their views and opinions are listened to. Ms Armstrong and discussion with staff confirmed that staff meetings are held on a daily basis.

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**

All of the six patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All patients indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses were received.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to clinical records, audits and communication.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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 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**

All of the six patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All patients indicated that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses were received.

**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

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.

Mr Swift 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. A review of a sample of policies and procedures found they 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 copy of the complaints procedure was displayed in the establishment. Ms Armstrong and staff demonstrated a good awareness of complaints management. 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 2016 to 31 March 2017.

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 issues 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.

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 appropriately.

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

### **Patient and staff views**

All of the six patients who submitted questionnaire responses indicated that they felt that the service is well led. All patients indicated that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses were received.

### **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>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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