

Announced Care Inspection Report 15 September 2020



Healthcare 2000

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

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

Tel No: 028 9045 5556

Inspector: Stephen O'Connor

www.rgia.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



In respect of Independent Clinics Private Doctor services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- infection prevention and control (IPC);
- patient feedback;
- organisational and medical governance arrangements; and
- review of areas for improvement identified during the previous care inspection (if applicable).

2.0 Profile of service

Healthcare 2000 is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. Healthcare 2000 provides a doctor-led weight management service and also offers facial aesthetic treatments. 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.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 15 September 2020 from 09:50 to 11:25 hours.

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 purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to COVID-19 pandemic; IPC procedures; patient feedback; and the organisational and medical governance arrangements.

No immediate concerns were identified regarding the delivery of front line patient care.

The findings of this report will provide Healthcare 2000 with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	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 Mr Swift, Responsible Individual and Mrs 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 March 2019

No further actions were required to be taken following the most recent inspection on 05 March 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; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. Returned completed patient questionnaires were analysed prior to the inspection and are discussed in section 6.9 of this report. We invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to us.

During the inspection, we spoke with, Mr Swift, Responsible Individual, Mrs Armstrong, Registered Manager, a private doctor and a receptionist.

We examined records relating to the following areas:

- management of operations in response to COVID-19 pandemic;
- personnel records for the private doctors;
- patient records;
- IPC procedures;
- patient feedback;
- organisational and medical governance arrangements; and
- documents in relation to the day to day operation of the clinic.

The findings of the inspection were provided to Mr Swift and Mrs Armstrong at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 March 2019

The most recent inspection was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 05 March 2019

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

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Mr Swift, Mrs Armstrong, a medical practitioner and a receptionist and application of the DoH letter dated 11 August 2020 ‘ [Use of face masks/face covering in all health and social care facilities - updated as of 11 august 2020](#)’.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance. We suggested that the arrangements in respect of COVID-19 screening could be further developed and enhanced. On the afternoon of the inspection a copy of the most up to date COVID-19 screening questions along with guidance issued by HM Government on 23 June 2020 entitled ‘ [Keeping workers and clients safe during COVID-19 in close contact services](#)’ was forwarded to the clinic by email to assist them with the further development of their COVID-19 policies and procedures.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the clinic had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the patient pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 Infection prevention and control (IPC)

We undertook a tour 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. We reviewed arrangements in relation to IPC procedures throughout the clinic and found that the risk of infection transmission to patients, visitors and staff was minimised.

We confirmed that no reusable medical devices are used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed that there were social distancing screens in place at the reception desk and the desk in the consultation room; hand sanitisers were readily available for staff and patient use throughout the clinic.

We confirmed waste management arrangements were in place and we observed clinical waste bins were pedal operated in keeping with best practice guidance.

We found that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

Staff told us that appointments are scheduled to minimise the number of patients in the waiting area and that following every appointment the seating in the waiting area and all touchpoints (door handles etc) are decontaminated.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.6 Patient feedback

Mrs Armstrong described the arrangements for obtaining feedback from patients about the quality of treatment provided, the information given and care received. Randomly selected patients are encouraged to complete a patient satisfaction survey. Completed surveys are reviewed and collated into an annual summary report which is made available to patients and other interested parties. As the clinic was closed for some time in response to the COVID-19 pandemic a report detailing the findings of the patient satisfaction surveys completed during 2020 has yet to be generated. Mrs Armstrong confirmed that a patient feedback report would be generated before the end of the year.

We confirmed that Healthcare 2000 has a website which includes testimonials from patients.

Areas of good practice: Patient feedback

We reviewed the current arrangements concerning patient feedback and found robust arrangements in place.

Areas for improvement: Patient feedback

We identified no areas for improvement regarding patient feedback.

	Regulations	Standards
Areas for improvement	0	0

6.7 Organisational and medical governance

We examined various aspects of the organisational and medical governance systems in place and found there was a clear organisational structure within the clinic. We confirmed that Mrs Armstrong is in day to day charge of the clinic.

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

As discussed, Mrs Armstrong is in day to day charge, therefore Mr Swift is required to undertake unannounced quality monitoring visits and generate a report detailing the findings of his visit. We reviewed the previous three unannounced quality monitoring visit reports completed by Mr Swift. We confirmed these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read. We found that an action plan was developed to address any issues identified during the visits which included timescales and person responsible for completing the action.

Through discussion and review of relevant records, we confirmed that there are two medical practitioners involved in the provision of services. We confirmed that both medical practitioners are considered to be wholly private doctors as neither have a substantive post in the NHS in Northern Ireland (NI) and neither are on the GP performers list in NI. We reviewed records concerning the two private doctors' and found 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;
- ongoing annual appraisal by a trained medical appraiser;
- an appointed Responsible Officer (RO); and
- arrangements for revalidation with the GMC.

All medical practitioners working within the clinic must have a designated Responsible Officer (RO). Per the requirements of registration with the GMC, all medical practitioners must revalidate every five years. The revalidation process requires medical practitioners to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors 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.

We established that both private doctors working within Healthcare 2000 have a designated external RO. We discussed with Mr Swift how concerns regarding a doctor's practice would be shared with their designated RO, if necessary.

We reviewed records and confirmed that both private doctors had completed refresher training in keeping with our training guidance for [Independent Clinic – Private Doctor](#) services.

We reviewed records and confirmed there is a written agreement between the clinic and the medical practitioners that are reviewed at least every two years in keeping with best practice guidance.

We reviewed five patient records relating to the private doctor services and found that all entries were in line with best practice. We confirmed that there were systems in place to audit the completion of clinical records, develop an action plan if required and that the outcome of audits was reviewed through the clinic's governance structures.

Mr Swift and Mrs Armstrong demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. Mr Swift told us that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and were available to patients on request.

Areas of good practice: Organisational and medical governance

We found examples of good practice regarding organisational and medical governance.

Areas for improvement: Organisational and medical governance

We identified no areas for improvement in relation to organisational and medical governance.

	Regulations	Standards
Areas for improvement	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. Mr Swift and staff told us that equality data collected was managed in line with best practice.

6.9 Patient and staff views

Seven patients submitted questionnaire responses to RQIA and 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 very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- 'I am very pleased with the treatment staff and service given.'
- 'Fab service.'

We also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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