

# Announced Care Inspection Report 5 March 2019



## Healthcare 2000

**Type of Service: Independent Hospital (IH) – Private Doctor**

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

**Tel No: 028 9045 5556**

**Inspector: Elizabeth Colgan**

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



## 2.0 Profile of service

This is a registered independent hospital providing a private doctor service.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Healthcare 2000 (NI) Ltd  <b>Responsible Individuals:</b> Ms Karen Armstrong 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 Hospital (IH) – Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 5 March 2019 from 09.50 to 11.50.

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 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, and arrangements for managing practising privileges, quality improvement and maintaining good working relationships.

No areas requiring improvement were identified.

### 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 Swift, responsible individual, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection dated 7 February 2018

No further actions were required to be taken following the most recent inspection on 7 February 2018.

## 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

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

During the inspection the inspector held discussions with met with Mr Swift and Ms Armstrong, responsible individuals, one private doctor; and one receptionist.

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

- staffing
- 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 Mr Swift at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 February 2018

The most recent inspection of the Healthcare 2000 was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 7 February 2018

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 the 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
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- 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.

Ms Armstrong confirmed that recruitment and selection procedures are reviewed and are in line with good practice and legislative requirements.

### **Safeguarding**

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

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.

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

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

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **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.

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. Staff confirmed single use equipment is used where possible. Hand washing facilities and alcohol gel for the decontamination of hands were available. Adequate supplies of personal protective equipment (PPE) were provided.

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 establishment was found to be clean, tidy and well maintained. Detailed cleaning schedules are in place and completed records of cleaning were displayed in various areas. Ms Armstrong confirmed that arrangements are in place for maintaining the environment.

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.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, 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
Areas for improvement	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 the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

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

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.

## 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
Areas for improvement	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. It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

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. Ms Armstrong confirmed that patient care records are stored securely.

Healthcare 2000 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. 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.

### 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.

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.

A copy of the complaints procedure was available in the establishment. Staff demonstrated a good awareness of complaints management.

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.

## 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.

	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 was discussed with Ms Armstrong.

Ms Armstrong confirmed that of information evidenced that the equality data collected was managed in line with best practice.

### 6.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All 20 patients 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 also indicated that they were very satisfied with each of these areas of their care.

Comments included in in submitted patient questionnaire responses are as follows:

- “Very satisfied, great clinic.”
- “Staff are excellent and professional.”

RQIA 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

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



The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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