

Inspection Report

14 October 2024



Affidea Belfast

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

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Northern MRI Ltd	Registered Manager: Mrs Geraldine Ferris
Responsible Individual: Dr Mark Hampton	Date registered: 23 December 2020
Person in charge at the time of inspection: Dr Mark Hampton	
Categories of care: Private Doctor (PD)	
Brief description of how the service operates: <p>Affidea Belfast is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. A PD is a medical practitioner who does not have a substantive post in the Health and Social Care (HSC) sector in Northern Ireland (NI) or is not on the General Practitioner (GP) performers list in NI.</p> <p>The clinic provides medical consultations specialising in orthopaedic and sports medicine. The private doctor service provides medical cover to the magnetic resonance imaging (MRI) service when intravenous (IV) contrast is required for patients. 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.</p> <p>Northern MRI Ltd is part of the Affidea Ireland which also owns and operates Orthoderm Clinic and Hillsborough Private Clinic, also registered with RQIA.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 14 October 2024 from 10.10 am to 1.10 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during 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; staff training; safeguarding; infection prevention and control (IPC); and the environment. Other examples included the management of the patients' care pathway; communication; records management; practising privileges arrangements and governance arrangements.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

No immediate concerns were identified regarding the delivery of front line client 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).

4.0 What people told us about the service

Posters were issued to Affidea Belfast by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire.

No completed client 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 Affidea Belfast was undertaken on 27 October 2023; 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?

The staffing arrangements in respect of Affidea Belfast were reviewed. As previously discussed 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) nor are they 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. It was confirmed that one PD, Dr Hampton, works at Affidea Belfast and is directly employed by the establishment.

A review of the details of Dr Hampton's records evidenced 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

Dr Hampton confirmed that he is aware of his responsibilities under GMC Good Medical Practice.

A review of training records evidenced that Dr Hampton had completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with [RQIA training guidance](#).

Through discussion with Mrs Ferris, it was confirmed that induction programmes and training are provided to all new staff on commencement of employment at Affidea Belfast. Mrs Ferris confirmed that there was a robust process in place to ensure that all staff received appropriate training to fulfil the duties of their role.

Mrs Ferris confirmed that arrangements are in place for monitoring the registration status of all clinical staff and records are retained. Systems are in place for undertaking, recording, and monitoring staff supervision, appraisal, and ongoing professional development.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of patients.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

There was a recruitment policy and procedure available. Review of the policy confirmed that it adhered to legislation and best practice to ensure suitably skilled and qualified staff work in the establishment.

Affidea Belfast is a subsidiary of Affidea which is based in Dublin. Affidea has a corporate human resources (HR) department. The corporate HR department supports managers during the recruitment process. The HR department are responsible for advertising vacancies; shortlisting applicants; requesting references; developing job descriptions; induction templates and employment contracts bespoke to roles and responsibilities.

It was established that no new private doctors have been recruited since the previous RQIA inspection.

Mrs Ferris advised that the corporate HR department retains all recruitment records and confirmed that as the registered manager, she has access to all recruitment records through an online management portal. A discussion took place concerning the recruitment records that must be retained should a private doctor be recruited in the future. Dr Hampton and Mrs Ferris were aware that all recruitment documentation, as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended, are to be sought and made available for inspection in respect of each private doctor.

It was demonstrated that arrangements are in place to ensure 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?

A policy and procedure was in place for the safeguarding and protection of children and adults 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. The relevant contact details were included for onward referral to the local HSC Trust should a safeguarding issue arise.

Discussion with Dr Hampton and Mrs Ferris 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.

As mentioned previously, Dr Hampton has 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 for Affidea Belfast has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Mrs Ferris confirmed that a copy of the regional policy entitled '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)' (August 2017) and a copy of the regional guidance document entitled '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015) were 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?

A policy and procedure for dealing with medical emergencies was in place.

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency. There was an identified individual with responsibility for checking emergency medicines and equipment.

As mentioned previously, Dr Hampton had completed refresher training in basic life support and anaphylaxis in keeping with RQIA [training guidance](#). Dr Hampton demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

As a result of the actions taken following the inspection, it was determined that appropriate arrangements are 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 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. Dr Hampton had completed refresher training in IPC in keeping with RQIA [training guidance](#).

Review of the premises noted that the clinic was clean, tidy and uncluttered. All areas of the clinic reviewed were fully equipped to meet the needs of patients. It was confirmed that the consultation rooms 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 How does the service ensure the environment is safe?

The establishment was found to be clean, tidy and well maintained. Mrs Ferris confirmed that arrangements for maintaining the environment were in place.

The fire risk assessment is reviewed annually, the most recent review undertaken during January 2024.

A review of training records evidenced that fire safety awareness training had been completed by Dr Hampton and Mrs Ferris confirmed that employees of Affidea Belfast are all trained fire wardens.

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.

There were overarching corporate policies and procedures for the management of records which included 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.

Discussion with Mrs Ferris 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 General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation. Mrs Ferris confirmed that clinical records pertaining to private consultations at the clinic are held in secure, locked filing cabinets.

Dr Hampton is aware of the importance of effective records management and he confirmed that his clinical records are held in line with best practice guidance and legislative requirements. Both the establishment and Dr Hampton are registered with the Information Commissioner's Office (ICO).

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 Dr Hampton and Mrs Ferris regarding the consultation and treatment process confirmed that patients are treated with dignity and respect.

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 robust arrangements in place regarding organisational and medical governance?

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

Mrs Ferris is the nominated individual with overall responsibility for the day to day management of the establishment and reports directly to Dr Hampton and a clinical operations manager for Affidea Ireland.

Dr Hampton undertakes unannounced quality monitoring visits at least every six months in accordance with legislation. The most recent report, dated May 2024, along with any identified actions was available for review.

A discussion took place concerning practising privileges. Affidea Belfast has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. Dr Hampton outlined the process for granting practising privileges and confirmed medical practitioners would meet with the medical director prior to privileges being granted.

Dr Hampton and Mrs Ferris were reminded that if a medical practitioner is not directly employed by Affidea Belfast then a practising privileges agreement must be in place and available for review. Practising privileges agreements are a written agreement between Affidea Belfast and the medical practitioner. The agreement must set out the terms and conditions of practising privileges and be signed by both parties. Practising privileges agreements must be reviewed every two years.

Affidea has developed corporate policies and procedures and these are available for staff reference. Review of documentation confirmed that these policies and procedures had been localised, where relevant, to Affidea Belfast. Policies and procedures were indexed, dated and Mrs Ferris told us they are systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints were reviewed to ensure that complaints were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. 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.

Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Mrs Ferris told us that no complaints have been received since the previous inspection and that should complaints be received they would be recorded in the centralised complaints register and audited to identify trends, drive quality improvement and enhance service provision.

Mrs Ferris confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. Urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Arrangements are in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. The results of audits are analysed and if required, an action plan is developed and embedded into practice.

Governance and oversight arrangements were discussed with Dr Hampton. As mentioned previously, Dr Hampton is the only PD providing services at Affidea Belfast. Dr Hampton has a responsible officer and is affiliated with a designated body. Dr Hampton advised us that clinical governance meetings take place quarterly and these are attended by the medical director for Affidea Ireland. Dr Hampton also confirmed that there is a peer support network with the Trust (BHSCT) and that he maintains regular contact with the chief executive officer (CEO) of Affidea Ireland.

Dr Hampton and Mrs Ferris demonstrated a clear understanding of their roles and responsibilities in accordance with legislation.

The RQIA certificate of registration was displayed in a prominent place.

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

It was determined that appropriate arrangements were in place to provide the responsible individual with assurance of the quality of the services provided.

5.2.11 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 Dr Hampton.

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 Mrs Ferris, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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