

# Announced Care Inspection Report 13 March 2017



## Northern MRI Ltd, Malone Private Clinic

**Service Type: Independent Clinic (IC) - Private Doctor**

**Address: 93 Malone Road, Belfast, BT9 6SP**

**Tel No: 02890660050**

**Inspector: Winnie Maguire**

## 1.0 Summary

An announced inspection of Northern MRI Ltd, Malone Private Clinic took place on 13 March 2017 from 9.45 to 12.45.

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

### **Is care safe?**

A review of documentation and discussion with Dr Mark Hampton, registered person and briefly with Mr Michael Ennis, registered manager demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination and the general environment. Four recommendations have been made in relation to the recruitment and selection policy, the adult safeguarding policy, the provision of Buccolam pre-filled syringes and evidence of legionella risk assessment and associated scheme of work.

### **Is care effective?**

Observations made, review of documentation and discussion with Dr Hampton 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?**

A review of documentation and discussion with Dr Hampton demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Areas reviewed included informed decision making and patient consultation. No requirements or recommendations have been made.

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

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create 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/alerts and practising privileges, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, as discussed previously issues were identified under the 'is care safe' domain. Two recommendations were also made in relation to including an issue date and a review date on policies and procedures and adding details of the General Medical Council (GMC) to the complaints procedure. Addressing the recommendations made will further enhance the quality and governance arrangements in place.

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            | 6               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Mark Hampton, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

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 QIP there were no further actions required to be taken following the most recent inspection on 1 February 2016.

### 2.0 Service details

|  |   |
|--|---|
| <b>Registered organisation/registered person:</b><br>Northern MRI Ltd<br>Dr Mark Hampton | <b>Registered manager:</b><br>Mr Michael Ennis    |
| <b>Person in charge of the clinic at the time of inspection:</b><br>Dr Mark Hampton      | <b>Date manager registered:</b><br>26 August 2016 |
| <b>Categories of care:</b><br>Independent Clinic – Private Doctor                        |   |

### 3.0 Methods/processes

Questionnaires were provided to patients by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: notifiable events and complaints declaration. No patient questionnaires were returned to RQIA in time for inclusion in this report.

During the inspection the inspector met with Dr Hampton registered person and briefly with Mr Michael Ennis, registered manager. A tour of some of the registered premises was also undertaken.

Records were 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

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 01 February 2016

The most recent inspection of the clinic 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 01 February 2016

| Last care inspection recommendations                             |   | Validation of compliance |
|--|---|--------------------------|
| <b>Recommendation 1</b><br>Ref: Standard 5<br>Stated: First time | It is recommended that a patient survey is conducted at least annually.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>A patient survey had been conducted in January and February 2017, a summary report was available for inspection and made available for patients to read. |                          |

##### 4.3 Is care safe?

#### Staffing

Discussion with the Dr Hampton, registered person confirmed that he remains the only private doctor involved in the registered service.

There are induction programme templates in place relevant to specific roles within the clinic. It was confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of the 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

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

### **Recruitment and selection**

Discussion with Dr Hampton demonstrated that no new staff have been recruited since the previous inspection. During discussion it was confirmed that should staff be recruited in the future robust systems and processes will be 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. It was recommended the policy is further developed to reflect all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

### **Safeguarding**

Dr Hampton was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

The clinic had an adult protection policy .Review of it indicated that it needs to be updated to ensure it fully reflects the new regional policy and guidance documents issued during July 2015. A recommendation has been made to address this. Dr Hampton confirmed that he would receive refresher training in safeguarding adults at risk of harm when the policy and procedure had been updated in keeping with the Minimum Standards for Independent Healthcare Establishments July 2014.

After the inspection the following information was forwarded to Dr Hampton by electronic mail:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- the relevant contact details for onward referral

## **Management of medical emergencies**

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 with the exception of Buccolam pre-filled syringes and a portable suction machine. Evidence of the purchase of a portable suction machine was forwarded to RQIA following inspection. A recommendation was made to provide Buccolam pre-filled syringes.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

The establishment has a policy and procedure on dealing with medical emergencies.

Discussion with Dr Hampton and Mr Ennis confirmed they were aware what action to take in the event of a medical emergency.

Dr Hampton has received training in basic life support.

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

The establishment has a range of infection prevention and control (IPC) policies and procedures.

A range of information for patients and staff regarding hand washing techniques was available.

There are arrangements in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice.

Dr Hampton has received IPC training commensurate with his role.

Discussion with Dr Hampton confirmed he had a good knowledge and understanding of IPC measures.

## **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. Arrangements are in place for maintaining the environment.

A fire risk assessment had been undertaken and it was confirmed fire training and fire drills had been completed.

Dr Hampton confirmed a legionella risk assessment had been undertaken. A copy of the assessment was unavailable for inspection. A recommendation was made to provide evidence of a legionella risk assessment and ensure any scheme of work is fully implemented.

Evidence of the most recent inspection of the fixed electrical wiring installation was unavailable for inspection however an electronic copy was forwarded to RQIA following inspection.

## Patient views

There were no submitted patient questionnaire responses to RQIA.

## Areas for improvement

The recruitment and selection policy should be further developed to reflect all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The adult safeguarding policy should to be updated to ensure it fully reflects the new regional policy and guidance documents issued during July 2015 which should be signed as read and understood by staff.

Buccolam pre-filled syringes should be made available in keeping with the British National Formulary (BNF), and as recommended by the Resuscitation Council (UK) guidelines.

Provide evidence of a legionella risk assessment and ensure any scheme of work is fully implemented.

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| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 4 |
|-------------------------------|---|----------------------------------|---|

## 4.4 Is care effective?

### Clinical records

Review of documentation confirmed that the clinic 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 clinic 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.

Dr Hampton is 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 clinic is registered with the Information Commissioner's Office (ICO). Discussion with Dr Hampton 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.

Review of six patient care records relating to the private doctor service 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 with the exception of a legionella risk assessment.

## 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:

- 360 degree review
- scanning injection
- patient satisfaction survey
- medical records

## Communication

Information about services provided by the clinic was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Information provided to patients and/or their representatives is written in plain English. It was confirmed Dr Hampton and Mr Ennis meet regularly and there are scheduled meetings with the directors of the organisation.

## Patient views

There were no submitted patient questionnaire responses.

## Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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### 4.5 Is care compassionate?

## Dignity, respect and involvement with decision making

Discussion regarding the consultation and treatment process with Dr Hampton confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within private rooms with the patient and medical practitioner present.

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.

It was confirmed that patient care records are stored securely.

Northern MRI Ltd, Malone Private Clinic 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.

Patient satisfaction surveys are carried out by Dr Hampton on an annual basis.

The results of the most recent survey for January/February 2017 were collated to provide a summary report which had been made available to patients and other interested parties. It was confirmed an action plan is developed to inform and improve services provided, if appropriate.

Review of the completed report found that patients were highly satisfied with the quality of treatment, information and care received.

### **Patient views**

There were no submitted patient questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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## **4.6 Is the service well led?**

### **Management and governance arrangements**

There has been a change of ownership since the last inspection and RQIA have been kept fully informed. Dr Hampton remained as responsible individual. In light of discussions around the new organisational structure during inspection, it was agreed the matter would be further reviewed by the registration team and senior management in RQIA. As a result of this review, it was noted that as Dr Hampton is an officer within the organisation and he is the only private doctor involved in the provision of the registered private doctor service, he can be accountable for that service, therefore it is on that basis he is deemed suitable to act as the responsible individual. However if another or further private doctors were to provide services they may not be accountable to Dr Hampton under the new organisational structures and therefore the responsible individual's position would have to be reconsidered.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed and systematically reviewed on annual basis. A recommendation was made to include an issue and a review date on the policies and procedures.

A copy of the complaints procedure was displayed in the clinic. A recommendation was made to include details of the general medical council (GMC) in the complaints policy. Dr Hampton demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the clinic 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. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Dr Hampton outlined the process for granting practising privileges and confirmed medical practitioners meet with medical director prior to privileges being granted.

A review of Dr Hampton details confirmed that there was a written agreement between him and the clinic setting out the terms and conditions of practising privileges which has been signed by both parties. Advice was given on the detail to ensure it accurately reflects Dr Hampton's scope of practice.

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

Northern MRI Ltd, Malone Private Clinic has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. Minor amendments were suggested to enhance this policy.

It was 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 within the staff handbook.

Dr Hampton demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Dr Hampton 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 views**

There were no submitted patient questionnaire responses.

### **Areas for improvement**

Include an issue and a review date on the policies and procedures.

Include details of the GMC in the complaints procedure.

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 2 |
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## **5.0 Quality improvement plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dr Mark Hampton, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Independent clinic – private doctor service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) and assessed by the inspector.

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 provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

| <b>Recommendations</b>   |  |
|--|--|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>13 May 2017</p>   | <p>The recruitment and selection policy should be further developed to reflect all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 for any new staff recruited will be obtained.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>The Staff Handbook, including Staff Recruitment Policy and Procedure, has been updated to reflect this recommendation.</p>  |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>13 April 2017</p>  | <p>The adult safeguarding policy should to be updated to ensure it fully reflects the new regional policy and guidance documents issued during July 2015 which should be signed as read and understood by staff.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>The Staff Handbook has been updated to include the adult safeguarding policy in line with the July 2015 regional policy and guidance. This includes the onward referral contact information. All staff presently working at the clinic, as well as any new members of staff, must sign off the latest updated version of the Staff Handbook as a part of their job contract.</p> |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>27 March 2017</p> | <p>Buccolam pre-filled syringes should be made available in keeping with the British National Formulary (BNF), and as recommended by the Resuscitation Council (UK) guidelines.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>:<br/>This medication has been added to the Emergency Drug List and is now routinely available at the clinic.</p>   |
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 17.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>13 April 2017</p> | <p>Provide evidence of a legionella risk assessment and ensure any scheme of work is fully implemented.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>The previously performed legionella risk assessment has been emailed to the RQIA separately. I can confirm that the associated scheme of work is being implemented. In addition, the new owners have arranged for an updated review to be made in line with their company "Organisational Policies" section 15. "Water Quality Procedure," to ensure best practice.</p>   |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p>   | <p>Include an issue and a review date on the policies and procedures.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>The clinic is currently reviewing all policies and procedures to ensure that issue dates and review dates are included on the relevant</p>  |

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| <p><b>To be completed by:</b><br/>13 June 2017</p> | <p>documentation. This will be completed within the time span requested.</p> |
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| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>13 May 2017</p> | <p>Include details of the GMC in the complaints procedure.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>The Complaints Procedure documentation has been amended to include GMC details.</p> |
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