

Inspection Report

24 August 2021



Northern MRI Ltd, Malone Private Clinic

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 the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

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|---|--|
| 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: Independent Clinic (IC) – Private Doctor | |
| Brief description of the accommodation/how the service operates: Northern MRI Ltd, Malone Private Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. Northern MRI Ltd, Malone Private Clinic provides medical consultations specialising in orthopaedic and sports medicine. The doctors also provide 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. | |

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 August 2021 from 9.55 am to 12.35 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during and since 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; safeguarding; the management of medical emergencies; infection prevention and control; the management of COVID-19 and the environment. Other examples included: the management of the patients' care pathway; communication; records management; practising privileges arrangements and governance arrangements.

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

Patients were not present on the day of the inspection and patient feedback was assessed by reviewing the most recent patient satisfaction surveys completed by Northern MRI Ltd, Malone Private Clinic.

Posters were issued to Northern MRI Ltd, Malone Private Clinic by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient 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 Northern MRI Ltd, Malone Private Clinic was undertaken on 18 September 2020 by a care inspector; 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?

Dr Hampton told us that there is sufficient staff in the various roles to fulfil the needs of the establishment and patients.

A discussion took place concerning the meaning of a private doctor in Northern Ireland (NI) in accordance with the [Health and Personal Social Services \(Northern Ireland\) Order 1972](#). As a result of this discussion it was identified that four doctors meet the definition of a private doctor. Two of these doctors only offer medical-legal services in Northern MRI Ltd, Malone Private Clinic and are therefore exempt to regulation per amendment of regulation 5 (6) as outlined in [The Regulation and Improvement Authority \(Independent Health Care\) \(Fees and Frequency of Inspections\) \(Amendment\) Regulations \(Northern Ireland\) 2011](#). Therefore two private doctors offer services in Northern MRI Ltd, Malone Private Clinic; Dr Hampton is one of these private doctors. It was confirmed that the second private doctor identified has been providing services from Northern MRI Ltd, Malone Private Clinic for a number of years.

In accordance with legislation and to ensure robust arrangements concerning medical governance, services must retain evidence of the following for each private doctor:

- 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

Records pertaining to both identified private doctors were reviewed. All records were retained with the exception of a practising privileges agreement for one of the private doctors. This was submitted to RQIA by email on 31 August 2021. Mrs Ferris told us the information listed above is retained for all medical practitioners irrespective of whether they are a private doctor or not.

Induction programme templates were in place relevant to specific roles within the establishment. Mrs Ferris confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Dr Hampton confirmed that all medical staff are aware of their responsibilities under [GMC Good Medical Practice](#).

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

Staffing levels were sufficient to meet the needs of the private doctor service.

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

There were recruitment and selection policies and procedures, that adhered to legislative and best practice that ensured suitably skilled and qualified staff work in the establishment.

Northern MRI Ltd is a subsidiary of Affidea which is based in Dublin. Mrs Ferris told us that Affidea has a corporate human resources (HR) shared services department. The corporate HR department supports registered 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. The registered managers are responsible for arranging interviews and the Corporate HR department retains recruitment records. Mrs Ferris was advised that recruitment records must be retained in accordance with the legislation and available onsite for inspection.

Adherence to corporate recruitment policies and procedures will ensure that all required recruitment documentation will be sought and retained for inspection.

Dr Hampton told us that no new private doctors have been recruited since the previous inspection. A discussion took place concerning the recruitment records that must be retained should private doctors be recruited in the future. Dr Hampton and Mrs Ferris were informed that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be sought and retained for inspection for each private doctor.

Registered establishments are required to maintain a staff register. Mrs Ferris was advised that the staff register is a live document and should be reviewed and updated as and when necessary.

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?

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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Dr Hampton and Mrs Ferris demonstrated 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.

A review of training records evidenced that all staff involved in the delivery of regulated services had received training in safeguarding of 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).

It was observed 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 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 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. 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 Mrs Ferris demonstrated they were aware what action to take in the event of a medical emergency. The private doctors complete refresher training in basic life support in keeping with RQIA [training guidance](#).

The service had appropriate arrangements in 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 (IPC) 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 corporate IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

During a tour of the establishment, it was observed that consultation rooms were clean, tidy and uncluttered. All areas of the establishment were fully equipped to meet the needs of patients. Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

It was confirmed that all the consultation rooms have hand washing facilities; there were 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 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Dr Hampton and Mrs Ferris who outlined the measures taken by Northern MRI Ltd, Malone Private Clinic to ensure current best practice measures are in place. Appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

Mrs Ferris told us that Affidea has a corporate facilities department which supports registered managers with the maintenance and upkeep of the premises. Northern MRI Ltd, Malone Private Clinic has a local maintenance person that undertakes tasks in relation to the maintenance and upkeep of the premises.

Arrangements were in place for maintaining the environment which included the routine servicing and maintenance of the heating system; fire detection system; firefighting equipment and intruder alarm. Arrangements were also in place to ensure that portable appliance testing (PAT) of electrical equipment and the fixed wiring installations are inspected every five years.

It was confirmed that the fire and legionella risk assessments have been undertaken by external organisations and arrangements are in place to review these risk assessments annually.

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.

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 will be 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.

Mrs Ferris told us all staff are 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). Mr Ferris told us 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 10 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.

Dr Hampton and Mrs Ferris were reminded that per Regulation 21 of the Independent Health Care Regulations (NI) 2005 as amended by the 2011 Amendment Regulations that it is the responsibility of a registered person to ensure a comprehensive medical record is maintained in relation to each patient.

Such medical records should include a contemporaneous note of all treatment, a patient's medical history and all other notes prepared by a health care professional about their case. This requirement extends to all such records which have been made by any of the health professionals employed by the clinic or any medical practitioner with practising privileges operating from the clinic.

It was determined that clinical records are managed per 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. The 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 practising privileges being effectively managed?

Northern MRI Ltd, Malone Private Clinic 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.

As discussed, following the inspection the practising privileges agreement for an identified private doctor was submitted to RQIA by email. A discussion took place concerning practising privileges. Dr Hampton and Mrs Ferris were reminded that if a medical practitioner is not directly employed by Northern MRI Ltd, Malone Private Clinic a practising privileges agreement must be in place and available for review. Practising privileges agreements are a written agreement between Northern MRI Ltd, Malone Private Clinic 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.

Appropriate measures are in place to manage practising privileges agreements.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

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. Dr Hampton routinely offers consultations in Northern MRI Ltd, Malone Private Clinic two mornings a week, additional sessions can be schedule if required. Mrs Ferris is the nominated individual with overall responsibility for the day to day management of the establishment when Dr Hampton is not onsite. Dr Hampton undertakes unannounced quality monitoring visits and reports are made available to patients and interested parties. The most recent unannounced quality monitoring visit report dated 21 May 2021 was reviewed during the inspection.

As discussed, Affidria has developed corporate policies and procedures; these are available for staff reference. Where necessary, these policies and procedures are localised to Northern MRI Ltd, Malone Private Clinic. 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. 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.

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.

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 a 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.

Dr Hampton and Mrs Ferris demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes.

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

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

5.2.12 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 and Mrs Ferris who told us that equality data is collected and managed in line with best practice.

6.0 Conclusion

Based on the inspection findings and discussions held this service is well led and provides safe, effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

| | 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 Dr Hampton and Mrs Ferris as part of the inspection process and can be found in the main body of the report.



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