

Announced Care Inspection Report 09 March 2018



Northern MRI Ltd, Malone Private Clinic

Service Type: Independent Clinic (IC) - Private Doctor

Address: 93 Malone Road, Belfast, BT9 6SP

Tel No: 028 9066 0050

Inspector: Stephen O'Connor

www.rqia.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

Northern MRI Ltd, Malone Private Clinic is registered as an independent clinic with a private doctor category of registration. Dr Hampton is currently the only private doctor providing services in the establishment.

Dr Hampton provides medical consultations specialising in orthopaedic and sports medicine to patients over the age of 18. He also provides, on occasions, medical cover to the MRI service when intravenous (IV) contrast is required for patients, this includes in exceptional circumstances undertaking IV cannulation and administering contrast. This is the only involvement he has with the MRI service, which does not require to be registered in its own right with RQIA. This inspection pertains only to the scope of practice of the private doctor service which falls within the legislative framework.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 09 March 2018 from 09:50 to 12:20.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and 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.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staffing, the management of medical emergencies and infection prevention control.

Other examples included: the management of the patients' care pathway; communication; records management, practising privileges arrangements and engagement to enhance the patients' experience.

No areas requiring improvement were identified.

Patients who submitted questionnaire responses, in the main, indicated that they were very satisfied with the care and services provided.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Mark Hampton, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 13 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 March 2017.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. No completed staff questionnaires were submitted to RQIA prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

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

A sample of 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 March 2017

The most recent inspection of the Northern MRI Ltd, Malone Private Clinic was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 14.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of the recruitment policy evidenced that it had been further developed to include all recruitment documentation to be sought and retained in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Hampton confirmed that a Human Resources (HR) consultant has been appointed to support the establishment in respect of recruitment and all matters relating to HR.	
Area for improvement 2 Recommendation 2 Ref: Standard 3.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: It was confirmed that the clinic has separate policies and procedures in place for the safeguarding and protection of adults and children at risk of harm. Review of the adult safeguarding policy evidenced that it fully reflects the regional guidance document issued during July 2015. It was confirmed that that the updated adult safeguarding policy has been shared with staff via an employee handbook.	

<p>Area for improvement 3</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of medical emergency medicines evidenced that Buccolam pre-filled syringes were available in the establishment. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Dr Hampton has advised that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p>	<p>Provide evidence of a legionella risk assessment and ensure any scheme of work is fully implemented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that a legionella risk assessment has been completed by an external organisation. The risk assessment included some recommendations and it was confirmed that an action plan is in place to address the recommendations made within the risk assessment.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>Include an issue and a review date on the policies and procedures.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a random sample of policies and procedures evidenced that the date of implementation and review have been recorded on the policies.</p>		

Area for improvement 6 Ref: Standard 7.1 Stated: First time	Include details of the GMC in the complaints procedure.	Met
	Action taken as confirmed during the inspection: Review of the complaints policy evidenced that the details of the General Medical Council (GMC) have been included.	

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

Discussion with the Dr Hampton, registered person, confirmed that he remains the only private doctor involved in the establishment. Dr Hampton confirmed that there was sufficient staff in the various roles to fulfil the needs of the establishment and patients.

Induction programme templates were in place relevant to specific roles within the establishment. It 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.

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

Recruitment and selection

Discussion with Dr Hampton confirmed 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 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.

As discussed, there was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

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). Safeguarding children and adults are mandatory training topics that must be completed on an annual basis.

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' (March 2016) 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

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 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. Basic life support training is one of the mandatory training topics that must be completed on an annual basis.

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. IPC training is one of the mandatory training topics that must be completed on an annual basis.

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 which included the routine servicing and maintenance of the gas central heating burner, fire detection system, firefighting equipment and intruder alarm. Arrangements were also in place to ensure that portable appliance testing (PAT) of electrical equipment and that 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.

Patient and staff views

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt their care was safe. Five patients indicated they were very satisfied with this aspect of care, one provided a neutral response and one indicated that they were very unsatisfied. No comments were included in submitted questionnaire responses.

As discussed, no completed staff questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and selection, 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
Total number of 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.

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 establishment 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 four 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:

- 360 degree review
- completion of medical records
- patient satisfaction 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.

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

Dr Hampton confirmed that any complaints and/or incidents would be reviewed to identify any trends or patterns and that any learning would be shared with staff at the time and reinforced during staff meetings.

Patient and staff views

All seven patients who submitted questionnaire responses indicated that they felt their care was effective. Five patients indicated they were very satisfied with this aspect of care, one provided a neutral response and one indicated that they were very unsatisfied. No comments were included in submitted questionnaire responses.

As discussed, no completed staff questionnaires were submitted to RQIA prior to the inspection.

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
Total number of 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 regarding the consultation and treatment process with Dr Hampton and staff 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 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.

The establishment issued feedback questionnaires to patients and 50 were returned and completed. Review of the completed questionnaires found that patients were satisfied with the quality of treatment, 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. The most recent report dated January 2018 was reviewed during the inspection.

Patient and staff views

All seven patients who submitted questionnaire responses indicated that they felt they were treated with compassion. Five patients indicated they were very satisfied with this aspect of care, one provided a neutral response and one indicated that they were very unsatisfied. No comments were included in submitted questionnaire responses.

As discussed, no completed staff questionnaires were submitted to RQIA prior to the inspection.

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
Total number of areas for improvement	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 staff were able to describe their role and responsibilities and were aware of who to speak to if they had a concern. Dr Hampton is the nominated individual with overall responsibility for the day to day management of the establishment.

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 an annual basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received in relation to the private doctor service for the period 1 April 2016 to 31 March 2017.

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 the medical director prior to privileges being granted.

As discussed Dr Hampton is the only private doctor providing services in this establishment. A review of Dr Hampton's details confirmed that there was a written agreement between him and the establishment setting out the terms and conditions of practising privileges which had been signed by both parties. 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.

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.

Dr Hampton, registered person, 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 and staff views

All seven patients who submitted questionnaire responses indicated that they felt that the service is well led. Five patients indicated they were very satisfied with this aspect of care, one provided a neutral response and one indicated that they were very unsatisfied. No comments were included in submitted questionnaire responses.

As discussed, no completed staff questionnaires were submitted to RQIA prior to the inspection.

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
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 QIP is not required or included, as part of this inspection report.



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