

Announced Care Inspection Report 18 September 2020



Northern MRI Ltd, Malone Private Clinic

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

Address: 93 Malone Road, Belfast, BT9 6SP

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Inspector: Stephen O'Connor

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of Independent Clinics Private Doctor services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- infection prevention and control (IPC);
- patient feedback;
- organisational and medical governance arrangements; and
- review of areas for improvement identified during the previous care inspection (if applicable).

2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Northern MRI Ltd Responsible Individual: Dr Mark Hampton	Registered Manager: Mrs Geraldine Ferris
Person in charge at the time of inspection: Dr Mark Hampton	Date manager registered: application received - registration pending
Categories of care: Independent Clinic (IC) – Private Doctor	

4.0 Inspection summary

An announced inspection took place on 18 September 2020 from 09:50 to 10:55 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; IPC procedures; patient feedback; and the organisational and medical governance arrangements.

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

The findings of this report will provide Northern MRI Ltd, Malone Private Clinic 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, Responsible Individual, 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 29 March 2019

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 29 March 2019.

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; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. Returned completed patient questionnaires were analysed prior to the inspection and are discussed in section 6.10 of this report. We invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to us.

During the inspection, we spoke with, Dr Mark Hampton, Responsible Individual, Mrs Geraldine Ferris, applicant Registered Manager.

We examined records relating to the following areas:

- management of operations in response to COVID-19 pandemic;
- personnel records for the private doctors;
- patient records;
- IPC procedures;
- patient feedback;

- organisational and medical governance arrangements; and
- documents in relation to the day to day operation of the clinic.

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 Dr Hampton at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 March 2019

The most recent inspection of the establishment 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 29 March 2019

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 9.5 Stated: First time	The responsible individual shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out. Written reports of the unannounced visits should be available for inspection.	Met
	Action taken as confirmed during the inspection: We confirmed that Dr Hampton undertakes the unannounced quality monitoring visits. We reviewed three unannounced quality monitoring reports dated 15 May 2019; 20 November 2019 and 20 May 2020. We confirmed the content of the reports met with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.	

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Dr Hampton and Mrs Ferris and application of the DoH letter dated 11 August 2020 '[Use of face masks/face covering in all health and social care facilities - updated as of 11 August 2020](#)'.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the clinic had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the patient pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 Infection prevention and control (IPC)

We undertook a tour of the premises and noted that the clinic was clean, tidy and uncluttered. We found that all areas of the clinic were fully equipped to meet the needs of patients. We reviewed arrangements in relation to IPC procedures throughout the clinic and found that the risk of infection transmission to patients, visitors and staff was minimised.

We confirmed that no reusable medical devices are used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed that there were social distancing screens in place at the reception desk and that hand sanitisers were readily available for staff and patient use throughout the clinic.

We confirmed waste management arrangements were in place and we observed clinical waste bins were pedal operated in keeping with best practice guidance.

We found that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

Staff told us that appointments are scheduled to minimise the number of patients in the waiting area and that following every appointment the seating in the waiting area and all touch points (door handles etc) are decontaminated.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.6 Patient feedback

Mrs Ferris described the arrangements for obtaining feedback from patients about the quality of treatment provided, the information given and care received. Randomly selected patients are encouraged to complete a patient satisfaction survey. Completed surveys are reviewed and collated into an annual summary report which is made available to patients and other interested parties. As the clinic was closed for some time in response to the COVID-19 pandemic a report detailing the findings of the patient satisfaction surveys completed during 2020 has yet to be generated. Mrs Ferris confirmed that a patient feedback report would be generated before the end of the year.

We confirmed that Northern MRI Ltd, Malone Private Clinic has a website and Facebook page. We advised that the annual summary patient satisfaction report should include all means by which patients provide feedback.

Areas of good practice: Patient feedback

We reviewed the current arrangements concerning patient feedback and found robust arrangements in place.

Areas for improvement: Patient feedback

We identified no areas for improvement regarding patient feedback.

	Regulations	Standards
Areas for improvement	0	0

6.7 Organisational and medical governance

We examined various aspects of the organisational and medical governance systems in place and found there was a clear organisational structure within the clinic. We confirmed that Mrs Ferris is in day to day charge of the clinic.

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

As discussed, Mrs Ferris is in day to day charge, therefore Dr Hampton is required to undertake unannounced quality monitoring visits and generate a report detailing the findings of his visit. We reviewed the previous three unannounced quality monitoring visit reports completed by Dr Hampton. We confirmed these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

Through discussion and review of relevant records, we confirmed that a number of doctors are involved in the provision of services. We confirmed that Dr Hampton is the only doctor considered to be wholly private as he does not have a substantive post in the NHS in Northern Ireland (NI) and is not on the GP performers list in NI. We reviewed records concerning Dr Hampton and found 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 (RO); and
- arrangements for revalidation with the GMC.

All medical practitioners working within the clinic must have a designated Responsible Officer (RO). Per the requirements of registration with the GMC, all medical practitioners must revalidate every five years. The revalidation process requires medical practitioners to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors work as RO's with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

We reviewed records and confirmed that Dr Hampton had completed refresher training in keeping with our training guidance for [Independent Clinic – Private Doctor](#) services.

We reviewed records and confirmed there is a written agreement between the clinic and the medical practitioners that are reviewed at least every two years in keeping with best practice guidance.

We reviewed the arrangements in place for the management of medicines within the clinic to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines. We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We noted a robust 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.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during January 2020. We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.

Dr Hampton and Mrs Ferris demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. Dr Hampton told us that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and were available to patients on request.

Areas of good practice: Organisational and medical governance

We found examples of good practice regarding organisational and medical governance.

Areas for improvement: Organisational and medical governance

We identified no areas for improvement in relation to organisational and medical governance.

	Regulations	Standards
Areas for improvement	0	0

6.8 Registration issues

Prior to this inspection a Registered Manager application was submitted to RQIA by Mrs Geraldine Ferris in respect of Northern MRI Ltd, Malone Private Clinic. This application is currently being reviewed.

6.9 Equality data

Equality data

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Dr Hampton and Mrs Ferris told us that equality data collected was managed in line with best practice.

6.10 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All ten patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. The following comment was included in a submitted questionnaire response.

- 'All was good. Thank you.'

We also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan (QIP)

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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