

# Announced Care Inspection Report 15 March 2017



## The Independent Medical Agency

**Type of Service: Independent Medical Agency**  
**Address: 1 Thane Road, Nottingham, NG2 3AA**  
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**Inspector: Carmel McKeegan and Emily Campbell**

## 1.0 Summary

An announced inspection of The Independent Medical Agency took place on 15 March 2017 from 10.00 to 13.30 in the RQIA offices in Belfast. This is an online medical service provided by medical practitioners who are based in England.

The inspection sought to assess progress with any issues raised during and since the last care 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 Miss Morag Punton, registered manager, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies and infection prevention and control. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Miss Punton and staff demonstrated that systems and processes were in place to ensure that care provided by the agency was effective. Areas reviewed included clinical records and information provision. No requirements or recommendations have been made.

### **Is care compassionate?**

A review of documentation and discussion with Miss Punton and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

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

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates 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 and alerts, insurance arrangements and the registered managers understanding of her role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Miss Morag Punton, registered manager, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organization / registered person:</b> Boots Company Plc Dr Graham Marshall	<b>Registered manager:</b> Miss Morag Punton
<b>Person in charge of the agency at the time of inspection:</b> Miss Morag Punton	<b>Date manager registered:</b> 7 August 2013
<b>Categories of care:</b> IMA –(PD) Independent Medical Agency – Private Doctor	

### 3.0 Methods/processes

Questionnaires were provided to staff prior to the inspection by the agency on behalf of the RQIA. A complaints return and a request for supporting documentation were forwarded to the provider prior to the inspection. Miss Punton was requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records, a conference telephone call was made to Miss Punton who was joined for the conference call by Ms Jan Jones, pharmacist independent prescribing manager. Clarification was sought on a range of issues and feedback was provided on the findings of the inspection.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 08 February 2016

The most recent inspection of the agency was an announced care inspection. No requirements or recommendations were made during this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 08 February 2016

As above.

### 4.3 Is care safe?

#### Staffing

The Independent Medical Agency (IMA) is an online medical service which provides healthcare to patients through Patient Group Direction (PGD) services provided in pharmacies and online direct-to-patient services. A consultation is provided online which may or may not result in the clinician prescribing a prescription only medicine for the patient. One private doctor is involved in providing medical services online.

The IMA is registered to write PGDs and sets standards for the delivery of the services through selected pharmacies in Northern Ireland.

Discussion with Miss Punton and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients. It was also confirmed that Induction programme templates were in place relevant to specific roles within the agency.

Review of records and discussion with Miss Punton confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Miss Punton 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 details of one medical practitioner evidenced 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 Miss Punton and review of staff questionnaires confirmed the private doctor is aware of their responsibilities under GMC Good Medical Practice.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Miss Punton confirmed that no new staff have been recruited since the previous inspection. 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.

Review of the recruitment policy and procedure confirmed it was comprehensive and reflected best practice guidance.

### **Safeguarding**

It was confirmed The IMA has arrangements in place to ensure that the medical practitioner, authorised pharmacists and other staff have an awareness of actions to be taken should a safeguarding issue arise. It was confirmed that safeguarding training has been provided for staff and the agency has carried out a training audit to ensure all staff have completed safeguarding training. Miss Punton confirmed the most recent Northern Ireland regional guidance has been included in this training and made available to all the community pharmacists involved.

The agency's safeguarding policy and procedure was provided by electronic mail prior to inspection and was found to be in accordance with current guidance.

### **Management of medical emergencies**

Miss Punton confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of the actions to be taken in the event of a medical emergency. Training records are retained in this regard.

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

Miss Punton confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and that they adhere to regional guidance. Training records are retained in this regard.

### **Staff views**

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comments were provided:

- 'The prescribing team work according to a rota and collaborate when needed to ensure patients are safe & protected from harm.'
- 'All staff undergo a full induction and sign off by the medical director. All staff have regular reviews, annual appraisals and peer review sessions both planned and unplanned.'
- 'There is a risk with online services above that of face to face services. Processes are put in place to minimise this additional risk, including detailed information for patients and safeguards within the algorithms. Safety is regularly discussed at prescriber meetings.'
- 'The clinical governance and attention to detail is second to none.'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

#### Clinical records

Review of five redacted electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice.

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Discussion with Miss Punton and review of training records confirmed that appropriate staff have received training in records management. Miss Punton confirmed that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency's clinical governance structures.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

The agency is registered with the Information Commissioner's Office in England.

Review of documentation confirmed that the agency 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 agency also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Review of staff questionnaires and discussion with Miss Punton confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of who to contact if they want advice or if they have any issues/ concerns.

#### Information provision

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

The agency has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the agency for information via the website and by telephone.

The Patient Guide is made available on the website.

Information provided to patients is written in plain English.

Discussion with Miss Punton and review of records confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and include all aspects of the treatment.

It was confirmed that prescriber review meetings are held regularly and learning from complaints incidents/near misses is effectively disseminated to staff.

### Staff views

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

The following comments were provided:

- 'Patients records are maintained in a consistent manner by the prescribing team.'
- 'We have a clinical records best practice document and we perform regular audits to ensure we meet our standards. We also share best practice at peer review workshops.'
- 'There are some out of hours instances where we may be unable to prescribe, but patients are signposted on these occasions.'
- 'There are clear escalation processes in place should anything need to be investigated around patient care. The survey feedback confirms how pleased the customers are.'

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Dignity, respect and involvement with decision making

Discussion with Miss Punton and the medical practitioners and review of staff questionnaires confirmed that the patient's dignity is respected at all times during the consultation and treatment process.

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.

Patients consult via their secure online patient record, in relation to their treatment and are fully involved in decisions regarding their treatment. Discussion with Miss Punton and review of completed staff questionnaires confirmed patients' wishes are respected and acknowledged by the agency.

Miss Punton confirmed that patient care records are stored securely and are accessible online via secure online patient records systems with restricted access.

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The agency carries out an online annual patient survey. A random sample of completed questionnaires from the survey carried out in October- December 2016 was provided. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received.

The information received from the patient feedback questionnaires is collated into a summary report which is made available to patients and other interested parties to read online on the agency's website. Discussion with Miss Punton confirmed the agency uses the findings to make improvements to services.

### Staff views

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

The following comments were provided:

- 'Patients are treated with dignity and respect at all times. Patients records are electronic, access is password protected. We have a diversity and inclusion policy. We use a patient centred model of care.'
- 'Where concerns arise, e.g. over complex patients, this is discussed and the patient followed up if necessary.'

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Management and governance arrangements

There was a clear organisational structure within the agency and management were able to describe their role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Miss Punton is the nominated individual with overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were dated and systematically reviewed on a three yearly basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency's website. Miss Punton demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the agency for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.



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.

The agency has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Discussion with Miss Punton and review of the medical practitioner's file confirmed that all information required by legislation was retained by the agency prior to practising privileges being granted. There is a system in place to review practising privileges arrangements every two years.

Miss Punton confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. There was noted to be a robust audit programme in place. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. A six month unannounced monitoring inspection visit is undertaken by the Director of Professional Services and Operations- Boots Opticians, and a report of the outcome is produced. A copy of the most recent inspection, dated 1 November 2016, was available for inspection.

A whistleblowing/raising concerns policy was available.

Miss Punton demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Review of the statement of purpose and patient's guide identified that minor amendments were needed to both documents, this was discussed with Miss Punton and on 20 March 2017 RQIA received an updated version of the statement of purpose and patient guide which were considered to meet with legislation.

Miss Punton confirmed the RQIA certificate of registration was up to date.

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

### **Staff views**

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

The following comments were provided:

- 'We as a team have monthly peer meetings where any issues are raised and discussed. Monthly 1:1 conversations are also carried out with my line manager.'
- 'We are all aware of our individual accountabilities and responsibilities as well as how to escalate any concerns. Line managers actively encourage openness and transparency and welcome improvement ideas from the team.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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