



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>The Independent Medical Agency</b>
<b>Establishment ID No:</b>	<b>12131</b>
<b>Date of Inspection:</b>	<b>23 and 24 March 2015</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17480</b>

**The Regulation and Quality Improvement Authority  
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## 1.0 General Information

<b>Name of establishment:</b>	The Independent Medical Agency
<b>Address:</b>	Boots Company PLC 1 Thane Road Nottingham NG2 3AA
<b>Telephone number:</b>	011 5959 5201
<b>Registered organisation/ registered provider:</b>	Dr Graham Brian Marshall
<b>Registered manager:</b>	Moran Jane Punton
<b>Registration category:</b>	PD (IMA)Private Doctor (Independent Medical Agency)
<b>Date and time of inspection:</b>	23 March 2015 10:00 -12:30 24 March 2015 15:00 -16:00
<b>Date and type of previous inspection:</b>	Pre-registration 26 June 2013
<b>Name of inspector:</b>	Winnie Maguire

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

## 2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of an independent medical agency, and to determine the provider's compliance with the following:

- The HPSS (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
- DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

## 2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment and request for supporting documentation was forwarded to the provider prior to the inspection. The registered provider was requested to be available for contact via the telephone on the date of inspection, at an agreed time.

Having reviewed the records the inspector contacted the registered person at the conclusion of the inspection to discuss any issues and provide feedback on the findings.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self-assessment is appended to this report.

### 2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed patient feedback questionnaires, issued by the clinic	25
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### 2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection:

- Standard 1 – Informed Decision Making
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges
- Standard 16 – Management and Control of Operation

### **3.0 Profile of Service**

The Independent Medical Agency is an online medical service.

The establishment's statement of purpose outlines the range of services provided.

#### **Services to be provided**

One private doctor is involved in providing medical services online. The medical services provided are in two distinct categories:

- Online patient management
- The development of patient group directions (known as PGDs) and implementation of PGDs through selected pharmacies in Northern Ireland.

Morag Punton has been the registered manager since August 2013.

## 4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 23 March 2015 from 10:00 to 12:30 and completed on 24 March 2015 from 15:00 to 16:00. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments, July 2014 and to assess the progress made to address the issues raised during the previous inspection.

There were three requirements and three recommendations made as a result of the previous pre-registration inspection on 26 June 2013. All of the requirements/recommendations have been fully addressed prior to registration.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Ms Morag Punton and Dr Graham Marshall were available for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector examined a selection of records.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

The Independent Medical Agency (IMA) provides comprehensive information to their patients on the types of services provided via a patient information leaflet and their website.

The IMA has robust systems in place to obtain the views of patients on a formal and informal basis. The inspector reviewed the completed patient feedback questionnaires and found that patients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. Senior staff collate the information from the questionnaires into a summary report which is made available to patients and other interested parties.

The Independent Medical Agency has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment regarding patients from Northern Ireland, however systems are in place to effectively document, manage and audit complaints. The registered person and manager displayed a good understanding of complaints management.

There is a defined management structure within the IMA and clear lines of accountability. The registered manager is responsible for the day to day running of the IMA and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the IMA regarding patients from Northern Ireland however systems are in place to document and manage and report incidents in line with the legislation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. This includes the registered manager ensuring that all staff abide by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the IMA and found that current insurance policies were in place.

The IMA has a policy and procedure on the completion of clinical records. The inspector reviewed 12 redacted patient records relating to the IMA and found them to be completed in line with best practice and contained a contemporaneous record of all care and treatment provided to the patient.

The inspector reviewed the details of two medical practitioners and found them to contain all of the information required by legislation. The medical practitioners were appropriately qualified to provide the services within the IMA.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed a completed practising privileges agreement as part of the inspection process.

Ms Punton confirmed that the certificate of registration was displayed in the offices of the IMA.

No requirements or recommendations were made as a result of this inspection.

Overall, the IMA was found to be providing a safe and effective service to patients.

The inspector would like to extend her gratitude to Ms Punton and Dr Marshall for their contribution to the inspection process.

## 5.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	7 (1)	Ensure the Statement of Purpose is amended as outlined in the main body of the report.	This requirement was addressed prior to registration	One	Compliant
2	8 (1) (d)	Ensure the Patient Guide is amended as outlined in the main body of the report.	This requirement was addressed prior to registration	One	Compliant
3	23	Ensure the complaints policy and procedure is amended in line with legislation and DHSSPS guidance on the management of complaints within regulated establishments and agencies.	This requirement was addressed prior to registration	One	Compliant



No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4	Ensure that a summary report of the patient satisfaction questionnaires is available in the patient guide that reflects the service provided in Northern Ireland.	The Patient guide signposts patients to on line patient survey report.	One	Compliant
2	C11	Ensure that policies, procedures and protocols are reviewed to ensure they are compatible with the Northern Ireland jurisdiction.	Policies and procedures reviewed were found to be in line with the Northern Ireland jurisdiction.	One	Compliant
3	C16.2	Ensure that an overarching policy and procedure for the management of records which details the arrangements for the creation, storage, transfer, disposal of and access to records is developed.	A detailed management of records policy is in place.	One	Compliant

## 6.0 Inspection Findings

<b>STANDARD 1</b>	
<b>Informed Decision Making:</b>	<b>Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.</b>
<p>The IMA has a website which contains comprehensive information regarding the types of treatment provided.</p> <p>There is also a wide range of in store information leaflets.</p> <p>The IMA also provide specific information to patients which explains the treatment provided and associated risks and complications.</p> <p>Information is written in plain English.</p> <p>Information regarding services provided by the IMA was reviewed by the inspector and found to accurately reflect the types of IMA service provided and were in line with General Medical Council (GMC) Good Medical Practice. The costs of treatments were found to be up to date and include all aspects of the treatment.</p> <p>The Statement of Purpose and Patient Guide were reviewed by the inspector and found to contain all of the information required by legislation. The Patient Guide is made available on the IMAs website.</p>	

**Evidenced by:**

**Review of information provided to patients and other interested parties**  
**Discussion with staff**

<b>STANDARD 5</b>	
<b>Patient and Client Partnerships:</b>	<b>The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care</b>
<p>The Independent Medical Agency obtains the views of patients on the quality of treatment, information and care using an online patient satisfaction survey.</p> <p>The IMA had completed a patient satisfaction survey of Private Patient Group Directions Northern Ireland between October and December 2014. The results of the survey were reviewed by the management team within the IMA and no issues were identified as requiring to be addressed.</p> <p>The inspector reviewed the completed survey and found that patients were highly satisfied with the quality of care and treatment provided by The Independent Medical Agency and the pharmacies. Some comments received from patients included:</p> <ul style="list-style-type: none"> <li>• “Top class”</li> <li>• “Excellent service ,lovely staff”</li> <li>• “Very professional”</li> <li>• “Kind and informative”</li> </ul> <p>The information received from the patient survey is collated into an annual summary report which is made available to patients and other interested parties to read as directed in the online Patient Guide.</p>	

**Evidenced by:**

**Review of patient satisfaction surveys**

**Review of summary report of patient satisfaction surveys**

**Summary report made available to patients and other interested parties**

**Discussion with staff**

<b>STANDARD 7</b>	
<b>Complaints:</b>	<b>All complaints are taken seriously and dealt with appropriately and promptly.</b>
<p>The IMA operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies (April 2009).</p> <p>The registered manager demonstrated a good understanding of complaints management.</p> <p>Patients can access the complaints procedure which is outlined in the online Patient Guide.</p> <p>The inspector reviewed the complaints records and found that no complaints had been received by the IMA from patients in Northern Ireland; however systems are in place to effectively document and manage complaints.</p> <p>An audit of complaints forms as part of the establishment's quality assurance mechanisms. The audit information is used to identify trends and enhance services provided as part of the establishment's clinical governance arrangements.</p>	

**Evidenced by:**

**Review of complaints procedure**

**Complaint procedure made available to patients and other interested parties**

**Discussion with staff**

**Review of complaints records**

<b>STANDARD 8</b>	
<b>Records:</b>	<b>Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.</b>
<p>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.</p> <p>The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with General Medical Council (GMC) guidance and Good Medical Practice.</p> <p>The inspector reviewed 12 redacted patient care records relating the IMA services and found that all entries were found to be in line with Good medical practice</p> <p>The inspector discussed care records with the registered person and manager who displayed a good knowledge of effective records management. Computerised records are secured by individual usernames and passwords.</p> <p>There are systems in place to audit the completion of clinical records weekly and an action plan is developed to address any identified issues.</p> <p>Information was available for patients on how to access their health records, under the Data Protection Act 1998. The establishment is registered with the Information Commissioner's Office (ICO).</p> <p>The management of records within the agency was found to be in line with legislation and best practice.</p>	

**Evidenced by:**

- Review of management of records policy**
- Review of management of records**
- Review of clinical record keeping policy and procedure**
- Review of patient care records**
- Review of ICO registration**

<b>STANDARD 9</b>	
<b>Clinical Governance:</b>	<b>Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.</b>
<p>The registered provider and manager ensure the IMA delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>Discussion with the registered manager confirmed that systems are in place to ensure that staff receive appropriate training when new procedures are introduced.</p> <p>The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> <li>• Audit of incidents arrangements</li> <li>• Audit of complaints arrangements</li> <li>• Patient survey</li> <li>• Audit of clinical records arrangements</li> </ul> <p>Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the agency.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.</p> <p>The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the agency regarding patients from Northern Ireland since registration; however systems are in place to document and manage incidents appropriately.</p> <p>The registered manager confirmed that no research is currently being undertaken by the agency.</p>	

**Evidenced by:**

- Review of policies and procedures**
- Discussion with registered provider/manager**
- Review of auditing arrangements**
- Review of incident management**
- Review of research arrangements**

<b>STANDARD 10</b>	
<b>Qualified Practitioners, Staff and Indemnity</b>	<b>Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.</b>
<p>The inspector reviewed the details of two medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> <li>• There was evidence of confirmation of identity</li> <li>• There was evidence of current registration with the General Medical Council (GMC)</li> <li>• The medical practitioners are covered by the appropriate professional indemnity insurance</li> <li>• Evidence of enhanced Access NI disclosure check</li> <li>• There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC</li> <li>• There was evidence of ongoing annual appraisal by a trained medical appraiser</li> </ul> <p>The inspector confirmed that each medical practitioner has an appointed responsible officer.</p> <p>Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies. The inspector provided advice on this matter.</p> <p>Discussion with the registered provider and manager confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.</p>	

**Evidenced by:**

**Review of details for verification of registration status with professional bodies**  
**Review of professional indemnity insurance**  
**Review of specialist qualifications**  
**Review of arrangements for dealing with alert letter/competency**

<b>STANDARD 11</b>	
<b>Practising Privileges:</b>	<b>Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.</b>
<p>The Independent Medical Agency has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>Medical practitioners meet with the medical director prior to privileges being granted.</p> <p>The inspector reviewed a medical practitioners practising privilege agreement in which the agency has set out the terms and conditions of practising privileges and which has been signed by both parties.</p> <p>There are systems in place to review practising privileges agreements every two years.</p>	

**Evidenced by:**

- Review of practising privileges policy and procedures**
- Review of practising privileges agreements**
- Review of medical practitioner's details**



<b>STANDARD 16</b>	
<b>Management and Control of Operations:</b>	<b>Management systems and arrangements are in place that ensure the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The agency has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment.</p> <p>The inspector reviewed the establishment’s Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificates of insurance were reviewed by the inspector as part of the inspection process.</p>	

**Evidenced by:**

- Review of policies and procedures**
- Review of Patient Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

## **7.0 Quality Improvement Plan**

The details of the inspection were discussed with Ms Punton and Dr Marshall as part of the inspection process.

This inspection resulted in no recommendations or requirements being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

**Winnie Maguire  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**





The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the announced inspection of The Independent Medical Agency which was undertaken on 23/24 March 2015 and I agree with the content of the report. Return this QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk).

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	MORAG AINTON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	GRAHAM MARSHALL

Approved by: 	Date 11/5/15
	22/04/2015