

Announced Care Inspection Report

13 June 2016



Marie Stopes Northern Ireland

Type of service: Private Doctor Service

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Inspector: Winnie Maguire

1.0 Summary

An announced inspection of Marie Stopes Northern Ireland took place on 13 June 2016 from 10:00 to 13:45.

The inspection sought to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Alison Peters, Registered Manager and the private doctor 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, infection prevention control and decontamination and the environment. A recommendation has been made to update the safeguarding policy and procedure in line with regional guidance issued July 2015.

Is care effective?

Observations made, review of documentation and discussion with Ms Peters and the private doctor demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Peters and the private doctor demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. The most recent patient survey was not available in the clinic, it was however accessed on inspection and Ms Peters confirmed it would be placed in the client information folder. 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 person's understanding of their role and responsibility in accordance with legislation. A recommendation has been made to review policies and procedures in line with the review dates.

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
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Ms Peters, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection. Ms Laura Marshall, Responsible Person was also in the clinic at the time of the inspection but was not available for feedback. RQIA received an electronic mail from Ms Marshall following the inspection to confirm she had been briefed on the findings of inspection and had begun to action the recommendations made.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Marie Stopes International Ms Laura Marshall	Registered manager: Ms Alison Peters
Person in charge of the establishment at the time of inspection: Ms Alison Peters	Date manager registered: 31 December 2015
Categories of care: Private Doctor (PD)	

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: notification of incidents, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Ms Alison Peters, Registered Manager and the private doctor. A tour of the premises was also undertaken.

The following records were examined during the inspection:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 June 2015

The most recent inspection of the establishment 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 17 June 2015

As above.

4.3 Is care safe?

Staffing

One private doctor provides medical services in this establishment supported by a team of sexual health nurses. Discussion with Ms Peters and the private doctor demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the establishment.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. The private doctor confirmed that he felt supported and involved in discussions about his professional development.

There was a system in place to ensure that the private doctor receives appropriate training to fulfil the duties of his role.

A review of the private doctor's details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service 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 the private doctor confirmed he is aware of his responsibilities under the GMC Good Medical Practice.

Recruitment and selection

Discussion with Ms Peters 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.

Safeguarding

The private doctor spoken with was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. He was aware of who the nominated safeguarding lead was.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy 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. A recommendation has been made to update safeguarding policies and procedures in line with regional guidance issued in July 2015.

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 robust 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.

A review of training records and discussion with the private doctor confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with the private doctor demonstrated that he had a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection Prevention Control and Decontamination Procedures

The establishment was clean and clutter free. Discussion with the private doctor evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities are available and adequate supplies of personal protective equipment (PPE) were provided. The private doctor has up to date training in infection prevention and control.

Environment

The environment was maintained to a high standard of maintenance and décor.

There are a range of consultation rooms, treatment rooms, discreet waiting rooms and toilet facilities. There is disabled access to the establishment.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Records relating to fire detection systems and fire-fighting equipment were in place.

The private doctor confirmed fire training and fire drills had been completed and demonstrated that he was aware of the action to take in the event of a fire.

Patient and Staff Views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- “Staff made me feel at ease”
- “Everything was explained easily and with care”

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The private doctor spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

Safeguarding policies and procedures should be updated in line with regional guidance issued in July 2015

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Clinical records

A review of two patient records relating to the private doctor service found that all entries were dated and signed and outlined a contemporaneous record of the treatment provided.

Both manual and computerised records were maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities.

Patient records were observed to be securely stored in locked filing cabinets.

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

Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The establishment 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.

The private doctor demonstrated a good knowledge of effective records management.

Information is 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.

Information provision

The establishment provides information leaflets to all patients, which outline the services and treatments provided. 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.

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

The Patient Guide is made available to patients in the waiting area of the establishment.

Information provided to patients and/or their representatives is written in plain English.

Discussion with the private doctor and review of documentation confirmed that information provided to patients affords an 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.

Communication

The private doctor provides onsite medical services on a six monthly basis. Outside of these visits staff securely forward patient details and information electronically to the private doctor. The private doctor assesses the patient information and if necessary will request additional information before providing medical advice or prescribing medication.

The private doctor confirmed there is good communication between staff in the establishment and himself.

He 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.

Patient and Staff Views

All of the four patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No written comments were provided.

Three 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. The private doctor spoken with during the inspection concurred with this. The following comment was provided:

- “Patients get the best care possible, however this is restricted by the law in NI. As most clients have to travel to England ,the clinic offers fast appointments with all care thoroughly documented to ensure they are not delayed”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement with decision making

Discussion with Ms Peters and the private doctor regarding the consultation and treatment process, confirmed that patients are treated with dignity and respect. Patients are given a Personal Identification Number (PIN) and a security word meaningful to them to control access to the building and maintain confidentiality when speaking to them on the phone.

There are discreet waiting areas. The consultation and treatment is provided in a private room. Information is provided to the patient in verbal and written form at the initial consultation and subsequent treatment sessions to allow the patient to make choices about their care and treatment and provide informed consent.

The private doctor spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice.

An external organisation undertakes patient satisfaction surveys on a six monthly basis on behalf of the establishment. The most recent patient survey was not available in the clinic, it was however accessed on inspection and Ms Peters confirmed it would be placed in the client information folder. Patient feedback whether constructive or critical, is used by the establishment to improve.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and Staff views

All of the four patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- “I have been treated with dignity and respect at a very difficult time”

Three 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 private doctor spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

The organisational structure outlined in the statement of purpose did not fully reflect the present management structures. It was updated following inspection.

Ms Peters and the private doctor confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal.

Systems are in place to ensure that the registered person is kept informed regarding the day to day running of the establishment.

Following inspection Ms Marshall, the Registered Person, confirmed by electronic mail that systems would be extended to Northern Ireland to ensure the quality of services are monitored and someone acting on her behalf undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits will be available for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed and dated, however many had exceeded the review date. A recommendation was made to review policies and procedures in line with the review dates.

The private doctor spoken with was aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment and Ms Peters demonstrated a good understanding of complaints management. The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

A complaints questionnaire was forwarded by RQIA to the establishment 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. Ms Peters confirmed 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.

Ms Peters and the private doctor outlined the process for granting practising privileges.

A review of the private doctor's details confirmed that there was a written agreement between him and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

Marie Stopes Northern Ireland 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.

The following audits were reviewed:

- medicine management
- infection prevention and control
- health and safety
- medical records
- obtaining consent
- safeguarding

A whistleblowing/raising concerns policy was available. Discussion with the private doctor confirmed that he was aware of who to contact if he had a concern.

The registered person and registered manager demonstrated a clear understanding of their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was 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 in the reception area.

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

Patients and Staff views

All of the four patients who submitted questionnaire responses indicated that they felt that the service is well managed. No written comments were provided.

Three submitted staff questionnaire responses indicated that they feel that the service is well led. The private doctor spoken with during the inspection concurred with this. No written comments were provided.

Areas for improvement

Policies and procedures should be reviewed in line with the review dates.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Peters, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on 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.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 3 Stated: First time To be completed by: 13 September 2016	The safeguarding policies and procedures should be updated in line with regional guidance issued in July 2015 Response by registered person detailing the actions taken: POLICY UPDATED AND ISSUED BY END OF JULY 16.
Recommendation 2 Ref: Standard 19 Stated: First time To be completed by: 13 September 2016	Policies and procedures should be reviewed in line with the review date. Response by registered person detailing the actions taken: ALL POLICIES CURRENTLY UNDER REVIEW, THE POLICIES HAVE BEEN UPDATED IN LINE WITH NI GUIDELINES ETC. AND ISSUED 15.7.16.



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