

**Announced Inspection  
of  
Vaccination UK  
  
7 December 2015**

## 1. Summary of Inspection

An announced care inspection took place on 7 December 2015 from 11.00 to 13.30. On the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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's (DHSPPS) Minimum Care Standards for Healthcare Establishments 2014.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 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 Ms Denise Chapman registered person/manager and can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Vaccination UK Limited Ms Denise Chapman	<b>Registered Manager:</b> Ms Denise Chapman
<b>Person in Charge of the Agency at the Time of Inspection:</b> Ms Denise Chapman	<b>Date Registered:</b> 4 November 2013
<b>Categories of Care:</b> IMA –(PD) Independent Medical Agency – Private Doctor	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during the previous inspection and to determine if the following standards have been met:

- Standard 1 – Informed Decision Making
- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

#### **4. Methods/Process**

Specific methods/processes used in this inspection include the following:

The pre-assessment information, complaints return 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 registered person was contacted at the conclusion of the inspection to discuss any issues and provide feedback on the findings.

During the inspection the inspectors spoke with Ms Denise Chapman registered person/manager.

The following records were examined during the inspection:

- Six patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Policies and procedures
- Insurance documentation
- Information provided to patients
- One medical practitioner personnel file
- Practising privileges agreement
- Certificate of registration (details verified over the telephone)

#### **5. The Inspection**

##### **Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an announced care inspection dated 9 December 2014. The completed QIP was returned and approved by the care inspector.

## 5.1 Review of Requirements and Recommendations from the Last Care Inspection Dated 9 December 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19  <b>Stated:</b> First time	The registered manager must devise a written policy and procedure for practising privileges and thereafter implement as outlined in body of report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A written practising privileges agreement is in place and minor amendments were suggested on inspection which were confirmed as actioned following inspection.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 1  <b>Stated:</b> First time	The registered manager should ensure the Statement of Purpose and Patient Guide is readily available on the IMA's website	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Statement of Purpose was found to be readily available on the IMAs website .Following advice from the inspectors the Patient Guide was also made more accessible on the IMAs website.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 9  <b>Stated:</b> First time	The registered manager should amend the incident policy and procedure to include incident reporting arrangements with RQIA in line with legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The incident policy and procedure was amended following advice from the inspectors and confirmed as including incident reporting arrangements with RQIA in line with legislation.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 16  <b>Stated:</b> First time	The registered manager should devise a written policy and procedure for the absence of the registered manager which is in line with regulation 29.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A written policy and procedure for the absence of the registered manager is in place.	

## 5.2 Standard 1 – Informed Decision Making

### Is Care Safe?

Information about services provided by the agency was reviewed and found to accurately reflect the types of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice. Ms Chapman confirmed the costs of treatments are provided by the pharmacies operating the agency's Patient Group Directions (PGDs).

Ms Chapman confirmed the agency does not advertise services directly to the public.

### Is Care Effective?

The agency does not have direct contact with the patients and only provides PGDs to specific pharmacies based in Northern Ireland. Ms Chapman confirmed the pharmacies provide an information leaflet to all patients that outlines the services and treatments provided. The agency has a website which also contains information regarding the types of treatment provided.

The Statement of Purpose and Patient Guide were reviewed and found to contain all of the information required by legislation. Following advice from inspectors the Patient Guide is now more readily accessible on the website.

Ms Chapman confirmed the agency ensures that the information provided by pharmacies to patients and/or their representatives is written in plain English.

### Is Care Compassionate?

Discussion with Ms Chapman and review of documentation confirmed that information provided to patients affords a transparent explanation of any treatment proposed. The information also includes any risks, complications, options and the expected outcome of the treatment. Patients are fully involved in planning their treatment.

### 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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### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion with Ms Chapman confirmed that the agency provides training to the pharmacists to ensure patient's dignity is respected at all times during the consultation and treatment process.

Ms Chapman confirmed the agency does not create patient records relating to the service delivered by pharmacists in Northern Ireland. The pharmacists create and store patient records. Ms Chapman confirmed training is provided on this matter to the pharmacists and the agency carries out an audit on patient record management.

#### Is Care Effective?

It was confirmed through the above discussion and review of documentation that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

#### Is Care Compassionate?

Discussion with Ms Chapman and review of six patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

#### 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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### 5.4 Standard 5 – Patient and Client Partnerships

#### Is Care Safe?

Ms Chapman confirmed that pharmacies ensure patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from the patient comments is collected in an anonymised format, summarised and used by the agency to make improvements to services.

#### Is Care Effective?

Vaccination UK ensure the pharmacies in Northern Ireland operating Vaccination UK PGDs obtain the views of patients as an integral part of the service they deliver.

The pharmacies issue feedback questionnaires to patients following the completion of the Flu Vaccination season. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- “Professional convenient service”
- “Excellent service”
- “First time I received it – excellent service”
- “Very efficient service”

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 to read on the website of the agency.

Discussion with Ms Chapman confirmed that the agency reviews completed patient surveys as part of the agency’s clinical governance structures. An action plan is developed and implemented to address any issues identified. No issues were identified as requiring to be addressed.

### **Is Care Compassionate?**

Review of patient care records and discussion with Ms Chapman confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

### **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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## **5.5 Standard 7 - Complaints**

### **Is Care Safe?**

No complaints have been recorded by the agency since registration with RQIA. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Ms Chapman confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Ms Chapman confirmed that information from complaints would be used to improve the quality of services.

### **Is Care Effective?**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the RQIA to the agency for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

Ms Chapman demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Patient Guide; copies of which are available on the agency's website for patients to read.

### **Is Care Compassionate?**

A copy of the complaints procedure is provided to patients and to any person acting on their behalf.

Ms Chapman confirmed that the complainant would be notified of any outcome or action taken by the agency to address concerns raised.

Discussion with Ms Chapman demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

### **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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## **5.6 Standard 8 - Records**

### **Is Care Safe?**

Discussion with Ms Chapman and review of a training programme confirmed that appropriate staff have received training in records management. Ms Chapman also 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. Ms Chapman confirmed review of arrangements for storage of patient care records which are held in the pharmacies forms part of the agency's clinical governance structure. Computerised records are accessed using individual usernames and passwords.

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

### **Is Care Effective?**

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 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.



Review of six patient care records relating to the services provided by the pharmacies operating the agency's PGDs found that all entries were completed in line with best practice and had a contemporaneous record of consultation and treatment provided. The records were found to be maintained in line with best practice guidance.

There are systems in place to audit the completion of patient records every 12 months 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.

Ms Chapman confirmed that records required by legislation were retained and can be made available for inspection at all times.

### **Is Care Compassionate?**

Discussion with Ms Chapman 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 Information Commissioner's Office regulations and Freedom of Information legislation.

### **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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## **5.7 Standard 10 – Qualified Practitioners, Staff and Indemnity**

### **Is Care Safe?**

Review of the personnel file of one medical practitioner confirmed:

- evidence of confirmation of identity
- evidence of current registration with the General Medical Council (GMC)
- the medical practitioner is covered by the appropriate professional indemnity insurance
- the medical practitioner has provided evidence of experience relevant to their scope of practice
- evidence of Criminal Records Bureau(CRB) disclosure check
- there was evidence of ongoing professional development and continuing medical education that meets the requirements of the Royal Colleges and GMC to ensure the medical practitioners can safely and competently undertake the treatments and services they offer
- there was evidence of ongoing annual appraisal by a trained medical appraiser
- a responsible officer had been appointed (evidence forwarded following inspection)

Arrangements are in place to support the medical practitioner, with a licence to practice, to fulfil the requirements for revalidation through:

- contributing to an annual appraisal in line with the GMC's appraisal and assessment framework, for medical practitioners employed directly by the agency
- providing sufficient information to the responsible officer to support their revalidation

Discussion with Ms Chapman confirmed that arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff, including those with practising privileges. There are also mechanisms for reporting incompetence in line with guidelines issued by the Department of Health and professional regulatory bodies.

### **Is Care Effective?**

Discussion with Ms Chapman confirmed that the medical practitioner is aware of their responsibilities under GMC Good Medical Practice.

The medical practitioner abides by published codes of professional practice relevant to their scope of practice and retains evidence that professional registration and revalidation requirements are met.

### **Is Care Compassionate?**

Discussion with Ms Chapman demonstrated that the core values of privacy, dignity, respect and patient choice are understood by the medical practitioner providing services within the agency.

### **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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## **5.8 Standard 11 – Practising Privileges**

### **Is Care Safe?**

Discussion with Ms Chapman and review of the medical practitioners' file as outlined in Standard 10 confirmed that all information required by legislation is retained by the agency prior to practising privileges being granted.

### **Is Care Effective?**

Vaccination UK has a policy and procedure in place which outlines the arrangements for the application, granting and maintenance of practising privileges. Minor amendments were made following inspection to include suspension and withdrawal of practising privileges. The practising privileges agreement defines the scope of practice for each individual medical practitioner.

All practising privileges are reviewed and approved by the Operations Director and monitored by the Chief Executive Officer.

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

### **Is Care Compassionate?**

The practising privileges agreement includes arrangements to ensure patients are treated with dignity and respect at all times while respecting their rights.

### **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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## **5.10 Additional Areas Examined**

### **Management of Incidents**

The agency has an incident policy and procedure in place which following advice from inspectors was amended to include reporting arrangements to RQIA.

No adverse incidents have occurred within the agency since registration with RQIA. However, discussion with Ms Chapman confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

### **RQIA registration and Insurance Arrangements**

Discussion with Ms Chapman and review of documentation regarding the insurance arrangements within the agency confirmed that current insurance policies were in place. Ms Chapman confirmed that the RQIA certificate of registration is clearly displayed in the head office of the agency.

### **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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**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Denise Chapman	<b>Date Completed</b>	15/12/2015
<b>Registered Person</b>	Denise Chapman	<b>Date Approved</b>	15/12/2015
<b>RQIA Inspector Assessing Response</b>	Winnie Maguire	<b>Date Approved</b>	15/12/2015

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

***\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations.