



## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Vaccination UK</b>
<b>Establishment ID No:</b>	<b>12185</b>
<b>Date of Inspection:</b>	<b>9 December 2014</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17397</b>

**The Regulation and Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of establishment:</b>	Vaccination UK Ltd
<b>Address:</b>	21 Brand Street Hitchen Herts SG5 1JE
<b>Telephone number:</b>	01462 459595
<b>Registered organisation/ registered provider:</b>	Mrs Denise Ann Chapman
<b>Registered manager:</b>	Mrs Denise Ann Chapman
<b>Registration category:</b>	PD (IMA)
<b>Date and time of inspection:</b>	9 December 2014 10.00 – 12.30
<b>Date and type of previous inspection:</b>	Pre-registration inspection 10 October 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

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 school/pupil surveys issued by the clinic	17
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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**

Vaccination UK Ltd is an online independent medical agency providing patient group directions to selected community pharmacies within Northern Ireland.

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

One private doctor is involved in the development of patient group directions (known as PGDs). The private doctor does not provide any online patient management.

Patient Group Directions (PGDs) are to be provided to selected community pharmacies in Northern Ireland.

Vaccination UK Ltd provides training on the use and the implementation of PGDs.

Mrs Denise Chapman has been the registered person/manager with RQIA since the independent medical agency's registration on 4 November 2013.

Vaccination UK Ltd is registered as Independent Medical Agency with the Private Doctor category of registration PD (IMA).

## 4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 9 December 2014 from 10.00 to 12.30. 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 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 pre-registration inspection on 10 October 2013. All of the requirements/recommendations were examined prior to registration and were found to have been fully addressed.

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

Denise Chapman was available for discussion of operational issues and 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. A recommendation was made to ensure these documents are readily available on the IMA's website.

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 are developing robust systems to obtain the views of patients on a formal basis. The registered manager confirmed the agency's Northern Irish patients and pharmacists' feedback will be available on the website in January 2015. The inspector reviewed the completed school and pupil surveys for vaccination programmes provided in England and found the results were very positive.

Vaccination UK Ltd 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 IMA, however systems are in place to effectively document, manage and audit complaints. The registered person/manager displayed a good understanding of complaints management.

There is a defined management structure within the IMA and clear lines of accountability. The registered person/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 procedure in relation whistleblowing. It was found to be in line with legislation and best practice. A recommendation was made to devise a written policy and procedure on the absence of the registered manager in line with the legislation.

The registered person/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 line with legislation and best practice. No incidents have been recorded by the IMA however systems are in place to document and manage incidents in line with the legislation. A recommendation was made to amend the incident policy and procedure to include reporting incidents relating to services in Northern Ireland to RQIA in line with 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 ten hard copies of patient electronic 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 the medical practitioner and found all of the information required by legislation was provided. The medical practitioner was appropriately qualified to provide the services within the IMA.

The agency did not have formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector provided advice and forwarded a sample policy and procedure on the matter. A requirement was made to devise a practising privileges policy and procedure and thereafter implement a practising privileges agreement with the medical practitioner

Denise Chapman confirmed details of the certificate of registration.

One requirement and three recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

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

The inspector would like to extend her gratitude to Denise Chapman for her 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 and 8	The statement of purpose and patient guide must be amended as outlined in the main body of the report.	Amended prior to registration with RQIA.	One	Compliant
2	18	The pharmacist involved in the development and signing off of the PGDs to be used in Northern Ireland must be registered by the Pharmaceutical Society of Northern Ireland.	Addressed prior to registration with RQIA.	One	Compliant
3	23	The complaints policy and procedure must be amended to include RQIA details as a regulator only.	Addressed prior to registration with RQIA.	One	Compliant

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action taken as confirmed during this inspection</b>	<b>Number of times stated</b>	<b>Inspector's validation of compliance</b>
1	C4	An online patient satisfaction questionnaire should be established and a summary report made available as outlined in main body of report.	Addressed prior to registration with RQIA.	One	Compliant
2	C10	Policies and procedures should be reviewed to ensure they are compatible with the Northern Ireland jurisdiction and have good document control in place.	Addressed prior to registration with RQIA.	One	Compliant
3	C16	The policy and procedure on the management of records should be amended to include retention of records timescales in line with legislation.	Addressed prior to registration with RQIA.	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 provides an information leaflet to all patients which outlines the services and treatments provided. The IMA also has a website which contains comprehensive information about the services provided and detailed information on the vaccination/medication potentially provided.</p> <p>Information is written in plain English.</p> <p>Information about services provided by the clinic was reviewed by the inspector and found to accurately reflect the types of private doctor 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. A recommendation was made to make the Statement of Purpose and the Patient Guide readily available on the agency's website.</p>	

### **Evidenced by:**

**Review of information provided to patients and other interested parties**  
**Information available in different language and formats**  
**Discussion with staff**

**STANDARD 5****Patient and Client Partnerships:**

**The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care**

Vaccination UK Ltd obtains the views of their Northern Irish patients and pharmacists on a formal basis as an integral part of the service they deliver.

The IMA had completed a patient and pharmacists feedback survey. The results of the survey will be reviewed by the management team within the IMA and an action plan will be developed and implemented if any issues are identified. The registered manager confirmed the summary report of this survey will be available on the agency's website in January 2015.

The inspector reviewed seventeen reports of a school and pupil survey regarding a vaccination service provided in England and found the results were very positive.

**Evidenced by:**

**Review of patient satisfaction surveys**  
**Review of reports of school/pupil survey**  
**Discussion with staff**

**STANDARD 7****Complaints:**

**All complaints are taken seriously and dealt with appropriately and promptly.**

The IMA operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider/manager demonstrated a good understanding of complaints management.

All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide.

The inspector reviewed the complaints management and the registered manager confirmed that no complaints had been received by the IMA; however systems are in place to effectively document and manage complaints.

**Evidenced by:**

**Review of complaints procedure**

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

**Discussion with staff**

**STANDARD 8****Records:**

**Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.**

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.

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.

The inspector reviewed ten hard copies of electronic patient records relating to the private doctor service and found they were completed in line with best practice and outlined a contemporaneous record of the treatment provided.

The inspector discussed patient records with the registered manager who displayed a good knowledge of effective records management. Electronic patient records are held on a secure database and are accessed using individual usernames and passwords.

There are systems in place to audit the completion of clinical records and an action plan is developed to address any identified issues.

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).

The management of records within the establishment was found to be in line with legislation and best practice.

**Evidenced by:**

**Review of management of records policy**

**Review of management of records**

**Review of clinical record keeping policy and procedure**

**Review of patient records**

**Discussion with staff**

**Review of storage arrangements for clinical records**

**Review of ICO registration**

**STANDARD 9****Clinical Governance:**

**Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.**

The registered provider/manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

The establishment has systems in place to audit the quality of service provided including the following;

- Records audit
- Incidents audit
- PGD pharmacy support/mentor audit
- Patient evaluation audit

The establishment has an incident policy and procedure in place. It was recommended the incident policy and procedure includes reporting arrangements to RQIA in line with legislation.

No incidents have occurred within the agency relating to Northern Irish patients since registration; however systems are in place to document and manage incidents appropriately.

The registered manager confirmed that no research is currently being undertaken within the agency.

**Evidenced by:**

**Review of policies and procedures**

**Discussion with registered provider/manager**

**Review of audits**

**Review of incident management**

**Review of research arrangements**

**STANDARD 10****Qualified Practitioners, Staff and Indemnity****Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.**

The inspector reviewed the details of the medical practitioner and confirmed that:

- There was evidence of confirmation of identity
- There was evidence of current registration with the General Medical Council (GMC)
- The medical practitioner is covered by the appropriate professional indemnity insurance
- Evidence of enhanced Access NI disclosure check
- There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC
- There was evidence of ongoing annual appraisal by a trained medical appraiser

The inspector confirmed that the medical practitioner has an appointed responsible officer.

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 issued by the DHSSPS and professional regulatory bodies.

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

**Evidenced by:**

**Review of details for verification of registration status with professional bodies**

**Review of professional indemnity insurance**

**Review of medical practitioner 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>Vaccination UK Ltd does not have has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>The inspector provided advice on the matter and forwarded a sample policy and procedure.</p> <p>A requirement was made to devise a policy and procedure for practising privileges and thereafter implement a written agreement between the medical practitioner and the agency setting out the terms and conditions of practising privileges which has been signed by both parties.</p> <p>The registered manager confirmed systems will be 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**

**Discussion with staff**

<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 not a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. A recommendation was made to devise a policy and procedure on the absence of the registered manager in line with regulation 29 of the Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</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 training records**  
**Review of insurance arrangements**

## **7.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Denise Chapman as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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**

## Quality Improvement Plan

### Announced Inspection

#### Vaccination UK Ltd

**9 December 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Denise Chapman either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**STATUTORY REQUIREMENT**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	19	The registered manager must devise a written policy and procedure for practising privileges and thereafter implement as outlined in body of report.  <b>Ref: Standard 11</b>	One	completed 20/02/2015 - see attached	Three months

**RECOMMENDATIONS**

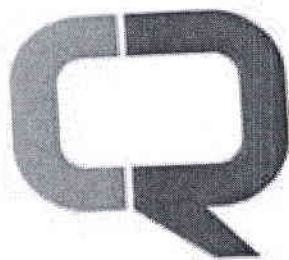
These recommendations are based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	1	The registered manager should ensure the Statement of Purpose and Patient Guide is readily available on the IMA's website  <b>Ref: Standard 1</b>	One	The RM will review the SOP and liaise with the IT department for inclusion by March 2015 to include patient guide	Three months
2	9	The registered manager should amend the incident policy and procedure to include incident reporting arrangements with RQIA in line with legislation.  <b>Ref: Standard 9</b>	One	incident reporting and compalints policies completed - see attached.	Three months
3	16	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>Ref: Standard 16</b>	One	to be written for reporting by March end 2015	Three months

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk)

<b>Name of Registered Manager Completing QIP</b>	Denise Chapman
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Winnie Maguire	23 February 2015
Further information requested from provider			



**The Regulation and  
Quality Improvement  
Authority**

**Pre-Inspection Self-Assessment  
Independent Medical Agency**

<b>Name of Establishment:</b>	<b>Vaccination UK Ltd</b>
<b>Establishment ID No:</b>	<b>12185</b>
<b>Date of Inspection:</b>	<b>9 November 2014</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17397</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## **1.0 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.

The aim of inspection is 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

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

## **2.0 Self-Assessment**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

### 3.0 Self-Assessment Tool

#### Management of Operations

	YES	NO
Have any changes been made to the management structure of the independent medical agency since the previous inspection?		✓
<b>Yes, please comment</b>		

#### Policies and Procedures

	YES	NO
Does the independent medical agency have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
<b>No, please comment</b>		

#### Records Management

	YES	NO
Does the independent medical agency have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual patient?	✓	
Do the care records reflect the patient pathway from referral to discharge?	✓	
Are arrangements in place to securely store patient care records?	✓	
<b>No, please comment</b>		

### **Patient Partnerships**

	YES	NO
Does the independent medical agency have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?	✓	
Does the independent medical agency make available a summary report of patient feedback to patients and other interested parties?	✓	
<b>No, please comment</b>		

### **Medical Emergencies**

	YES	NO
Are arrangements in place to deal with medical emergencies?	✓	
Are arrangements in place to refer patients to acute medical services?	✓	
<b>No, please comment</b>		

### **Safeguarding**

	YES	NO
Does the independent medical agency have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the independent medical agency have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the independent medical agency have a whistle-blowing policy and procedure in place?	✓	
<b>No, please comment</b>		

## Complaints

	YES	NO
Does the independent medical agency have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the independent medical agency's complaints policy and procedure?	✓	
<b>No, please comment</b>		

## Incidents

	YES	NO
Does the independent medical agency have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the independent medical agency's policy and procedure?	✓	
<b>No, please comment</b>		

## Recruitment of staff

	YES	NO
Does the independent medical agency have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
<b>No, please comment</b>		

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### **Staffing**

	YES	NO
Is there appropriate numbers of suitably qualified, skilled and experienced staff on duty to meet the assessed needs of the patients and the operational requirements of the independent medical agency?	✓	
<b>No, please comment</b>		

### **Mandatory Training**

	YES	NO
Are arrangements in place to for all new staff to participate in an induction programme relevant to their roles and responsibilities?	✓	
Are arrangements in place for staff to access continuing professional development opportunities in line with the requirements of their professional bodies?	✓	
<b>No, please comment</b>		

### **Appraisal**

	YES	NO
Does the independent medical agency have an appraisal policy and procedure in place?	✓	
Are systems in place to provide recorded annual appraisals for staff?	✓	
<b>No, please comment</b>		

### Medical Practitioners

	YES	NO
Are systems in place to ensure medical practitioners have a current registration with the General Medical Council (GMC)?	✓	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?		✓
Are practising privileges agreements in place for all medical practitioners? (where applicable) ? N/A		✓
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
<b>No, please comment</b>		

**Documents to be submitted as evidence (electronically or as hard copy)**

	YES	NO
Written information provided to patients regarding the service <i>http://www.travelvaccination.co.uk/</i>	✓	
Patient Guide <i>As above.</i>	✓	
Statement of Purpose	✓	
Price list for services provided <i>http://www.travelvaccination.co.uk.</i>	✓	
Policy on advertising and marketing		✓
Summary report of the patient survey	✓	
10 completed patient satisfaction questionnaires (preferably with patient comments regarding the service)	✓	
Complaints policy and procedure	✓	
Complaints records relating to NI (where applicable)	N/A	
Audit of complaints (where applicable) <i>None to date.</i>	N/A - no complaints NI	✓
Policy and Procedure on the Completion of Clinical Records	✓	
Management of Records Policy and Procedure	✓	
Staff training records in relation to management of records and clinical records <i>in Recruitment &amp; Competency policy.</i>	✓	
10 redacted patient records	✓	
Audits of clinical records (where applicable) <i>2012</i>	✓	✓
Confirmation of registration with Information Commissioners Office (NI)	✓	
Audit programme and sample of audits undertaken	✓	
Monitoring report by registered person (where registered person is not in day to day control of the IMA)	N/A	✓
Annual quality services report		✓
Incident policy and procedure	✓	
Incident records relating to NI (where applicable)	N/A	✓
Audit of incidents (where applicable) <i>None to date.</i> <i>None in NI to date.</i>		✓


	YES	NO
For each medical practitioner employed submit the following information:		
GMC registration	✓	
Professional indemnity insurance	✓	
Access NI enhanced disclosure <i>Enhanced disclosure: 001200179799</i>	✓	✓
Annual Appraisal	✓	
Evidence of ongoing professional develop	✓	
Confirmation of responsible officer appointed	✓	✓
Confirmation of Identity	✓	✓
Evidence of induction		✓
Practising privileges agreement (where applicable)		✓ N/A
Practising privileges policy and procedure		✓
Policy and procedure on sharing information between the IMA and the HSC employers (where applicable) for medical practitioner		✓ N/A
Organisational Structure	✓	
Absence of registered manager policy and procedure		
Training records for registered person/registered manager	✓	
Whistle Blowing policy and procedure	✓	
Evidence of insurance arrangements (certificates)	✓	

**All information provided will be discussed during an arranged inspection consultation and destroyed in line with data protection arrangements.**

#### 4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

**I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.**

Name	Signature	Designation	Date
Denise Chapman (Chairman)		Operations Director & Governance Lead	24.11.14