



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment:	Doctor Now Limited
Establishment ID No:	12190
Date of Inspection:	17 February 2015
Inspector's Name:	Jo Browne
Inspection No:	18574

**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

Name of establishment:	Doctor Now Limited
Address:	The Old Barn, Mulberry Court Windsor End, Beaconsfield Buckinghamshire HP9 2JJ
Telephone number:	014 9441 0888
Registered organisation/ registered provider:	Dr Brian Patrick McGirr
Registered manager:	Dr Brian Patrick McGirr
Registration category:	PD (IMA) – Private Doctor, Independent Medical Agency
Date and time of inspection:	17 February 2015 10.00–12.30
Date and type of previous inspection:	Pre-Registration Inspection 17 October 2013
Name of inspector:	Jo Browne

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.

The methods/process used in this inspection included the following:

- review of the submitted documentation;
- discussion with Dr Brian McGirr;
- evaluation and feedback.

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 the summary report of patient satisfaction survey.

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

Doctor Now Limited is registered as an independent medical agency which provides Patient Group Directions (PGDs) to pharmacies and manages a nurse led travel clinic.

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

Two private doctors are involved in the development and implementation of the PGDs.

PGDs for travel vaccines are provided to selected pharmacies in Northern Ireland following consultation with a nurse led telephone travel clinic.

Doctor Now Limited works in partnership with an external organisation to ensure training is provided to pharmacists on the use and the implementation of PGDs.

Dr Brian McGirr has been the registered manager since registration with RQIA on 13 November 2013.

4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 17 February 2015 from 10.00–12.30. 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 six requirements and two recommendations made as a result of the previous pre-registration inspection on 17 October 2013. All of the requirements and recommendations have been fully addressed with the exception of one recommendation in relation to policies which has been partially addressed and stated for the second time within this report.

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

Dr Brian McGirr was available via telephone to discuss operational issues and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues and 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 information available within the selected pharmacies and their website.

The IMA has systems in place to obtain the views of patients on a formal and informal basis. The inspector reviewed the summary report of the patient satisfaction survey and found that patients were generally highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. The IMA collates the information from the questionnaires into a summary report which is made available to patients and other interested parties via the website and in the selected pharmacies.

The IMA 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, 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 procedures in relation to the absence of the registered manager and whistleblowing. It was recommended that the absence of the registered manager policy is reviewed to include reporting arrangements to RQIA. The whistleblowing policy and procedure was found to be in line with best practice.

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

No incidents have been recorded by the IMA however systems are in place to document and manage and report incidents in line with the legislation. It was recommended that the incident policy and procedure is reviewed to include reporting arrangements to RQIA in line with the legislation and RQIA notifiable incident guidance.

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 10 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 personnel files 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 completed practising privileges agreements as part of the inspection process.

Dr McGirr confirmed that the certificate of registration was displayed within their offices.

Three recommendations were made as a result of this inspection and one recommendation was stated for the second time. 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 Dr McGirr and staff of Doctor Now Ltd for their co-operation and 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)	The statement of purpose must be amended, in line with the legislation, to reflect only the services to be provided in Northern Ireland.	The inspector examined the statement of purpose and found that this had been amended to reflect services provided in Northern Ireland.	One	Compliant
2	8(1)	The patient guide must be amended, in line with the legislation, to reflect only the services to be provided in Northern Ireland.	The inspector examined the patient guide and found that this had been amended to reflect services provided in Northern Ireland.	One	Compliant
3	23(1)	The complaints policy and procedure must be amended as outlined in the main body of the report.	The inspector examined the complaints policy which had been amended and updated as previously outlined.	One	Compliant
4	19(2)(d)	Ensure all information for the medical practitioners is forwarded to RQIA as outlined in the main body of the report.	The information for all medical practitioners was forwarded to RQIA following the previous inspection.	One	Compliant
5	15(6)	Ensure that a sample PGD is forwarded to RQIA for review.	A sample PGD was forwarded to RQIA following the previous inspection and found to be line with best practice.	One	Compliant

6	15(1)(b)	Ensure that any PGD implemented in Northern Ireland is signed by a pharmacist registered with The Pharmaceutical Society of Northern Ireland.	The inspector confirmed that any PGDs implemented in Northern Ireland are signed by a pharmacist registered with The Pharmaceutical Society of Northern Ireland.	One	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4.1	A patient satisfaction questionnaire should be established and a summary report made available as outlined in main body of report.	A copy of the proposed patient satisfaction questionnaire was forwarded to RQIA following the last inspection.	One	Compliant
2	C11.1	All policies and procedures should be reviewed to ensure that they are applicable to Northern Ireland legislation and guidelines.	The establishment is currently in the process of reviewing their policies and procedures. This recommendation is stated for the second time within this report as some policies reviewed by the inspector were not applicable to Northern Ireland.	One	Partially Compliant

6.0 Inspection Findings

STANDARD 1	
Informed Decision Making:	Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.
<p>The IMA has a website which contains comprehensive information regarding the types of service provided and detailed information about treatments available.</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 website.</p> <p>Following the initial consultation/treatment patients are provided with written information that they can take home with them which explains the treatment provided and associated risks and complications.</p> <p>Information is written in plain English and when required is available in an alternative language or format.</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>	

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
<p>The IMA obtains the views of patients on a formal and informal basis as an integral part of the service they deliver. The nurses from the travel clinic will contact patients by phone to ensure that they are satisfied with the service provided.</p> <p>The inspector reviewed the summary report of the patient satisfaction survey. Patients were generally highly satisfied with the quality of treatment, information and care received. Comments from patients included:</p> <ul style="list-style-type: none"> • “Service provided by pharmacist was excellent – Great Service” • “Excellent advice and guidance from staff at pharmacy” • “Thanks for all your help, overall service was really satisfied. Thanks for everything” • “A very professional, informative and friendly service both over the phone and in person” • “All very good – excellent service at the pharmacy and follow up” • “Having a vaccination is never the nicest of experiences, but, the staff made it as pleasant as it could possibly be”. <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 on the website and in the selected pharmacies.</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

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>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.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide and available within the selected pharmacies.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the IMA; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:

Review of complaints procedure

Complaint procedure made available to patients and other interested parties

Discussion with staff

Review of complaints records

Review of the audit of complaints

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, storage, transfer, disposal of and access to records. It is recommended that the policy is updated to include the retention timescales outlined in The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

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 10 electronic patient care records relating to the private doctor service and found that all entries were dated and signed by a registered nurses and outlined a contemporaneous record of the treatment provided.

Any alterations or additions were dated, signed and made in such a way that the original entry could still be read.

The inspector discussed care records with the medical practitioner who displayed a good knowledge of effective records management. Computerised records are secured by individual usernames and passwords.

There are systems in place to audit the completion of clinical records remotely 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 care records
Discussion with registered manager
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.
<p>The registered provider/manager ensures 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 and review of induction and training records 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 audit programme as part of the inspection process.</p> <p>Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment.</p> <p>The registered person is in day to day control of the establishment.</p> <p>It is recommended that the establishment updates their incident policy and procedure to include reporting arrangements to RQIA. The inspector advised the registered manager to obtain a copy of the RQIA notifiable incidents guidance and append this to the policy.</p> <p>A recommendation is stated for the second time to ensure all policies and procedures are applicable to Northern Ireland legislation and guidance.</p> <p>No incidents have occurred within the establishment 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 within the establishment.</p>	

Evidenced by:

- Review of policies and procedures**
- Discussion with registered provider/manager**
- Review of monitoring reports**
- Review of audit programme**
- 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.
<p>The inspector reviewed the personnel files of two medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> • there was evidence of confirmation of identity; • there was evidence of current registration with the General Medical Council (GMC); • the medical practitioners are covered by the appropriate professional indemnity insurance; • the medical practitioners have provided evidence of experience in provision of PGDs; • 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; and • there was evidence of ongoing annual appraisal by a trained medical appraiser. <p>The inspector confirmed that each medical practitioner has an appointed responsible officer.</p> <p>The inspector 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. All alerts are stored and screened by the registered manager, both medical practitioners and the practice manager.</p> <p>Discussion with the registered manager confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.</p>	

Evidenced by:

Review of staff personnel files 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

Review of training records

STANDARD 11	
Practising Privileges:	Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.
<p>The IMA 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 reviewed the medical practitioners' personnel files and confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges 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 personnel files**
- Discussion with registered manager**

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<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>It is recommended that the establishment develops a policy and procedure to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should include the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</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 training records**
- Review of Patient Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Dr Brian McGirr 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:

Jo Browne
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Jo Browne
Inspector/Quality Reviewer

Date



The Regulation and
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Authority

Quality Improvement Plan

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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 Dr Brian McGirr 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.

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	8.1	The registered manager should ensure that the management of records policy is updated to include the retention timescales outlined in policy is updated in line with retention timescales outlined in The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011. Ref: Standard 8	One	Update current policy	Within six months
2	9.9	The registered manager should ensure that the incident policy and procedure in place is updated to include reporting arrangements to RQIA. Ref: Standard 9	One	Amalgamation of several of our current policies in line with RQIA requirements	Within six months
3	19.1	The registered manager should ensure that all policies and procedures are reviewed and applicable to Northern Ireland legislation and guidelines. Ref: Standard 9	Two	All policies relevant to the services we support in Northern Ireland to be systematically reviewed	Within six 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
4	16.3	<p>The registered manager should ensure that a policy and procedure is developed to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy should include the interim management arrangements for the establishment.</p> <p>Ref: Standard 16</p>	One	Update current policy.	Within six months


The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED:  **DOCTORnow**
 Dr. B. P. McGirr MRCGP
 GMC No: 3251201
 The Old Barn, Windsor End
 Beaconsfield, Bucks HP9 2JJ
 Tel: 01494 410888 Fax: 01494 730729



NAME: Registered Provider

DATE 12/05/15

SIGNED:  **DOCTORnow**
 Dr. B. P. McGirr MRCGP
 GMC No: 3251201
 The Old Barn, Windsor End
 Beaconsfield, Bucks HP9 2JJ
 Tel: 01494 410888 Fax: 01494 730729

NAME: Registered Manager

DATE 12/05/15

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓			26/5/15
B	Further information requested from provider		✓		26/5/15