



The **Regulation** and
Quality Improvement
Authority

Doctor Now Limited
RQIA ID: 12190
The Old Barn
Mulberry Court
Windsor End
Beaconsfield
Buckinghamshire
HP9 2JJ

Inspectors: Winnie Maguire & Emily Campbell
Inspection ID: IN22118

Tel: 014 9441 0888

Announced Inspection
of
Doctor Now Limited

15 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 15 February 2016 from 10.00 to 13.40. On the day of inspection the standards inspected were found to be generally safe, effective and compassionate. One area for improvement relating to the completion of patient records was identified and is set out in the Quality Improvement Plan (QIP) within this report.

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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Dr Brian McGirr registered person/ manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Doctor Now Limited Dr Brian McGirr	Registered Manager: Dr Brian McGirr
Person in Charge of the Establishment at the Time of Inspection: Dr Brian McGirr	Date Manager Registered: 13 November 2013
Categories of Care: IMA –(PD) Independent Medical Agency – Private Doctor	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since 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 registered 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 provider was contacted at the conclusion of the inspection to discuss any issues and provide feedback on the findings.

As part of the inspection the inspector spoke with Dr Brian McGirr registered person/manager.

The following records were examined during the inspection:

- Ten patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Policies and procedures
- Insurance documentation
- Information provided to patients
- Three medical practitioners details
- Practising privileges agreements
- Certificate of registration

5. The Inspection

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was a care inspection dated 17 February 2015. The completed QIP was returned and approved by the care inspector.

5.1 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.1 Stated: First time	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.	Met

	Action taken as confirmed during the inspection: An amended management of records policy was submitted to RQIA following inspection and was found to be in reflective of retention timescales outlined in The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.	
Recommendation 2 Ref: Standard 9.9 Stated: First time	The registered manager should ensure that the incident policy and procedure in place is updated to include reporting arrangements to RQIA. Action taken as confirmed during the inspection: An updated incident policy and procedure was submitted following inspection which included reporting arrangements to RQIA.	Met
Recommendation 3 Ref: Standard 19.1 Stated: First time	The registered manager should ensure that all policies and procedures are reviewed and applicable to Northern Ireland legislation and guidelines. Action taken as confirmed during the inspection: A range of policies and procedures were reviewed and found to be applicable to Northern Ireland legislation and guidelines.	Met
Recommendation 4 Ref: Standard 16.3 Stated: First time	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. Action taken as confirmed during the inspection: A policy and procedure is in place to ensure that RQIA is notified if the registered manager is absent for more than 28 days. The policy includes the interim management arrangements for the agency.	Met

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. The costs of treatments were found to be up to date and include all aspects of the treatment.

Advertising campaigns and marketing strategies comply with guidance issued by the GMC.

Is Care Effective?

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

The Statement of Purpose and Patient Guide were reviewed and found to contain all of the information required by legislation. The Patient Guide is made available on the website.

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

Is Care Compassionate?

Discussion with Dr McGirr and review of documentation confirmed that information provided to patients affords a transparent 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. Patients are fully involved in planning their care and treatment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.3 Standard 4 – Dignity, Respect and Rights**Is Care Safe?**

Discussion with Dr McGirr confirmed that the patient's dignity is respected at all times during the consultation and treatment process.

Dr McGirr confirmed that patient care records were stored securely.

Is Care Effective?

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

Patients consult via the website regarding their treatment and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the agency.

Is Care Compassionate?

Discussion with Dr McGirr and review of ten 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.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Standard 5 – Patient and Client Partnerships

Is Care Safe?

All 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?

The IMA obtains the views of patients as an integral part of the service they deliver.

The agency issued feedback questionnaires to patients and 77 were returned and completed. Review of ten completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- “A surprising pleasant experience for needles”
- “The staff at the pharmacy were lovely and the nurse over the telephone was very helpful”
- “Phoned 5.30pm, consultation 5.45pm and vaccinations 2.30pm next day. Fast, efficient and professional”
- “Very helpful, quick and painless”
- “Friendly staff very co-operative”

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 Dr McGirr confirmed that comments received from patients are reviewed as part of the agency’s governance arrangements.

An action plan is developed and implemented to address any issues identified. It was suggested to include action taken as a result of patient feedback in the summary report.

Is Care Compassionate?

Review of patient care records and discussion with Dr McGirr 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.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.5 Standard 7 - Complaints

Is Care Safe?

No complaints have been recorded by the agency since the last inspection. 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, Dr McGirr confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Dr McGirr confirmed that information from complaints is 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 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.

Dr McGirr 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.

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

Discussion with Dr McGirr demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Discussion with Dr McGirr confirmed that complaints would be handled in a sensitive manner.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Standard 8 - Records

Is Care Safe?

Discussion with Dr McGirr and review of training records confirmed that appropriate staff have received training in records management. Dr McGirr 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. Patient care records are held in securely.

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. An updated management of records policy was submitted following inspection, it was found to be in line with legislation and best practice. .

Review of ten patient care records relating to the services provided by the agency found that most entries were completed in line with best practice and had a contemporaneous record of consultation and treatment provided. It was noted that the details of the vaccines manufacturer was recorded as unknown in most instances. This matter was discussed with Dr McGirr who confirmed it was an expectation to complete the details of the vaccines manufacturer and confirmed he would review the issue as a priority. A recommendation was made to ensure details of the vaccines manufacturer are included in the patient record.

There are systems in place to audit the completion of clinical patient records two or three times a week 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.

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

Is Care Compassionate?

Discussion with Dr McGirr 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

A recommendation was made to ensure details of the vaccines manufacturer are included in the patient record.

Number of Requirements	0	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

5.7 Standard 10 – Qualified Practitioners, Staff and Indemnity

Is Care Safe?

Review of the details of three medical practitioners confirmed:

- evidence of confirmation of identity;
- 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 relevant to their scope of practice;
- evidence of enhanced AccessNI 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; and
- a responsible officer had been appointed.

Arrangements are in place to support medical practitioners, with a licence to practice, to fulfil the requirements for revalidation through providing an annual appraisal in line with the GMC's appraisal and assessment framework for medical practitioners employed directly by the agency.

Discussion with Dr McGirr confirmed that arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff. 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 Dr McGirr confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.

Medical practitioners abide by published codes of professional practice relevant to their scope of practice and retain evidence that professional registration and revalidation requirements are met.

Is Care Compassionate?

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

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.8 Standard 11 – Practising Privileges

Is Care Safe?

Discussion with Dr McGirr confirmed all medical practitioners providing medical services within the agency are directly employed by the agency and therefore do not require practising privileges agreements.

Is Care Effective?

The IMA has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. The practising privileges agreement will define the scope of practice for each individual medical practitioner if applicable.

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.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.9 Additional Areas Examined

5.9.1. Management of Incidents

The agency has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the agency since the last inspection. However discussion with Dr McGirr confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

5.9.2. RQIA Registration and Insurance Arrangements

Discussion with Dr McGirr and review of documentation regarding the insurance arrangements within the agency confirmed that current insurance policies were in place. Dr McGirr confirmed that the RQIA certificate of registration was clearly displayed on the wall of the agency's office.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dr McGirr 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.

6.1 Statutory Requirements

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, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.




6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPSS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

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

Quality Improvement Plan			
Recommendations			
Recommendation 1	It is recommended to ensure details of the vaccines manufacturer are included in the patient record.		
Ref: Standard 8	Response by Registered Person(s) Detailing the Actions Taken: see attached letter		
Stated: First time			
To be Completed by: 15 March 2016			
Registered Manager Completing QIP		Date Completed	2/3/16
Registered Person Approving QIP		Date Approved	9/5/16
RQIA Inspector Assessing Response		Date Approved	11/5/16

*Please ensure this document is completed in full and returned to RQIA offices

RQIA ID : 12190

INSPECTION ID : IN22118.

