

# Announced Care Inspection Report Report 23 March 2017



## Doctor Now Limited

**Type of Service: Independent Medical Agency**

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**Inspectors: Emily Campbell and Carmel McKeegan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Doctor Now Limited took place on 23 March 2017 from 10:00 to 13:30 in the RQIA offices in Belfast. This is an online medical service provided by medical practitioners who are based in England.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the independent medical agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

A review of documentation and discussion with Dr Brain McGirr, registered person and Ms Sarah Varley, compliance/special projects manager, demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies and infection prevention and control. One recommendation was made to review the safeguarding adults policy to ensure it is reflective of the Northern Ireland regional guidance.

### **Is care effective?**

Observations made, review of documentation and discussion with Dr McGirr and Ms Varley demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records and information provision. No requirements or recommendations have been made.

### **Is care compassionate?**

A review of documentation and discussion with Dr McGirr and Ms Varley demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Brian McGirr, registered person and Ms Sarah Varley, compliance/special projects manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 February 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Doctor Now Limited Dr Brian McGirr	<b>Registered manager:</b> Dr Brian McGirr
<b>Person in charge of the home at the time of inspection:</b> Dr Brian McGirr	<b>Date manager registered:</b> 13 November 2013
<b>Categories of care:</b> IMA –(PD) Independent Medical Agency – Private Doctor	

## 3.0 Methods/processes

Questionnaires were provided to staff prior to the inspection by the agency on behalf of the RQIA. A complaints return and a request for supporting documentation were forwarded to the provider prior to the inspection. Dr McGirr was requested to be available for contact via the telephone on the date of inspection, at an agreed time. Having reviewed the records, a conference telephone call was made to Dr McGirr who was joined for the conference call by Ms Sarah Varley, compliance/special projects manager. Clarification was sought on a range of issues and feedback was provided on the findings of the inspection.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding

- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 15 February 2016**

The most recent inspection of the independent medical agency was an announced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 15 February 2016**

Last specialist inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time <b>To be Completed by:</b> 15 March 2016	It is recommended to ensure details of the vaccines manufacturer are included in the patient record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of 12 submitted redacted patient records confirmed that where appropriate the vaccines manufacturer details were included.	

**4.3 Is care safe?**

**Staffing**

Doctor Now Limited is an online medical service which provides healthcare to patients through Patient Group Direction (PGD) services provided by selected pharmacies in Northern Ireland and online direct-to-patient services. A consultation is provided online which may or may not result in the clinician prescribing a prescription only medicine for the patient. Two private doctors are involved in providing medical services online.

Discussion with Dr McGirr and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients. It was also confirmed that induction programme templates were in place relevant to specific roles within the agency.

Review of records and discussion with Dr McGirr and Ms Varley confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Dr McGirr and Ms Varley confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of two private doctors' details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Discussion with Dr McGirr and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Dr McGirr confirmed that no new staff have been recruited since the previous inspection. During discussion Dr McGirr confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for inspection.

A minor amendment was made to the recruitment policy and procedure following the inspection which was emailed to RQIA on 30 March 2017. The revised recruitment policy and procedure was comprehensive and reflected best practice guidance.

### **Safeguarding**

Dr McGirr and Ms Varley confirmed the independent medical agency (IMA) ensures arrangements are in place to ensure that pharmacists who are providing Patient Group Directions (PGDs) have an awareness of actions to be taken should a safeguarding issue arise. Private doctors have completed training at level 2 and level 3 in respect of adults and children respectively.

The IMA has two safeguarding policies in respect of children and adults. A recommendation was made to review the safeguarding adults policy to ensure it is reflective of the Northern Ireland regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). A copy of this guidance was emailed to the agency on 30 March 2017.

## Management of medical emergencies

Dr McGirr and Ms Varley confirmed the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of actions to be taken in the event of a medical emergency. Training records are retained.

## Infection prevention control and decontamination procedures

Dr McGirr and Ms Varley confirmed that the IMA ensures arrangements are in place for those pharmacists who are providing PGDs to have an awareness of infection prevention and control and adhere to regional guidance. Site visits are completed annually as part of the quality assurance process.

## Staff views

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comments were provided:

- “Staff are aware of the member of staff that is the safeguarding lead. Patients that are vulnerable or that members of staff have concerns about are discussed at regular practice and clinical meetings and can therefore be monitored. The doctors are all approachable and caring.”
- “All staff have a detailed well planned induction programme. The surgery ensure that staff are appraised on an annual basis. Staff are well trained and fully supported during their probationary period.”
- “Doctor Now has enough clinical staff to meet the patients’ needs. All staff received appropriate induction and training. We recently had our appraisals done.”

## Areas for improvement

The safeguarding adults policy should be reviewed to ensure it is reflective of the Northern Ireland regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015).

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.4 Is care effective?

### Clinical records

Review of 12 redacted electronic patient records relating to the IMA private doctor service found that all entries were in line with best practice.

Patient electronic records are accessed using individual usernames and passwords and securely stored.

Discussion with Dr McGirr and Ms Varley and review of training records confirmed that appropriate staff have received training in records management. Dr McGirr 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.

There are systems in place to audit the completion of clinical records remotely 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.

Information is available for patients on how to access their health records, under the Data Protection Act 1998.

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

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 amendment was made to the retention schedule, which was emailed to RQIA on 30 March 2017.

The agency also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Review of staff questionnaires and discussion with Dr McGirr confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of who to contact if they want advice or if they have any issues/ concerns.

### **Information provision**

Information about services provided by the agency was reviewed and found to accurately reflect the types of IMA private doctor service provided and were in line with GMC Good Medical Practice.

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 and by telephone. The patient guide is made available on the website.

Information provided to patients is written in plain English.

Discussion with Dr McGirr and review of records 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. The costs of treatments were found to be up to date and include all aspects of the treatment.

It was confirmed staff meetings are held regularly and learning from complaints incidents/near misses is effectively disseminated to staff.

### **Staff views**

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. The following comments were provided:

- "Patients are seen as soon as possible (or when they request an appointment). If this is not available the doctors are able to make telephone calls to help in the short term and not

leave patients without advice. All consultations and phone calls are documented in patients' records."

- "Patients are given a very high standard of care by the Doctor Now team. The team adhere to policies, to ensure confidentiality, data protection and clinical governance."
- "I believe the service responds and meets the needs of patients. All clinical and admin notes are recorded on patients' records on Crosscare. We run weekly clinical meetings and there are compliant policies in place."

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

**Dignity, respect and involvement with decision making**

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

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

Patients consult via their secure online patient record which is accessible via the website regarding their treatment and are fully involved in decisions regarding their treatment. Dr McGirr and staff questionnaires confirmed patients' wishes are respected and acknowledged by the agency.

Dr McGirr confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

All patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The agency issued feedback questionnaires to patients, and 41 responses were related to patients from Northern Ireland of which the agency provided a random sample of 10 completed questionnaires. Review of the completed questionnaires found that patients were generally highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- 'Very professional service – 10/10.'
- 'Very positive experience. Would heavily recommend.'
- 'No suggestions. Very good service.'
- 'Improve - number of available pharmacies for treatment in Derry e.g. Waterside.'
- 'Provide information on separate and combined vaccines and cost of each to give the patient a choice with regards to cost and number of injections given.'
- 'Lower the price of the nurse consultation.'



The information received from the patient feedback questionnaires is collated into a summary report which is made available to patients and other interested parties to read online on the agency's website. Discussion with Dr McGirr and Ms Varley confirmed the agency uses the findings to make improvements to services, if appropriate. The most recent summary report for 1 January 2016 to 1 January 2017 was submitted to RQIA. It was suggested that any actions taken to improve the service as an outcome of the survey is included in future summary reports. Dr McGirr and Ms Varley readily agreed to this.

### Staff views

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. The following comments were provided:

- "Patient information is stored in a secure system. Correspondence regarding patients information adheres to the Caldicott principles and all staff – clinical and non-clinical are aware of the importance of confidentiality."
- "The clinicians always adhere to the above. Many patients have been members of the Doctor Now surgery for a long time. There is mutual respect between clinicians and patients."
- "All of the above are met."

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the agency and Dr McGirr was able to describe his role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Dr McGirr is the nominated individual with overall responsibility for the day to day management of the agency.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed at least on a three yearly basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency's website. Dr McGirr demonstrated a good awareness of complaints management. 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 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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. However, the IMA has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. An amended policy and procedure was submitted to RQIA on 30 March 2017 reflecting that practising privileges arrangements will be reviewed every two years. The practising privileges agreement will define the scope of practice for each individual medical practitioner if applicable.

Dr McGirr confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. The agency devises an annual quality services report and a copy was available for inspection.

A whistleblowing/raising concerns policy was available.

Dr McGirr demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Dr McGirr and Ms Varley confirmed that the statement of purpose and patient guide are kept under review, revised and updated when necessary and available on request.

The registered person confirmed the RQIA certificate of registration was up to date and was on display by the reception desk of the agency.

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

### **Staff views**

All submitted staff questionnaire responses indicated that they felt that the service is well led. The following comments were provided:

- “All staff are aware of the structure within the business and who is responsible for different areas within the practice. All line managers have constant interaction with all members of staff and therefore all managers or fellow members of staff can be approached when a problem arises. Policies are circulated and available on the shared network. Clinical and non-clinical reports are run frequently and are audited. Appraisals take place annually allowing staff to be reviewed and give feedback for further development.”
- “I think the service is very well led by Dr McGirr. He is very approachable, supportive, and helpful. All staff adhere to our complaints policy. We try to respond quickly to resolve complaints ASAP.”

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Brain McGirr, registered person and Ms Sarah Varley, compliance/special projects manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the independent medical agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2017</p>	<p>The safeguarding adults policy should be reviewed to ensure it is reflective of the Northern Ireland regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015).</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>I confirm that we updated our Safeguarding Adults policy in April 2017. Within this document I have inserted two appendices:</p> <p>Appendix 1 is the Adult Safeguarding Policy, Prevention and Protection in Partnership issued by the Department of Health, Social Services and Public Safety, Northern Ireland dated July 2015.</p> <p>Appendix 2 shows the regional contact details for the Adult Protection Gateway Service.</p> <p>Sarah Varley Compliance Lead, DOCTORnow Limited 01/06/2017</p>

*\*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\**



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