

# Announced Care Inspection Report 26 February 2018



**Doctor Now Limited**  
**Type of Service: Independent Medical Agency (IMA), Private  
Doctor (PD)**  
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**Tel No: 014 9441 0888**  
**Inspector: Stephen O'Connor**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is an independent medical agency (IMA) which offers patient group directions (PGD) in community pharmacists in Northern Ireland.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Doctor Now Limited  <b>Responsible Individual:</b> Dr Brian McGirr	<b>Registered manager:</b> Dr Brian McGirr
<b>Person in charge 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	

### 4.0 Inspection summary

An announced inspection took place on 26 February 2018 from 10:00 to 13:10 in the Regulation and Quality Improvement Authority (RQIA) office in Belfast.

This inspection was underpinned by The Health and Personal Social Services (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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was evidenced in all four domains. These related to the monitoring and updating of the private doctors details; staff training and development; the provision of information to patients allowing them to make an informed decision; and engagement to enhance the patients' experience.

One area for improvement against the regulations has been made in relation to statutory notifications of incidents to RQIA.

The findings of this report will provide the independent medical agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 23 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 March 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to staff prior to the inspection by the independent medical agency on behalf of RQIA. Returned completed staff questionnaires were analysed prior to the inspection.

A complaints return and a request for supporting documentation was forwarded to the provider prior to the inspection. Dr McGirr, registered person, was requested to be available for contact via the telephone on 26 February 2018, at an agreed time. Having reviewed the records Dr McGirr was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

During the inspection the inspector held discussions with Dr McGirr, and Ms Sarah Varley, compliance/special projects manager.

A sample of 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

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Dr McGirr and Ms Varley at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 March 2017

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.

### 6.2 Review of areas for improvement from the last care inspection dated 23 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the safeguarding adults policy evidenced that it refers the reader to the Northern Ireland regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### 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. Although Dr Now provides online consultations, this service is not available in Northern Ireland.

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

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 would be sought and retained for inspection.

There was a recruitment policy and procedure available. It was suggested that the policy is further developed to include that recruitment documentation as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for newly recruited staff. Ms Varley readily agreed to update the policy to include this information.

## **Safeguarding**

Dr McGirr confirmed that the agency only provides services in Northern Ireland to patients aged 18 and over.

Dr McGirr and Ms Varley confirmed the 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.

A community pharmacy must complete an initial audit for pharmacists new to the service in order to be able to provide PGD's through Doctor Now. This initial audit includes a declaration that they have completed an approved safeguarding children's course. It was suggested that this audit should also include a declaration that they have completed an approved safeguarding adults course. Dr McGirr and Ms Varley readily agreed to this and on 01 March 2018 the updated audit to include safeguarding adults was submitted to RQIA. The IMA reviews participating pharmacists training records in this regard.

Private doctors have completed training at level 2 and level 3 in respect of adults and children respectively.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child.

## **Management of medical emergencies**

Dr McGirr 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.

Doctor Now provides participating pharmacies with guidance entitled 'Standard Operating Procedures, Requirements and Guidelines' issued February 2018. This document includes guidance in relation the management of a medical emergency to include Resuscitation Council (UK) Anaphylactic reactions – initial treatment algorithm and adrenalin dosage charts.

The audit for pharmacists new to the service includes a declaration that they have successfully completed an anaphylaxis and resuscitation course within the previous 12 months. In the pharmacy clinical audit – yearly revalidation audit pharmacists must declare that that they have successfully completed a live anaphylaxis and resuscitation course within the previous 24 months.



All private doctors complete refresher training in basic life support annually and this is recorded in the medical professional's log.

### **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.

As discussed, Doctor Now provides participating pharmacies with guidance entitled 'Standard Operating Procedures, Requirements and Guidelines' issued February 2018. This document includes guidance in relation to infection prevention and control and clinical waste management.

### **Staff views**

Thirteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to monitoring and updating the private doctor's details; awareness of recruitment and selection processes; training, appraisal, safeguarding, management of medical emergencies and infection prevention control.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

### **6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

### **Clinical records**

Review of 11 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 are 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.



Dr McGirr demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

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. The Doctor Now 'Standard Operating Procedures, Requirements and Guidelines' issued February 2018 for participating pharmacies includes a section on confidentiality and clinical record management.

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.

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 and/or their representatives 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.

Discussion with Dr McGirr and review of staff questionnaires evidenced that a range of meetings are held routinely and learning from complaints incidents/near misses is effectively disseminated to staff.

## Staff views

All 13 submitted staff questionnaire responses indicated that they felt that care delivered to patients is effective. Twelve staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Dignity, respect and involvement in decision making

Discussion with Mr 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.

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.

Following consultation the agency issued feedback questionnaires to patients via an online survey; pharmacists can provide a paper copy of the survey. Responses related to patients from Northern Ireland are collated to provide a summary report twice a year. The January to June 2017 report was based on 24 responses and the July to December 2017 report was based on nine responses. Review of the completed questionnaires found that patients were highly

satisfied with the quality of treatment, information and care received. Comments from patients included:

- “Was top notch.”
- “Great service.”
- “Very good service.”

Dr McGirr confirmed that there are robust arrangements in place to follow-up on any areas of concern or issues identified in patient comments.

**Patient and staff views**

All 13 submitted staff questionnaire responses indicated that they felt that patients are treated with compassion and indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

**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 on an annual basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure is available on the agency’s website. Dr McGirr and Ms Varley demonstrated a good awareness of complaints management. Dr McGirr confirmed that

the IMA's procedures are in keeping with the requirements of the Independent Doctors Federation (IDF) and the Independent Sector Complaints Adjudication Service (ISCAS). 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 2016 to 31 March 2017.

Review of documentation submitted to RQIA prior to the inspection relating to audits of incidents evidenced that an incident that had occurred on 13 June 2017 should have been notified to RQIA in keeping with RQIA's statutory notification of incidents and deaths guidance. Review of the Doctor Now incidents and occurrences policy evidenced that it did not include the arrangements in regards to notification of incidents to RQIA. These issues were discussed with Dr McGirr and Ms Varley and an area for improvement against the regulations has been made.

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 and withdrawal of practising privileges. It was suggested that the practising privileges policy is further developed to include the arrangements in respect to the suspension of practising privileges.

The practising privileges agreement will define the scope of practice for each individual medical practitioner, if applicable. It was confirmed that systems would be in place to review practising privileges agreements every two years.

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 would be 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, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request. It was suggested that a minor amendment was to the statement of purpose. The amended statement of purpose was submitted to RQIA on 01 March 2018.

Dr McGirr 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 13 submitted staff questionnaire responses indicated that they felt that the service is well led. Eleven staff indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Comments provided included the following:

- “This is a well established and well run service. Patient feedback is extremely positive.”
- “Doctor Now is a wonderful company to work for.”
- “The service has a very good reputation within the local community.”
- “Since working here I have only worked with staff committed to giving the best care to our patients. Communication in the form of regular specific meetings for clinical staff, reception staff, Nurses and the General Practice meeting, which includes all staff are held at frequent regular intervals. The combination of meetings ensure all areas are covered relevant to everyone’s roles in managing our patients care. Events, positive and negative documented and discussed measures for improvement, opinions encouraged and listened too. I have personally only witnessed good working relationships between staff and with patients, which I see as essential when delivering good empathetic care. Both Dr McGirr and Dr Angwin encourage feedback and are very approachable.”

### Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

### Areas for improvement

The reporting incidents and occurrences policy should be updated. Arrangements should be in place to ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff. The identified incident should be reported to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

**7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with 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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

**7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 28 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 March 2018</p>	<p>The registered person must ensure that the reporting incidents and occurrences policy is updated to include the arrangements to report statutory notification of incidents and deaths to RQIA in keeping with RQIA guidance.</p> <p>Arrangements should be in place to ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.</p> <p>The identified incident should be reported to RQIA.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> The incident that occurred this year has now been reported in the RQIA portal (completed on 12/06/2018). The Reporting Incidents policy has now been updated to state that incidents need to be reported, see clause 7.3. We apologise for the delay in completing this QIP.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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