

# Announced Care Inspection Report 13 December 2017



## Medical Prescription Services (MPS)

**Type of Service: Independent Medical Agency**

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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 is an online private doctor service for the provision of patient group directions (PGDs) to named community pharmacists in Northern Ireland.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Medical Prescription Services Ltd  <b>Responsible Individual:</b> Mr Jonathan Tribe	<b>Registered Manager:</b> Dr Kenneth Dawson
<b>Person in charge at the time of inspection:</b> Mr Jonathan Tribe	<b>Date manager registered:</b> 3 October 2013
<b>Categories of care:</b> Independent Medical Agency (IMA) (PD) Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 13 December 2017 from 10.00 to 13.30.

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).

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

There were no areas of improvement identified during this inspection.

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Jonathan Tribe, registered person, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 13 December 2016**

No further actions were required to be taken following the most recent inspection on 13 December 2016.

#### **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 previous care inspection report
- submitted complaints declaration
- the pre-inspection information form

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

The IMA is based in England therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted in the offices of the RQIA. A complaints return and a request for supporting documentation was forwarded to the provider prior to the inspection. Mr Jonathan Tribe, registered person, was requested to be available for contact via the telephone on 13 December 2017, at an agreed time. Having reviewed the records Mr Tribe was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the findings.

Records submitted to RQIA by the provider 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 findings of the inspection were provided to Mr Tribe at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 December 2016

The most recent inspection of the independent medical agency was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 13 December 2016

There were no areas for improvement made as a result of the last care inspection.

## 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

Discussion with Mr Tribe and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

Induction programme templates were in place relevant to specific roles within the agency. There is only one private doctor involved in the service, Dr Kenneth Dawson, who is the registered manager. Dr Dawson's induction programme was reviewed and Mr Tribe confirmed an induction programme would be completed when new staff join the agency.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

It was 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 the private doctor's 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, carried out on 26 October 2017
- an appointed responsible officer
- arrangements for revalidation

Discussion with Mr Tribe and review of staff questionnaires confirmed that the private doctor is aware of his responsibilities under GMC Good Medical Practice.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr Tribe confirmed that no new staff have been recruited since the previous inspection. During discussion Mr Tribe 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 is sought and retained for inspection.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

There was a recruitment policy and procedure available. A minor amendment was made to the policy following the inspection relating to the inclusion of two written references as part of the recruitment process. An electronic copy of the amended policy was submitted to RQIA following the inspection.

### **Safeguarding**

Mr Tribe confirmed the IMA has arrangements in place to ensure that the medical practitioner and other staff have an awareness of actions to be taken should a safeguarding issue arise. The private doctor has undertaken safeguarding training. Mr Tribe agreed he would access safeguarding training in line with his role as safeguarding lead.

A safeguarding policy and procedure was reviewed and it was suggested that the policy should reflect the guidance issued in Northern Ireland in July 2015 'Adult Safeguarding, Prevention and Protection in Partnership'. An amended copy of the safeguarding policy was submitted to RQIA following the inspection which reflected the Northern Ireland guidance.

### **Management of medical emergencies**

Discussion with Mr Tribe and review of records 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. This forms part of the written PGDs.

### **Infection prevention control and decontamination procedures**

Mr Tribe confirmed 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.

## Staff views

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and 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; and staff training and development.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

## Clinical records

Review of copies of ten redacted electronic patient records relating to the IMA private doctor service found that all entries were dated by the author 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.

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

Mr Tribe 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. He 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.

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 Mr Tribe 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. Mr Tribe confirmed the IMA provides PGDs relating to the seasonal influenza vaccine to named pharmacies in Northern Ireland.

The agency has a website which contains comprehensive information regarding the types of treatment provided. Mr Tribe confirmed the PGDs stipulate that it is the pharmacist's responsibility to provide specific information relating to the medication provided and a patient information leaflet is always dispensed with the medication. Mr Tribe confirmed a paper consent form is completed by the pharmacist and the patient.

The Patient Guide is made available on the website.

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

Discussion with Mr Tribe 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.

Mr Tribe confirmed meetings are held with the doctor who is involved in the provision of the PGDs for the IMA 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. Two staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was provided:

- "Patients are delivered the PGD service in a face to face consultation by an appropriately trained pharmacist."

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records 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 Tribe 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.

It was 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.

Every patient at the conclusion of their medical screening are requested to complete an online survey. This information is collated weekly and reviewed by the management team. In addition, there is a direct link from the patients account page to provide feedback which goes through to a dedicated MPS email address and all feedback is processed by management. Mr Tribe confirmed, he and the medical director discuss all feedback during a monthly management meeting.

The information received from patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read online on the agency's website.

The agency also seeks the views of pharmacists who provide PGDs.

## 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. Two staff indicated

they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was provided:

- “Yes, as outlined in all the PGDs.”

### 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. Mr Tribe confirmed staff were aware of their roles and responsibilities and of whom to speak to if they had a concern. Mr Tribe is in day to day control 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 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. Mr Tribe 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 Northern Ireland based services for the period 1 April 2016 to 31 March 2017.

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.

Mr Tribe outlined the process for granting practising privileges and confirmed medical practitioners would meet with him and the medical director prior to privileges being granted.

One medical practitioner's practising privilege agreement was reviewed which confirmed that there was a written agreement between the medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

MPS has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

It was 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 following audits were reviewed:

- Completion of electronic application
- Northern Ireland compliance with seasonal influenza PGD(2016/17)

Mr Tribe confirmed an audit relating to compliance with PGD's was planned for Northern Ireland pharmacies in February 2018.

A whistleblowing/raising concerns policy was available. Following the inspection it was amended to include details of Public Concern at Work and an electronic copy was submitted to RQIA.

Mr Tribe 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.

Mr Tribe confirmed the RQIA certificate of registration was up to date and displayed in the agency's offices.

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 and were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

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

### **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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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