

# Announced Care Inspection Report 13 December 2016



## Medical Prescription Services (MPS)

**Type of Service: Independent Medical Agency (IMA) Private Doctor (PD)**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Medical Prescriptions Services (MPS) took place on 13 December 2016 from 9.30 to 12.30.

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

### Is care safe?

A review of documentation and discussion with Mr Jonathan Tribe, registered person, 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. No requirements or recommendations have been made.

### Is care effective?

A review of documentation and discussion with Mr Tribe demonstrated that systems and processes were in place to ensure that care provided by the agency 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 Mr Tribe 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	0

This inspection resulted in no requirements or recommendations being made. 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.

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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Medical Prescriptions Services Limited Mr Jonathan Tribe	<b>Registered manager:</b> Dr Kenneth Dawson
<b>Person in charge of the agency 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) Private Doctor (PD)	

### 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. The service provided is an online private doctor service for the provision of patient group directions (PGDs) to named pharmacies in Northern Ireland. The IMA is based in England therefore as per an agreed RQIA protocol for the inspections of IMAs; the inspection was conducted in the offices of RQIA. Mr Tribe, the registered person was requested to be available for contact via the telephone on the date of inspection, 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 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 14 December 2015**

There were no requirements or recommendations made as a result of the last care inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 14 December 2015**

As above.

#### **4.3 Is care safe?**

### **Staffing**

Discussion with Mr Tribe and review of the completed staff questionnaire 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. A sample of an induction programme evidenced they are being 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.

Mr Tribe 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 a 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
- an appointed responsible officer
- arrangements for revalidation

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

### **Recruitment and selection**

Discussion with Mr Tribe confirmed that no new private doctors had been recruited since the previous inspection and it was confirmed that should private doctors 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.

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

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

### **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. A safeguarding policy and procedure was reviewed and it was suggested to reference the guidance issued in Northern Ireland in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. An amended copy of the safeguarding policy was forwarded to RQIA immediately following inspection.

### **Management of medical emergencies**

It was 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 and this is clearly stipulated within the PGDs.

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

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**

One member of staff submitted a questionnaire response. They indicated that they felt that patients are safe and protected from harm. No comments were included in the submitted staff questionnaire response.

## 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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### 4.4 Is care effective?

#### Clinical records

Review of eleven 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 Mr Tribe and review of training records confirmed that appropriate staff have received training in records management. It was 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.

Mr Tribe demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records 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 a staff questionnaire 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.

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 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. Mr Tribe confirmed the costs of treatments are provided by those pharmacists providing the PGDs. It was suggested to reflect this information on the IMA website. Mr Tribe gave assurances on this matter.

Mr Tribe confirmed that learning from complaints incidents/near misses is effectively disseminated to staff.

### Staff views

A submitted staff questionnaire response indicated that they felt that patients get the right care, at the right time and with the best outcome for them. The following comment was provided:

- “No patient contact as service is offered by participating pharmacists.”

### 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

Mr Tribe confirmed that the patient’s dignity is respected at all times during the consultation and treatment process. Consultations are predominately provided online through the website and contact with the participating pharmacists.

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.

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. The information is collated weekly and reviewed by the IMA management team. In addition there is a direct link from patient's 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 the 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. A recent survey of Northern Ireland participating pharmacists had been undertaken and it was noted the findings were very positive.

### Staff views

A submitted staff questionnaire response indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted staff questionnaire responses.

### 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 Mr Tribe was able to describe his role and responsibilities and confirmed staff were aware of who 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.

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 Northern Ireland based services 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.



Mr Tribe outlined the process for granting practising privileges and confirmed medical practitioners would meet with the managing director and the medical director prior to privileges being granted. There is currently only one medical practitioner with practising privileges.

The medical practitioner's personnel file was reviewed and confirmed that there was a written agreement between the medical practitioner and the agency 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 confirmed as undertaken:

- Electronic applications
- PGD's consultation outcomes
- Paper consent forms for pharmacists based in Northern Ireland

A whistleblowing/raising concerns policy was available.

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.

The registered person confirmed the RQIA certificate of registration was up to date.

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

### **Staff views**

A submitted staff questionnaire response indicated that they felt that the service is well led. The following comment was provided:

- "Small close team. With direct access to all managers and directors."

### **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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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