



The **Regulation** and
Quality Improvement
Authority

Medical Prescription Services (MPS)
RQIA ID: 12191
28 The Square
Clifford Chambers
Stratford-upon-Avon
Warwickshire
CV37 8HT

Inspector: Winifred Maguire
Inspection ID: IN023849

Tel: 08450941692

**Announced Inspection
of
Medical Prescription Services**

14 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 14 December 2015 from 10.00 to 13.30. On the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 16 December 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Jonathan Tribe, registered person and can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Medical Prescription Services (MPS) Mr Jonathan Tribe	Registered Manager: Dr Kenneth Dawson
Person in Charge of the Agency at the Time of Inspection: Mr Jonathan Tribe	Date Manager Registered: 3 October 2013
Categories of Care: IMA –(PD) Independent Medical Agency – Private Doctor	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 1 – Informed Decision Making
- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

The pre-assessment information, complaints return and request for supporting documentation was forwarded to the provider prior to the inspection. 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 the registered person was contacted at the conclusion of the inspection to discuss any issues and provide feedback on the findings.

During the inspection the inspector spoke with Mr Jonathan Tribe, registered person.

The following records were examined during the inspection:

- 11 patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Policies and procedures
- Insurance documentation
- Information provided to patients
- One medical practitioners details
- A Practising privileges agreement
- Certificate of registration

5. The Inspection

Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 16 December 2014. The completed QIP was returned and approved by the care inspector.

5.1 Review of Requirements and Recommendations from the Last Care Inspection Dated 16 December 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5 Stated: First time	<p>The registered manager should ensure the findings of the patient survey are made available to patients and other interested parties on MPS website.</p> <hr/> <p>Action taken as confirmed during the inspection: The findings of the patient survey are available on MPS website.</p>	Met
Recommendation 2 Ref: Standard 9 Stated: First time	<p>The registered manager should amend the incident policy and procedure to include reporting arrangements to RQIA in line with legislation.</p> <hr/> <p>Action taken as confirmed during the inspection: The incident policy and procedure includes reporting arrangements to RQIA.</p>	Met
Recommendation 3 Ref: Standard 10 Stated: First time	<p>The registered manager should establish arrangements to regularly access NIAC website as outlined in main body of the report.</p> <hr/> <p>Action taken as confirmed during the inspection: There are arrangements in place to regularly access the NIAC website.</p>	Met

5.2 Standard 1 – Informed Decision Making

Is Care Safe?

Information about services provided by the agency was reviewed and found to accurately reflect the types of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice. The costs of treatments were found to be up to date and include all aspects of the treatment.

Mr Tribe confirmed the agency does not advertise directly to the public.

Is Care Effective?

The IMA has a website which contains comprehensive information regarding the types of treatment provided. Mr Tribe confirmed the pharmacists providing vaccinations give specific

written information leaflets directly to the patients which explain the treatment provided and associated risks and complications.

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

Information provided to patients is written in plain English.

Is Care Compassionate?

Discussion with Mr Tribe and review of documentation confirmed that information provided to patients affords a transparent explanation of the treatment proposed. Patients are fully involved in planning their care and treatment.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with Mr Tribe confirmed the agency provides training to pharmacists operating MPS Patient Group Directions (PGDs) to ensure that the patient's dignity is respected at all times during the consultation and treatment process.

Mr Tribe confirmed the agency does not create patient records relating to the service delivered by pharmacists in Northern Ireland. The pharmacists create and store patient records. Mr Tribe confirmed training is provided on this matter to the pharmacists. Mr Tribe confirmed that patient care records were stored securely in line with the agency's records management policy and procedure.

Is Care Effective?

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

Is Care Compassionate?

Discussion with Mr Tribe and review of 11 patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnerships

Is Care Safe?

The IMA invites every patient to complete an online survey at the end of online medical screening. The results are collated weekly and reviewed by the MPS board and an action plan is developed and implemented if any issues are identified.

Is Care Effective?

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

The inspector reviewed the completed questionnaires and found that patients were highly satisfied with the quality of treatment and information received. There were no written comments from patients.

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

Discussion with Mr Tribe confirmed that comments received from patients are reviewed by senior management at weekly management meetings.

An action plan is developed and implemented to address any issues identified. No issues were identified as requiring to be addressed.

Is Care Compassionate?

Review of patient care records and discussion with Mr Tribe confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

No complaints relating to Northern Irish patients have been recorded by the agency since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mr Tribe confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Mr Tribe confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the RQIA to the agency for completion.

The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

Mr Tribe demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Patient Guide; copies of which are available on the agency's website for patients to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf.

The complainant will be notified of the outcome and action taken by the agency to address any concerns raised.

Discussion with Mr Tribe demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Complaints will be handled in a sensitive manner.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.6 Standard 8 - Records

Is Care Safe?

Discussion with Mr Tribe and review of training records confirmed that appropriate staff have received training in records management. Mr Tribe also confirmed that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements. Computerised records are accessed using individual usernames and passwords.

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

Is Care Effective?

Review of documentation confirmed that the agency has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

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

Review of 11 patient care records relating to the services provided by the agency found that all entries were completed in line with best practice and had a contemporaneous record of consultation and treatment provided. The records were found to be maintained in line with best practice guidance.

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

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

Is Care Compassionate?

Discussion with Mr Tribe and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and where appropriate Information Commissioner's Office regulations and Freedom of Information legislation.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.7 Standard 10 – Qualified Practitioners, Staff and Indemnity

Is Care Safe?

Review of one medical practitioner details confirmed:

- evidence of confirmation of identity
- evidence of current registration with the General Medical Council (GMC)
- the medical practitioner is covered by the appropriate professional indemnity insurance
- the medical practitioner has provided evidence of experience relevant to their scope of practice
- evidence of enhanced AccessNI disclosure check

- there was evidence of ongoing professional development and continuing medical education that meets the requirements of the Royal Colleges and GMC to ensure the medical practitioner can safely and competently undertake the treatments and services he offers
- there was evidence of ongoing annual appraisal by a trained medical appraiser
- a responsible officer had been appointed

Arrangements are in place to support medical practitioners, with a licence to practice, to fulfil the requirements for revalidation through:

- providing sufficient information to the responsible officer to support their revalidation, for medical practitioners who are not an employee
- contributing to an annual appraisal in line with the GMC's appraisal and assessment framework, for medical practitioners employed directly by the agency

Discussion with Mr Tribe confirmed that arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff, including those with practising privileges. There are also mechanisms for reporting incompetence in line with guidelines issued by the Department of Health and professional regulatory bodies.

Is Care Effective?

Discussion with Mr Tribe confirmed that the medical practitioner is aware of his responsibilities under GMC Good Medical Practice.

The medical practitioner abides by published codes of professional practice relevant to his scope of practice and retains evidence that professional registration and revalidation requirements are met.

Is Care Compassionate?

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

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.8 Standard 11 – Practising Privileges

Is Care Safe?

Discussion with Mr Tribe confirmed that all information required by legislation is retained by the agency prior to practising privileges being granted.

Is Care Effective?

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

There are systems in place to review practising privileges agreements annually.

Is Care Compassionate?

The practising privileges agreement includes arrangements to ensure patients are treated with dignity and respect at all times while respecting their rights.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.10 Additional Areas Examined**Management of Incidents**

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

No adverse incidents relating to Northern Irish patients have occurred within the agency since registration with RQIA. However discussion with Mr Tribe confirmed that systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

RQIA Registration and Insurance Arrangements

Discussion with Mr Tribe regarding the insurance arrangements within the agency and review of documentation confirmed that current insurance policies were in place. Mr Tribe confirmed that the RQIA certificate of registration was clearly displayed in the MPS office.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	[Redacted]	Date Completed	03.02.16
Registered Person	[Redacted]	Date Approved	03.02.16
RQIA Inspector Assessing Response	[Signature]	Date Approved	08/02/16

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations.