



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Medical Prescription Services (MPS)
Establishment ID No: 12191
Date of Inspection: 16 December 2014
Inspector's Name: Winnie Maguire
Inspection No: 17398

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	Medical Prescription Services
Address:	28 The Square Clifford Chambers Stratford-upon-Avon CV37 8HT
Telephone number:	0845 0941692
Registered organisation/ registered provider:	Mr Jonathan Philip Tribe
Registered manager:	Dr Kenneth Dawson
Registration category:	PD (IMA) Independent Medical Agency with Private Doctor category of registration.
Date and time of inspection:	16 December 2014 10.00 - 12.00
Date and type of previous inspection:	Pre-registration inspection 18 December 2013
Name of inspector:	Winnie Maguire

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of an independent medical agency, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment and request for supporting documentation was forwarded to the provider prior to the inspection. The registered provider was requested to be available for contact via the telephone on the date of inspection, at an agreed time.

Having reviewed the records the inspector contacted the registered person at the conclusion of the inspection to discuss any issues and provide feedback on the findings.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed patient feedback questionnaires, issued by the clinic	63
--	----

2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection:

- Standard 1 – Informed Decision Making
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges
- Standard 16 – Management and Control of Operation

3.0 Profile of Service

Medical Prescription Services (MPS) is an online medical service.

The establishment's statement of purpose outlines the range of services provided.

Services Provided

One private doctor is involved in the development of patient group directions (known as PGDs). The private doctor does not provide any online patient management.

Patient Group Directions (PGDs)

PGDs are provided to selected community pharmacies within Northern Ireland. PGDs currently cover flu vaccines however others may be introduced. Medical Prescription Services provide training on the use and the implementation of the PGDs.

Dr Kenneth Dawson has been the registered manager for Medical Prescription Services since registration of the agency with RQIA on 3 October 2013.

Medical Prescription Services is registered as an Independent Medical Agency with the Private Doctor category of registration - PD (IMA).

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 16 December 2014 from 10.00 to 12.00. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

The previous inspection was a pre-registration inspection and most of the requirements/recommendations made had been addressed prior to registration. One recommendation relating to patient survey had been partially addressed by including Northern Irish patients in the patient survey however a further recommendation is made to ensure the findings of the survey are made available to patients and other interested parties on the MPS website.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Jonathan Tribe was available for discussion and verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector examined a selection of records.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

The Independent Medical Agency (IMA) provides comprehensive information to their patients on the types of services provided on their website.

The IMA has robust systems in place to obtain the views of patients on a formal basis. The inspector reviewed comments from the completed patient feedback survey and found that patients were highly satisfied with treatment provided. Some of the comments received can be viewed in the main body of the report. The results of the patient survey are collated weekly and reviewed by MPS board. A recommendation was made to make the findings of the patient survey available to patients and other interested parties via the MPS website.

MPS has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person displayed a good understanding of complaints management.

There is a defined management structure within the IMA and clear lines of accountability. The registered manager is responsible for the day to day running of the IMA and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered person and manager undertake ongoing training to ensure that they are up to date in all areas relating to the provision of services.

No incidents have been recorded relating to Northern Irish patients by the IMA however systems are in place to document and manage and report incidents in line with the legislation. A recommendation was made to amend the incident policy and procedure to include reporting serious incidents relating to services in Northern Ireland to RQIA.

Systems are in place for dealing with alert letters within England and managing lack of competency or poor staff performance. A recommendation was made to regularly access the Northern Ireland Adverse Incident Centre (NIIAC) website regarding updates on safety alerts. The registered person confirmed arrangements are in place to ensure that all staff abide by their professional codes of conduct and the reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the IMA and found that current insurance policies were in place.

The IMA has a policy and procedure on the completion of clinical records. The inspector reviewed six hard copies of patient records relating to the IMA and found them to be completed and stored in line with best practice.

The inspector reviewed the details of the only medical practitioner and found them to contain all of the information required by legislation. The medical practitioner was appropriately qualified to provide the services within the IMA.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed a completed practising privileges agreement as part of the inspection process.

The registration certificate details were forwarded to the registered person following inspection to confirm accuracy of content.

Three recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

Overall, the IMA was found to be providing a safe and effective service to patients.

The inspector would like to extend her gratitude to Jonathan Tribe for his contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	7 and 8	The Statement of Purpose and Patient Guide should be amended as outlined in the main body of the report.	Amended prior to registration with RQIA.	One	Compliant
2	18	The pharmacist involved in the development and signing off of PGDs to be used in Northern Ireland must be registered by the Pharmaceutical Society of Northern Ireland.	Addressed prior to registration with RQIA.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C4	A summary report of the satisfaction questionnaires should be made available to the patients that reflect the service provided in Northern Ireland.	Action taken to include patients in Northern Ireland in patient survey but a further recommendation made to ensure findings of patient survey are made available on the MPS website.	One	Substantially Compliant
2	C10	Policies and procedures should be reviewed to ensure they are compatible with the Northern Ireland jurisdiction and have good document control in place.	Addressed prior to registration with RQIA.	One	Compliant
3	C1	The Information Commissioner's Office (ICO) should be contacted to establish if registration is required with them.	Addressed prior to registration with RQIA.	One	Compliant
4	C16	The policy and procedure on management of records should be amended to include retention of records timescales in line with legislation.	Addressed prior to registration with RQIA.	One	Compliant

6.0 Inspection Findings

STANDARD 1	
Informed Decision Making:	Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.
<p>The IMA has a website which contains comprehensive information regarding the types of treatment provided. The registered person confirmed the pharmacists providing vaccinations also give specific written information leaflets directly to the patients which explains the treatment provided and associated risks and complications.</p> <p>Information about services provided by the IMA was reviewed by the inspector 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.</p> <p>The Statement of Purpose and Patient Guide were reviewed by the inspector and found to contain all of the information required by legislation. The Patient Guide is made available via the MPS website.</p>	

Evidenced by:

Review of information provided to patients and other interested parties
Discussion with staff

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>The IMA carries out an online survey following screening for every patient. The results are collated weekly and reviewed by the MPS board and an action plan is developed and implemented if any issues are identified. The inspector reviewed comments from the completed questionnaires and found that patients were highly satisfied with the quality of treatment and information received. Comments from patients included:</p> <ul style="list-style-type: none"> • “Happy with service” • “Good once I mastered the website” • “I’d not heard of it before an useful alternative to making an appointment to see a doctor” • “Very helpful service” • ”Very pleased with your system user friendly” <p>The patient survey now includes patients from Northern Ireland as previously recommended. A further recommendation is made to ensure the findings of the patient survey are made available to patients and other interested parties on the MPS website.</p>	

Evidenced by:

Review of patient satisfaction surveys

Review of summary report of patient satisfaction surveys

Discussion with registered person

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The IMA operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider demonstrated a good understanding of complaints management.</p> <p>All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the IMA; however systems are in place to effectively document and manage complaints.</p>	

Evidenced by:**Review of complaints procedure****Complaint procedure made available to patients and other interested parties****Discussion with registered person****Review of complaints records**

STANDARD 8**Records:**

Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.

The establishment 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 establishment 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.

The inspector reviewed six hard copies of patient electronic records relating to the IMA service and found them to be completed in line with best practice

Patient care records are stored electronically within a secure database.

Information was 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 (ICO).

The management of records within the agency was found to be in line with legislation and best practice.

Evidenced by:

Review of management of records policy

Review of management of records

Review of clinical record keeping policy and procedure

Review of patient care records

Discussion with registered person

Review of ICO registration

STANDARD 9	
Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
<p>The registered provider and registered manager ensure the IMA delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>The IMA has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:</p> <ul style="list-style-type: none"> • Clinical incident • Complaints <p>The IMA has an incident policy and procedure in place. A recommendation was made to ensure it includes reporting arrangements to RQIA. No incidents relating to Northern Irish patients have occurred within the agency since registration; however systems are in place to document and manage incidents appropriately.</p> <p>The registered person confirmed that no research is currently being undertaken within the agency.</p>	

Evidenced by:

Review of policies and procedures
Discussion with registered provider
Review of audits
Review of incident management
Review of research arrangements

STANDARD 10	
Qualified Practitioners, Staff and Indemnity	Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.
<p>The inspector reviewed the details of the medical practitioner and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • There was evidence of current registration with the General Medical Council (GMC) • The medical practitioner is covered by the appropriate professional indemnity insurance • Evidence of enhanced Access NI disclosure check • There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC • There was evidence of ongoing annual appraisal by a trained medical appraiser <p>The inspector confirmed that the medical practitioner has an appointed responsible officer.</p> <p>Arrangements are in place for dealing with professional alert letters within England, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies.</p> <p>A recommendation was made to establish arrangements to regularly access the Northern Ireland Adverse Incident Centre (NIAIC) website regarding safety alerts/updates.</p> <p>Discussion with the registered person confirmed that the medical practitioner is aware of their responsibilities under GMC Good Medical Practice.</p>	

Evidenced by:

Review of details for verification of registration status with professional bodies
Review of professional indemnity insurance
Review of specialist qualifications
Review of arrangements for dealing with alert letter/competency

STANDARD 11	
Practising Privileges:	Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.
<p>MPS has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>The inspector reviewed a written agreement between the medical practitioner and the agency setting out the terms and conditions of practising privileges.</p> <p>There are systems in place to review practising privileges agreements every two years.</p>	

Evidenced by:

- Review of practising privileges policy and procedures**
- Review of practising privileges agreements**
- Discussion with registered person**

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The agency has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered person confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the agency and confirmed current insurance policies were in place. The certificates of insurance were reviewed by the inspector as part of the inspection process.</p>	

Evidenced by:

- Review of policies and procedures**
- Review of training records**
- Review of Patient Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jonathan Tribe as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Winnie Maguire
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Winnie Maguire
Inspector / Quality Reviewer

Date



**The Regulation and
Quality Improvement
Authority**

**Pre-Inspection Self-Assessment
Independent Medical Agency**

Name of Establishment: Medical Prescription Services (MPS)
Establishment ID No: 12191
Date of Inspection: 16 December 2014
Inspector's Name: Winnie Maguire
Inspection No: 17398

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of an independent medical agency, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Have any changes been made to the management structure of the independent medical agency since the previous inspection?		
Yes, please comment		

Policies and Procedures

	YES	NO
Does the independent medical agency have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?		
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?		
Do all policies and procedures contain the date of issue, date of review and version control?		
Are all policies and procedures ratified by the registered person?		
No, please comment		

Records Management

	YES	NO
Does the independent medical agency have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?		
Are care records maintained for each individual patient?		
Do the care records reflect the patient pathway from referral to discharge?		
Are arrangements in place to securely store patient care records?		
No, please comment		

Patient Partnerships

	YES	NO
Does the independent medical agency have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?		
Does the independent medical agency make available a summary report of patient feedback to patients and other interested parties?		
No, please comment		

Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?		
Are arrangements in place to refer patients to acute medical services?		
No, please comment		

Safeguarding

	YES	NO
Does the independent medical agency have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?		
Does the independent medical agency have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance?		
Does the independent medical agency have a whistle-blowing policy and procedure in place?		
No, please comment		

Complaints

	YES	NO
Does the independent medical agency have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?		
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the independent medical agency's complaints policy and procedure?		
No, please comment		

Incidents

	YES	NO
Does the independent medical agency have an incident policy and procedure in place which complies with the legislation and RQIA guidance?		
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the independent medical agency's policy and procedure?		
No, please comment		

Recruitment of staff

	YES	NO
Does the independent medical agency have a recruitment and selection policy and procedure in place?		
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?		
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?		
No, please comment		

--

Staffing

	YES	NO
Is there appropriate numbers of suitably qualified, skilled and experienced staff on duty to meet the assessed needs of the patients and the operational requirements of the independent medical agency?		
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place to for all new staff to participate in an induction programme relevant to their roles and responsibilities?		
Are arrangements in place for staff to access continuing professional development opportunities in line with the requirements of their professional bodies?		
No, please comment		

Appraisal

	YES	NO
Does the independent medical agency have an appraisal policy and procedure in place?		
Are systems in place to provide recorded annual appraisals for staff?		
No, please comment		

Documents to be submitted as evidence (electronically or as hard copy)

	YES	NO
Written information provided to patients regarding the service		
Patient Guide		
Statement of Purpose		
Price list for services provided		
Policy on advertising and marketing		
Summary report of the patient survey		
10 completed patient satisfaction questionnaires (preferably with patient comments regarding the service)		
Complaints policy and procedure		
Complaints records relating to NI (where applicable)		
Audit of complaints (where applicable)		
Policy and Procedure on the Completion of Clinical Records		
Management of Records Policy and Procedure		
Staff training records in relation to management of records and clinical records		
10 redacted patient records		
Audits of clinical records (where applicable)		
Confirmation of registration with Information Commissioners Office (NI)		
Audit programme and sample of audits undertaken		
Monitoring report by registered person (where registered person is not in day to day control of the IMA)		
Annual quality services report		
Incident policy and procedure		
Incident records relating to NI (where applicable)		
Audit of incidents (where applicable)		

	YES	NO
For each medical practitioner employed submit the following information: GMC registration Professional indemnity insurance Access NI enhanced disclosure Annual Appraisal Evidence of ongoing professional develop Confirmation of responsible officer appointed Confirmation of Identity Evidence of induction Practising privileges agreement (where applicable)		
Practising privileges policy and procedure		
Policy and procedure on sharing information between the IMA and the HSC employers (where applicable) for medical practitioner		
Organisational Structure		
Absence of registered manager policy and procedure		
Training records for registered person/registered manager		
Whistle Blowing policy and procedure		
Evidence of insurance arrangements (certificates)		

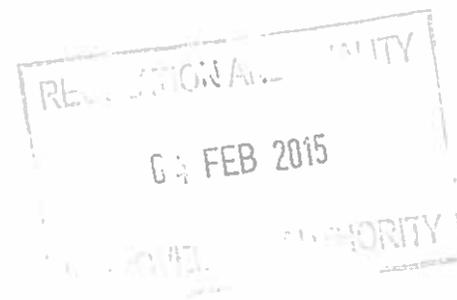
All information provided will be discussed during an arranged inspection consultation and destroyed in line with data protection arrangements.

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date



Quality Improvement Plan

Announced Inspection

Medical Prescription Services (MPS)

16 December 2014

The areas where the service needs to improve, as identified during this inspection, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jonathan Tribe either during or after the inspection.

Any matters that require completion within 28 days of the inspection have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

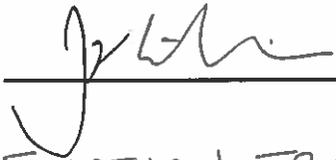
RECOMMENDATIONS

These recommendations are based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5	The registered manager should ensure the findings of the patient survey are made available to patients and other interested parties on MPS website. Ref: Standard 5	One	A COPY OF THE PATIENT SURVEY WILL BE POSTED VIA A LINK ON THE SERVICE WEBSITE WITHIN THE REQUIRED TIMESCALE	Three months
2	9	The registered manager should amend the incident policy and procedure to include reporting arrangements to RQIA in line with legislation. Ref: Standard 9	One	THE INCIDENT POLICY (SUI POLICY) HAS BEEN AMENDED TO INCLUDE REPORTING ARRANGEMENTS TO THE RQIA	Three months
3	10	The registered manager should establish arrangements to regularly access NIAC website as outlined in main body of the report. Ref: Standard 10	One	A NEW "ALERTS, BULLETINS AND UPDATES" POLICY HAS BEEN INTRODUCED WHICH INCLUDES A REQUIREMENT TO REGULARLY ACCESS NIAC WEBSITE	One month

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Winnie Maguire
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: 
 NAME: JONATHAN TRIBE
 Registered Provider
 DATE 30.01.2015

SIGNED: 
 NAME: DR KENNETH DAWSON
 Registered Manager
 DATE 30.01.2015

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓			9/2/15
B	Further information requested from provider				