

Announced Care Inspection Report 05 February 2018



Healthwise Weight Loss Clinic

Service Type: Independent Clinic (IC) - Private Doctor

Address: 11b Trevor Hill, Newry, BT34 1DN

Tel No: 028 30252266

Inspector: Winnie Maguire

www.rgia.org.uk

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 a registered independent clinic providing a private doctor service.

3.0 Service details

Organisation/Registered Provider: Mrs. Margaret Stevenson	Registered Manager: Mrs. Margaret Stevenson
Person in charge at the time of inspection: Mrs. Margaret Stevenson	Date manager registered: 25 March 2014
Categories of care: Independent Clinic (IC) – Private Doctor	

4.0 Inspection summary

An announced inspection took place on 05 February 2018 from 09.30 to 12.30.

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).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staffing, the management of medical emergencies and infection prevention control. Other examples included: the management of the patients' care pathway; communication; records management, practising privileges arrangements and engagement to enhance the patients' experience.

One area requiring improvement was identified against the regulations for a second time in relation to mandatory training. Three areas requiring improvement were identified against the standards in relation to adult safeguarding training, a fixed electrical wiring inspection and the completion of patient records.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Stevenson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 27 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 February 2017.

5.0 How we inspect

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

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

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. There were no submitted staff questionnaires.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Stevenson, registered person. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements
- medical practitioner personnel files
- clinical records
- management and governance arrangements
- Insurance documentation

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 February 2017

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area of improvement 1 Ref: Regulation 18 (2) (a) Stated: First time	The registered provider must ensure that the private doctors undertake mandatory training in the following: adult basic life support, infection prevention and control and fire safety training.	Partially met
	Action taken as confirmed during the inspection: Review of training records confirmed that the two private doctors had undertaken adult basic life support training in the last year. There was no evidence that they had undertaken infection prevention and control training or fire safety training.	
	This area of improvement was partially met and is stated for a second time in this report.	

Area of improvement 2 Ref: Regulation 18 (1) Stated: First time	The registered provider must ensure evidence of current General Medical Council (GMC) registration for the private doctors is available for inspection.	Met
	Response by registered provider detailing the actions taken: GMC registration details for the private doctors were made available during inspection.	
Area of improvement 3 Ref: Regulation 8 Stated: First time	The registered provider must devise a patient guide in accordance with legislation.	Met
	Response by registered provider detailing the actions taken: A patient guide was available in accordance to legislation.	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area of improvement 1 Ref: Standard 13.3 Stated: First time	Devise an induction programme template relevant to specific roles within the establishment	Met
	Action taken as confirmed during the inspection: An induction programme template relevant to specific roles had been devised.	
Area of improvement 2 Ref: Standard 14.1 Stated: First time	Devise a recruitment and selection policy and procedure in accordance with legislation.	Met
	Action taken as confirmed during the inspection: A recruitment and selection policy and procedure in accordance with legislation had been devised and further amendments were made during the inspection.	

<p>Area of improvement 3 Ref: Standard 3.1 Stated: First time</p>	<p>The adult safeguarding procedure should be updated to ensure it fully reflects the new regional guidance documents issued during July 2015.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The adult safeguarding procedure had been updated and the regional guidance documents issued during July 2015 were appended to the procedure.</p>		
<p>Area of improvement 4 Ref: Standard 18.1 Stated: First time</p>	<p>The policy and procedure on dealing with medical emergencies should be updated to include a list of the emergency drugs held and protocols for dealing with various medical emergencies.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The policy and procedure on dealing with medical emergencies was updated to include a list of the emergency drugs held and protocols for dealing with various medical emergencies. It was further amended during the inspection.</p>		
<p>Area of improvement 5 Ref: Standard 18.3 Stated: First time</p>	<p>Establish a record of monthly checks of the anaphylaxis shock kit.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: A record of monthly checks for the anaphylaxis shock kit was devised during the inspection. Mrs Stevenson gave assurances that the private doctor who undertakes the monthly checks would complete this record.</p>		

Area of improvement 6 Ref: Standard 19.4 Stated: First time	Index the policies and procedures and include an issue date and a review date.	Met
	Action taken as confirmed during the inspection: Policies and procedures were indexed and advice was given to an administrator in relation to an issue and a review date on policies and procedures. Work was commenced on this matter during the inspection and confirmed as completed following the inspection	
Area of improvement 7 Ref: Standard 11.5 Stated: First time	Review practising privileges agreements every two years.	Met
	Action taken as confirmed during the inspection: Practising privileges agreements for the two private doctors had been reviewed in the last year.	
Area of improvement 8 Ref: Standard 16.6 Stated: First time	Update the statement of purpose to reflect current staff using job titles and remove Mrs Stevenson's private address and replace it with the clinic's address.	Met
	Action taken as confirmed during the inspection: The statement of purpose had been updated as outlined above.	

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 Mrs Stevenson, registered person demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

Induction programme templates were in place relevant to specific roles within the establishment.

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

As stated in section 6.2 of this report, a review of training records found that both private doctors did not have evidence of up to date mandatory training in relation to infection prevention and control and fire safety training. Area of improvement has been identified against the regulations for a second time on this matter.

A review of two private doctors' details confirmed there was evidence of the following:

- 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

Evidence of professional indemnity insurance was submitted to RQIA following inspection.

Discussion with Mrs Stevenson confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Discussion with Mrs Stevenson demonstrated that no new staff have been recruited since the previous inspection. It was confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

Mrs Stevenson was aware of some types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Policies and procedures were in place for safeguarding adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

An area of improvement was identified against the standards in relation to Mrs Stevenson and the two private doctors undertaking adult safeguarding training at a level commensurate with their individual roles.

Management of medical emergencies

The establishment has a policy and procedure on dealing with medical emergencies which had been updated following the last inspection.

The establishment has an anaphylaxis shock kit in place. Mrs Stevenson confirmed one of the private doctors carries out monthly checks of the anaphylaxis shock kit. A record of monthly checks of the anaphylaxis shock kit was devised during the inspection. Mrs Stevenson gave assurances that the private doctor who undertakes the monthly checks would complete this record.

Discussion with Mrs Stevenson confirmed she was aware what action to take in the event of a medical emergency.

Both medical practitioners have received training in basic life support.

Infection prevention control and decontamination procedures

The establishment has a range of infection prevention and control policies and procedures.

A range of information for patients and staff regarding hand washing techniques was available.

As stated the private doctors had not undertaken infection prevention and control training commensurate with their role and an area of improvement has been stated for a second time on this matter.

Environment

The establishment was found to be clean, tidy and well maintained. Arrangements are in place for maintaining the environment. A fire risk assessment had been arranged for 6 February 2018.

An area of improvement was identified against the standards in relation to the inspection of the fixed electrical wiring installation.

Patient and staff views

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

As stated previously no staff submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, and management of medical emergencies.

Areas for improvement

Both private doctors must undertake mandatory training in relation to infection prevention and control and fire safety.

Mrs Stevenson and the two private doctors should undertake adult safeguarding training at a level commensurate with their individual roles.

The fixed electrical wiring installation should be inspected.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Clinical records

Review of documentation confirmed that 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 GMC guidance and Good Medical Practice.

Mrs Stevenson was aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Patient care records are held in secure locked filing cabinets.

The establishment is not registered with the Information Commissioner's Office (ICO). Mrs Stevenson has contacted the ICO and was informed the establishment did not require registration with the ICO as they do not have electronic records.

Review of six patient care records relating to the private doctor services found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of the treatment provided. It was noted that patient records did not always have a completed record in relation to the patient's wishes on contacting their general practitioner (GP). An area of improvement was identified against the standards on this matter.

Records required by legislation were retained and made available for inspection at all times.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- medical record audit
- patient satisfaction survey

Communication

Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

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

Mrs Stevenson confirmed she meets individually with the private doctors on an ongoing basis.

Patient views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them 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 throughout the inspection in relation to audits and communication.

Areas for improvement

Patient records should be completed in relation to the patient's wishes on contacting their general practitioner (GP).

	Regulations	Standards
Total number of areas for improvement	0	1

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 with decision making

Discussion regarding the consultation and treatment process with Mrs Stevenson confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within a private room with the patient and medical practitioner present.

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.

Healthwise Weight Loss Clinic obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.

Patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issued feedback questionnaires to patients. Review of the completed questionnaires found that patients were satisfied with the quality of treatment, information and care received. Mrs Stevenson confirmed a patient survey will be conducted in the coming weeks.

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 in an information folder in the waiting area.

Patient views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care 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 throughout the inspection in relation to informed decision making and patient consultation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 establishment. Mrs Stevenson has overall responsibility for the day to day management of the establishment.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed and reviewed on a three yearly basis. As stated previously advice was given to an administrator in relation to recording an issue and a review date on policies and procedures. Work was commenced on this matter during the inspection and confirmed as completed following the inspection.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the waiting area of the establishment. Mrs Stevenson demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received 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.

Mrs Stevenson outlined the process for granting practising privileges and confirmed medical practitioners would meet with her prior to privileges being granted.

Two medical practitioner's personnel files reviewed confirmed that there was a written agreement between each 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.

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

A whistleblowing/raising concerns policy was available.

Mrs Stevenson demonstrated a clear understanding of her 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 RQIA certificate of registration was up to date and displayed appropriately.

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

Patient views

All patients who submitted 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 throughout the inspection in relation to the arrangements for managing practising privileges, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Stevenson, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area of improvement 1</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 6 April 2018</p>	<p>The registered person must ensure that the private doctors undertake mandatory training in the following: infection prevention and control and fire safety.</p> <p>Response by registered person detailing the actions taken:</p>

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.8 Stated: First time To be completed by: 6 May 2018	The registered person shall ensure she and the two private doctors undertake adult safeguarding training at a level commensurate with their individual roles. Ref: 6.4 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 22.5 Stated: First time To be completed by: 6 May 2018	The registered person shall ensure the fixed electrical wiring installation is inspected. Ref:.6.4 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 6.7 Stated: First time To be completed by: 6 February 2018	The registered person shall ensure patient records are completed in relation to the patient's wishes on contacting their general practitioner (GP). Ref: 6.5 Response by registered person detailing the actions taken:

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



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