

Announced Care and Medicines Management Inspection Report 9 September 2019



Healthwise Weight Loss Clinic

Type of Service: Independent Clinic(IC) – Private Doctor

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

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Inspectors: Norma Munn, Frances Gault and Catherine Glover

www.rqia.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: Ms Terri-Ann Hollywood
Person in charge at the time of inspection: Mrs Margaret Stevenson	Date manager registered: 12 August 2019
Categories of care: Independent Clinic (IC) – Private Doctor	

4.0 Inspection summary

An announced care inspection took place on 9 September 2019 from 10.00 to 14.15. Frances Gault, senior pharmacy inspector and Catherine Clover, pharmacy inspector also undertook a medicines management inspection of the establishment on the same day.

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 (DoH) 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 included the arrangements for staffing, recruitment and selection, safeguarding, medicines management, infection prevention and control and the environment. Other examples included the engagement to enhance the patients' experience.

Two areas for improvement against the regulations have been identified. These include ensuring each prescriber only has access to their own supply of medicines and ensuring the fire risk assessment has been reviewed and any recommendations made have been addressed.

Two areas for improvement against the standards identified during the previous inspection have been stated for a second time in relation to developing the management of medical emergencies policy and the practising privileges policy.

Three additional areas for improvement against the standards have been identified in relation to developing a policy for the supply of medicines when the private doctor is not present, developing the records management policy and developing an incidents management policy.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Stevenson, registered person and Miss Terri-Ann Hollywood, registered manager, 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 2 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 February 2019.

5.0 How we inspect

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

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

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned.

During the inspection the inspectors held discussions with Mrs Stevenson, registered person and Miss Terri-Ann Hollywood, registered manager.

The following records and areas were reviewed during the inspection:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- medicines management

- infection prevention and control and decontamination
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements
- private doctor 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 Mrs Stevenson and Miss Hollywood at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 February 2019

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 February 2019

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1	The registered person shall ensure that all medicines are stored in their original containers and have the appropriate labelling.
Ref: Regulation 15 (6) Stated: First time	Action taken as confirmed during the inspection: A review of medications evidence that the medicines prescribed by the private doctors are now stored in containers that have the appropriate labelling.

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the medical emergencies policy and procedure is reviewed and revised in keeping with the Resuscitation Council (UK) guidelines.</p> <p>Action taken as confirmed during the inspection: Miss Hollywood confirmed that she had reviewed the medical emergencies policy and procedure and had included the most up to date cardio pulmonary resuscitation (CPR) procedure to be carried out as outlined in the Resuscitation Council (UK) guidelines.</p> <p>However, the policy did not include a list of all of the emergency medicines provided in the establishment. The policy also did not include the frequency of basic life support training or the most up to date procedure to be followed in the event of an anaphylactic shock.</p> <p>This area for improvement has not been fully addressed and has been stated for a second time.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person should contact the Information Commissioners Office (ICO) to determine if Healthwise Weight Loss Clinic is required to register or not. Records should be maintained in this regard.</p> <p>Action taken as confirmed during the inspection: Miss Hollywood provided evidence from the ICO that the establishment did not need to register with them. This had been confirmed with the ICO on 28 January 2019 and again on 11 February 2019.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 19.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly or sooner, as necessary.</p> <p>Action taken as confirmed during the inspection: Miss Hollywood confirmed that she has developed a system to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly. Since the previous inspection Miss Hollywood had reviewed some of the policies and had signed and dated these on review.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a policy is devised outlining the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>Action taken as confirmed during the inspection: Miss Hollywood confirmed that she had developed a practising privileges policy. However, the policy reviewed lacked detail regarding the application, granting, maintenance, suspension and withdrawal of practising privileges and Miss Hollywood was advised to further develop the policy to include more detail.</p> <p>Following the inspection RQIA emailed information and guidance to the clinic in relation to developing a practising privileges policy. Miss Hollywood has agreed to further update the policy in keeping with best practice guidance.</p> <p>This area for improvement has not been fully addressed and has been stated for a second time.</p>
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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

It was confirmed that the private doctors’ service only operates in Healthwise Weight Loss Clinic on a Thursday and Friday. Two private doctors provide medical services in this establishment and Mrs Stevenson confirmed that there is sufficient staff to fulfil the needs of the establishment and patients.

No new private doctors have been recruited since registration with RQIA; however, induction programme templates have been developed. There has been a very low turnover of staff with the same two private doctors having provided services in the establishment for many years leading to continuity of care for the patients.

Procedures were in place for appraising the private doctors’ performance. A review of documentation evidenced that appraisals had been completed on an annual basis.

Mrs Stevenson confirmed that the private doctors undertake continuing professional development (CPD) in accordance with their professional body’s recommendations. Miss Hollywood confirmed that since she has taken up post she has developed a system to ensure that staff receive appropriate training to fulfil the duties of their role in keeping with the RQIA training guidance. A review of records identified that basic life support training in respect of one of the private doctors had expired during February 2018.

Miss Hollywood was aware that the training had expired and had previously discussed this with the private doctor and refresher training in basic life support is scheduled to take place on 13 November 2019. Miss Hollywood was advised to ensure that both private doctors undertake training as frequently as outlined in the RQIA training guidance document for private doctors' services. Following the inspection Miss Hollywood confirmed that this private doctor has also booked to undertake refresher training in infection prevention and control, safeguarding adults and fire safety awareness on 10 November 2019. Miss Hollywood also confirmed that she will be attending a course in safeguarding adults training.

A review of a sample of records confirmed that there are arrangements in place for monitoring the professional body registration status and professional indemnity of the two private doctors.

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

- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service 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
- each doctor has an appointed responsible officer (RO)
- arrangements for revalidation

Evidence of the identity of two private doctors was not available to review. Miss Hollywood agreed to ensure that this information is sought and retained. Following the inspection RQIA received confirmation that this had been actioned.

Discussion with Mrs Stevenson confirmed that the private doctors are aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Mrs Stevenson confirmed that no new private doctors have been recruited since the previous inspection.

Miss Hollywood was aware that should any 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

It was confirmed that the establishment only provides services to patients aged 18 and over.

Mrs Stevenson and Miss Hollywood were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. One of the private doctors has been appointed as the nominated safeguarding lead within the establishment.

Review of records demonstrated that Mrs Stevenson and the two private doctors had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. As discussed Miss Hollywood confirmed that she will also be attending safeguarding adults training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Miss Hollywood was advised to further develop this policy to include the frequency of training for staff.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Management of medical emergencies

The establishment retains an anaphylaxis emergency medicines kit and a supply of Aspirin tablets to be used in the event of a medical emergency. Mrs Stevenson confirmed that one of the private doctors carries out monthly checks to ensure that emergency medicines do not exceed their expiry date. The Adrenaline medication was in date however, the Aspirin tablets had exceeded their expiry date. On discussion it was confirmed that the monthly checks did not include the expiry date of the Aspirin retained. This was discussed and assurances were given that the expired Aspirin tablets would be replaced. It was advised that the Aspirin is included in the medicines expiry date check list in the future.

As a result of the previous inspection an area for improvement had been identified in relation to ensuring the medical emergencies policy and procedure is reviewed and revised in keeping with the Resuscitation Council (UK) guidelines. Miss Hollywood confirmed that she had reviewed the medical emergencies policy and procedure and had included the most up to date CPR procedure to be carried out as outlined in the Resuscitation Council (UK) guidelines. However, the policy did not include details of the Aspirin provided. The policy also did not include the frequency of basic life support training or the most up to date procedure to be followed in the event of an anaphylactic shock. This area for improvement has not been fully addressed and has been stated for a second time.

Mrs Stevenson and Miss Hollywood were aware of the action to take in the event of a medical emergency and both of the private doctors had received training in basic life support. However, as previously discussed one of the private doctors basic life support training had expired and refresher training has been booked to take place on 13 November 2019. Miss Hollywood was reminded that basic life support training should be undertaken annually.

Medicines management

Mrs Stevenson had previously advised us that the areas of improvement from the pre-registration medicines management inspection on 20 February 2014 had been fully addressed. However we found that not all the improvement had been sustained.

Satisfactory systems for the following areas of the management of medicines were observed: records of ordering, receipt prescribing, supply and disposal of medicines. Evidence of good practice was found in relation to records of prescribing by the private doctors and records of orders and receipts of medicines. There were clearly defined roles and responsibility for medicines management in the clinic.

It was noted that some medicines were prescribed and prepared for a later collection date when the private doctor was not present. A policy and procedure for this practice should be in place. An area for improvement against the standards has been made.

The storage of medicines was reviewed. The medicines prescribed by the two private doctors in the clinic require to be stored in a controlled drugs cabinet. The controlled drugs acquired by the private doctors are kept in their personal cabinet which can only be accessed by those that they have given authorisation to do so. Mrs Stephenson was advised that any other prescriber working in the premises must not use the storage facilities of the private doctors. This was discussed with Mrs Stevenson and an area for improvement against the regulations has been made.

Medicines are sometimes stored in a freezer within the clinic. There were no medicines stored in the freezer at the time of this inspection. Miss Hollywood was reminded that the temperature range of the freezer should be monitored when it is in use to ensure that medicines are being stored at temperature recommended by the manufacturer.

The disposal of medicines was discussed. The clinic was disposing of medicines in a clinical sharps waste container which was uplifted by a private company. Records of disposal were maintained. Mrs Stephenson and Miss Hollywood were advised that private doctors should return any controlled drugs to the community pharmacist for disposal.

Medicines are prescribed and supplied to patients directly by the private doctors. Records of this are completed by the private doctors and quantities of medicines supplied are reconciled at the end of each clinic. Occasionally a discrepancy will occur which is investigated by the private doctor. These discrepancies should be monitored and where appropriate any trends should be discussed with the prescribers.

Areas of good practice were identified in relation to records of prescribing by the private doctors and records of orders and receipts of medicines. There were clearly defined roles and responsibility for medicines management in the clinic.

Infection prevention control and decontamination procedures

Miss Hollywood confirmed that appropriate procedures were in place for the decontamination of equipment between use and that single use equipment is used where possible.

Hand washing facilities were available. Adequate supplies of personal protective equipment (PPE) were provided. Information for patients and staff regarding hand washing techniques was available. Sharps boxes were stored safely and Miss Hollywood was reminded to sign and date these on assembly.

Environment

The establishment was found to be clean, tidy and well maintained. Miss Hollywood confirmed that cleaning schedules and arrangements for maintaining the environment were in place.

A fire risk assessment had been undertaken during February 2018 and although Mrs Stevenson had reviewed this assessment it was identified that the recommendations made by the fire risk assessor had not been fully addressed. The recommendations made were discussed and Mrs Stevenson and Miss Hollywood agreed to ensure that the recommendations would be addressed. An area for improvement against the regulations has been made.

Miss Hollywood confirmed that fire drills had been completed prior to the inspection and further fire drills will be completed following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and selection, safeguarding, medicines management, infection prevention and control and the general environment.

Areas for improvement

Ensure that the medical emergencies policy and procedure is reviewed and revised in keeping with the Resuscitation Council (UK) guidelines.

Establish a policy for the supply of medicines when the private doctor is not present.

Ensure each prescriber only has access to their own supply of medicines.

Ensure that the most recent fire risk assessment has been reviewed and any recommendations made have been addressed.

	Regulations	Standards
Areas for improvement	2	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 had a policy and procedure in place for the management of records. The policy reviewed did not include the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records in keeping with best practice guidance and legislative requirements. An area for improvement against the standards has been made.

Mrs Stevenson confirmed that the private doctors were 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 were held in secure locked filing cabinets.

The establishment is not currently registered with the Information Commissioners Office (ICO). This was discussed and Miss Hollywood confirmed that the ICO have confirmed that they do not require to register their service.

Review of three 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. The records were found to be maintained in line with best practice guidance.

Audits

Mrs Stevenson confirmed that there are 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to clinical records, audits and communication.

Areas for improvement

The records management policy and procedure should be further developed.

	Regulations	Standards
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 and Miss Hollywood confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within a private room with the patient and medical practitioner present.

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. Mrs Stevenson confirmed that patients were satisfied with the quality of treatment, information and care received. 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.

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

Mrs Stevenson and Miss Hollywood confirmed that the private doctors' service only operates on a Thursday and Friday each week. There was a clear organisational structure within the establishment and Mrs Stevenson and Miss Hollywood were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Miss Hollywood has recently taken up post as the registered manager has overall responsibility for the day to day management of the establishment. Mrs Stevenson confirmed that she visits the clinic on at least a weekly basis also.

A discussion took place in relation to the Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 monitoring visits. Mrs Stevenson was advised to undertake an unannounced monitoring visit to the establishment at least every six months and produce a report which is made available for patients, their representatives, staff, RQIA and any other interested parties to read. An action plan should be developed to address any issues identified which include timescales and person responsible for completing the action. Following the inspection RQIA forwarded further guidance on what should be included in a monitoring visit template to the clinic. Mrs Stevenson has agreed in the future to carry out these visits in line with legislation.

Policies and procedures were available for staff reference. Since the previous inspection Miss Hollywood has developed a system to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patients' guide. Miss Hollywood confirmed she was knowledgeable about how to respond to complaints.

Miss Hollywood confirmed that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. There had been no recent complaints made regarding the service provided. A complaints template was reviewed that included a section to record the details of the complaint, any investigation undertaken and all communication with complainants. However, a section to record the outcome of the complaint and the complainant's level of satisfaction had not been included. Miss Hollywood agreed to revise the template to include this information.

Miss Hollywood was aware that notifiable events should be investigated and reported to RQIA or other relevant bodies as appropriate. Mrs Stevenson was convinced that they had developed an incident policy however; there was no incident policy available to review. An area for improvement against the standards has been made.

Mrs Stevenson outlined the process for granting practising privileges and confirmed that the private doctors would have met with Mrs Stevenson prior to privileges being granted.

The private doctors personnel files reviewed confirmed that there was a written agreement between each private doctor 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.

As discussed, Miss Hollywood confirmed that she had developed a practising privileges policy. The policy reviewed lacked detail regarding the application, granting, maintenance, suspension and withdrawal of practising privileges and Miss Hollywood was advised to further develop the policy to include more detail. Following the inspection RQIA forwarded further guidance regarding the development a practising privileges policy to the clinic. Miss Hollywood has agreed to further update the policy in keeping with best practice guidance. This area for improvement has not been fully addressed and has been stated for a second time.

Miss Hollywood 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.

Mrs Stevenson demonstrated a clear understanding of her role and responsibility in accordance with legislation. Mrs Stevenson and Miss Hollywood confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The most up to date RQIA certificate of registration was displayed and the out of date certificate was also on display. The out of date certificate was removed during the inspection and given to the inspector to return to RQIA.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and maintaining good working relationships.

Areas for improvement

Ensure that an incident policy is developed in line with legislation and includes the reporting arrangements to RQIA and other relevant external bodies.

Ensure that a policy is devised outlining the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

	Regulations	Standards
Areas for improvement	0	2

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Miss Hollywood.

6.9 Patient and staff views

Three patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were very satisfied with each of these areas of their care. No comments were included in the submitted questionnaire responses.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff submitted questionnaire responses to RQIA.

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	2	5

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 and Miss Hollywood, registered manager 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 doctors' 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 (DOH) 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	
Area for improvement 1 Ref: Regulation 18.1 Stated: First time To be completed by: 9 October 2019	The registered person shall ensure that each private doctor has sole use of each controlled drug cabinet. Ref:6.4 Response by registered person detailing the actions taken: Each doctor have a secure drugs cabinet for sole use and only containing their own medicines.
Area for improvement 2 Ref: Regulation 25 (4) Stated: First time To be completed by: 9 November 2019	The registered person shall review the fire risk assessment and address any recommendations made. Ref: 6.4 Response by registered person detailing the actions taken: Fire risk assessment has been reviewed and all actions taken place as per list of recommendations.

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be completed by: 9 November 2019</p>	<p>The registered person shall ensure that the medical emergencies policy and procedure is reviewed and revised in keeping with the Resuscitation Council (UK) guidelines.</p> <p>Ref:6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Medical emergencies policy and procedure has been reviewed - All necessary changes have been made as per Resuscitation Council Guidelines - UK.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 9 December 2019</p>	<p>The registered person shall ensure that a policy and procedure is in place for medicines which are supplied to patients in the absence of the private doctor.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A policy and procedure has been created to mark the actions taken in order for patients to receive medicines in the absence of the private doctor.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 9 November 2019</p>	<p>The registered person shall ensure that the records management policy has been further developed in accordance with legislation.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Reviewed and Further developed as per legislation via the following; (g) All other cases. A period of 10 years beginning on the date of the last entry in the record."</p>
<p>Area for improvement 4</p> <p>Ref: Standard 9.9</p> <p>Stated: First time</p> <p>To be completed by: 9 November 2019</p>	<p>The registered person shall ensure that an incident policy and procedure is developed in line with legislation and includes the reporting arrangements to RQIA and other relevant external bodies in accordance with legislation.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Incident policy is now updated and all required information has been included within the existing policy in accordance with legislation.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a policy is devised outlining the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>Ref: 6.2 and 6.7</p>
<p>To be completed by: 9 November 2019</p>	<p>Response by registered person detailing the actions taken: All changes have taken place where stated and Mrs Stevenson is making unannounced visits to the clinic ensuring the day to day runnings of the establishment are going as expected. Practising Privileges policy has also been updated and is believed to be in accordance with legislation.</p>

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



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