

Announced Care Inspection Report 4 February 2019



Healthwise Weight Loss Clinic

Type of Service: Independent Hospital (IH) – Private Doctor

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

Tel No: 028 3025 2266

Inspector: Norma Munn

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 hospital 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 Hospital (IH) – Private Doctor	

4.0 Inspection summary

An announced inspection took place on 04 February 2019 from 10.00 to 14.10.

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 related to: patient safety in respect of staffing, the management of the patients' care pathway; communication; records management, and engagement to enhance the patients' experience.

Five areas requiring improvement were identified. One area for improvement against the regulations has been made in relation to the storage of medication. Four areas for improvement against the standards have been made in relation to updating the management of medical emergency policy and procedure, registering with the Information Commissioners Office (ICO), signing, dating and reviewing policies and procedures and devising a policy in relation to the arrangements for practising privileges.

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	1	4

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 05 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 February 2018.

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 submitted to RQIA.

During the inspection the inspector held discussions with met with Mrs Stevenson, registered person and a receptionist.

A sample of records was 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 Mrs Stevenson, registered person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 February 2018

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 05 February 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		
<p>Area for Improvement 1</p> <p>Ref: Regulation 18 (2) (a)</p> <p>Stated: Second time</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>Action taken as confirmed during the inspection:</p> <p>Two private doctors provide medical services in this establishment. Review of the training records of both private doctors evidenced that one of the doctors had completed infection prevention and control training and fire safety awareness training. However there was no record to evidence that the other private doctor had updated fire safety awareness training or completed infection control training as outlined in the RQIA training guidance document for Independent Hospital (IH) - private doctors' services.</p> <p>This was discussed with Mrs Stevenson and following the inspection RQIA received evidence to confirm that fire awareness training and infection prevention and control training in respect of this private doctor had been under taken during February 2019.</p>	<p>Met</p>

	Mrs Stevenson has given assurances that she will ensure that, in the future, training will be carried out as outlined in the RQIA training guidance document for Independent Hospital (IH) -private doctors' services.	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 3.8 Stated: First time	The registered person shall ensure she and the two other private doctors undertake adult safeguarding training at a level commensurate with their individual roles	Met
	Action taken as confirmed during the inspection: Review of the training records evidenced that Mrs Stevenson and one of the private doctors had undertaken adult safeguarding training at a level commensurate with their individual roles. However, there was no record to evidence that the other private doctor had completed adult safeguarding. This was discussed with Mrs Stevenson and following the inspection RQIA received evidence to confirm that adult safeguarding training in respect of this private doctor had been under taken during February 2019.	
Area for Improvement 2 Ref: Standard 22.5 Stated: First time	The registered person shall ensure the fixed electrical wiring installation is inspected.	Met
	Action taken as confirmed during the inspection: Review of records evidenced that the fixed electrical wiring installation was inspected on 14 February 2018.	
Area for Improvement 3 Ref: Standard 6.7 Stated: First time	The registered person shall ensure patient records are completed in relation to the patient's wishes on contacting their general practitioner (GP).	Met
	Action taken as confirmed during the inspection: Review of four patient records confirmed that the patient's wishes on contacting their GP had been recorded.	

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

Two private doctors provide medical services in this establishment. Discussion with Mrs Stevenson demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

No new staff have been recruited since registration with RQIA; however, induction programme templates were in place relevant to specific roles within the establishment. There has been a very low turnover of staff with the 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 staff performance. A review of a sample of two evidenced that appraisals had been completed on an annual basis.

Not all staff had received the appropriate training to fulfil the duties of their role. However, following the inspection RQIA received evidence that this had been addressed. As discussed in section 6.2 Mrs Stevenson has given assurances that she will ensure that, in the future, training will be carried out as outlined in the RQIA training guidance document for private doctors' services.

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

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

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

Recruitment and selection

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

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. The policy had not been signed and dated when issued and there was no evidence of when the policy needed to be reviewed. This is discussed further in section 6.7 of the report.

Safeguarding

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

Mrs Stevenson was 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 one of the private doctors in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. However, there was no record to evidence that the other private doctor had completed adult safeguarding. This was discussed with Mrs Stevenson and following the inspection RQIA received evidence to confirm that adult safeguarding training had been undertaken during February 2019.

It was confirmed that the safeguarding lead has completed formal training in safeguarding adults 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 types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The policy had not been signed and dated when issued and there was no evidence of when the policy needed to be reviewed. This is discussed further in section 6.7.

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 medicines and medical emergencies

The clinic stores medications securely in locked cupboards in the treatment room. Mrs Stevenson confirmed that the stock of medications is monitored and recorded daily. It was observed that some medicines were stored out of their original containers and were not appropriately labelled. This was brought to the attention of Mrs Stevenson who readily agreed to address this issue. An area for improvement against the regulations has been made in this regard.

The establishment retains an anaphylaxis emergency medicines kit. Mrs Stevenson confirmed one of the private doctors carries out monthly checks of the anaphylaxis shock kit to ensure that emergency medicines do not exceed their expiry date. A review of records confirmed that checks had been completed on a monthly basis.

The establishment has a policy and procedure on dealing with medical emergencies. The policy had not been signed and dated when issued and there was no evidence of when the policy needed to be reviewed. This is discussed further in section 6.7. The policy reviewed did not outline the most up to date cardio pulmonary resuscitation (CPR) procedure to be carried out as outlined in the Resuscitation Council (UK) guidelines. This was discussed with Mrs Stevenson and an area for improvement against the standards has been made.

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

Both private doctors had received training in basic life support.

Infection prevention control and decontamination procedures (IPC)

The establishment was clean and clutter free. Mrs Stevenson 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. Mrs Stevenson was reminded to ensure that the disposable hand towel dispensers are restocked when required. Adequate supplies of personal protective equipment (PPE) were provided.

The establishment has a range of IPC policies and procedures.

As discussed in section 6.2, not all private doctors had undertaken IPC training commensurate with their role. However, following the inspection RQIA received evidence to confirm that IPC training had been undertaken during February 2019.

Environment

The establishment was found to be clean, tidy and well maintained. Mrs Stevenson confirmed that cleaning schedules were in place.

Mrs Stevenson confirmed that arrangements are in place for maintaining the environment.

A fire risk assessment had been undertaken during February 2018 and reviewed in February 2019 and Mrs Stevenson confirmed that fire drills had been completed. As discussed in section 6.2 one of the private doctors had not attended up to date fire safety awareness training, however, following the inspection confirmation was received that this training had been undertaken during February 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and selection and the general environment.

Areas for improvement

All medicines should be stored in their original containers and have the appropriate labelling.

The management of medical emergencies policy and procedure should be reviewed in keeping with the Resuscitation Council (UK) guidelines.

	Regulations	Standards
Areas for improvement	1	1

6.5 Is care effective?

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

Clinical records

Mrs Stevenson confirmed that policies and procedures were in place for the management of records and a policy and procedure was also in place for clinical record keeping in relation to patient treatment and care. These policies were not reviewed during the inspection

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 Mrs Stevenson was advised to contact the ICO to determine if Healthwise Weight Loss Clinic is required to register or not. Records should be maintained in this regard. An area for improvement against the standards has been made.

Review of four 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

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.

Areas of good practice

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

Areas for improvement

The ICO should be contacted to determine if Healthwise Weight Loss Clinic is required to register or not. Records should be maintained in this regard.

	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 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.

Mrs Stevenson confirmed that patient care records are stored securely in lockable cabinets.

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

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 outlining the arrangements associated with private doctor service. Observations made confirmed that policies and procedures were indexed. However, several of the policies and procedures had not been signed or dated when issued and a review date had not been recorded. An area for improvement against the standards has been made to ensure that all policies and procedures are signed and dated when issued and systematically reviewed and updated at least every three years or sooner if changes occur.

Mrs Stevenson confirmed that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mrs Stevenson demonstrated a good awareness of complaints management.

Mrs Stevenson confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. Mrs Stevenson also confirmed that a system was 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 private doctors' 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.

There was no policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges. An area for improvement against the standards has been made in this regard.

A whistleblowing/raising concerns policy was available.

Mrs Stevenson demonstrated a clear understanding of her role and responsibility in accordance with legislation. During the inspection Mrs Stevenson discussed plans to appoint a new registered manager who would have overall responsibility for the day to day management of the establishment. Mrs Stevenson agreed to submit an application in respect of the change in the registered manager role to RQIA following the inspection.

Mrs Stevenson 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, incidents and alerts, quality improvement and maintaining good working relationships.

Areas for improvement

Policies and procedures should be signed and dated when issued and systematically reviewed at least every three years or sooner as changes occur.

A policy and procedure should be devised to outline 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 Mrs Stevenson.

6.9 Patient and staff views

Five patients submitted questionnaire responses to RQIA. All five 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 five patients indicated that they were very satisfied with each of these areas of their care. No comments were included in submitted questionnaire responses.

No staff submitted questionnaire responses to RQIA.

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	4

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 establishment. 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 15 (6) Stated: First time	The registered person shall ensure that all medicines are stored in their original containers and have the appropriate labelling. Ref: 6.4
To be completed by: 05 February 2019	Response by registered person detailing the actions taken: All medication are now being kept in their original container labelled with name, batch no. and expiry date until being pillled up even if its only one or two left.

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 18.1 Stated: First time To be completed by: 04 May 2019	<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: 6.4</p> <p>Response by registered person detailing the actions taken: Medical emergencies has been updated and an up to date CPR procedure has been located online and printed off.</p>
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: 04 March 2019	<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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: evidence of this had been provided to inspector on day of inspection as it was checked on 28/01/2019 and checked again on 11/02/2019 no change needed.</p>
Area for improvement 3 Ref: Standard 19.5 Stated: First time To be completed by: 04 May 2019	<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>Ref: 6.4 and 6.7</p> <p>Response by registered person detailing the actions taken: all policies are up to date and signed by all appropriately</p>
Area for improvement 4 Ref: Standard 11.1 Stated: First time To be completed by: 04 May 2019	<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: 6.7</p> <p>Response by registered person detailing the actions taken: new policy is drawn up to comply with advice from inspector</p>

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



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