The Regulation and Quality Improvement Authority

Inspection Report

11 February 2026

Malone Medical Chambers

Type of service: Independent Clinic - Private Doctor
Address: 142 Malone Road, Belfast, BT9 5LH
Telephone number: 028 9066 7676

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/ The Independent Health Care Regulations (Northern Ireland) 2005 and Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Registered Provider: Malone Medical Chambers Ltd **Responsible Individual:** Mr Edward Cooke	**Registered Manager:** Miss Elizabeth Shaw **Date registered:** 27 October 2015
Person in charge at the time of inspection: Miss Elizabeth Shaw	
Categories of care: Independent Clinic (IC) – Private Doctor (PD)	
Brief description of how the service operates: Malone Medical Chambers is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic with a private doctor category of care. A private doctor is a medical practitioner who is a General Medical Council (GMC) registered doctor who does not have a prescribed connection to a responsible officer (RO) within the Health and Social Care (HSC) sector in Northern Ireland Malone Medical Chambers provides a wide range of outpatient clinics across a range of medical specialties. This inspection focused solely on the private doctor services that fall within regulated activity and the category of care for which the establishment is registered with RQIA	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 11 February 2026 from 10.00 am to 4.30 pm.

It focused on the themes for the 2025/26 inspection year. The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning patient safety in respect of safeguarding; management of medical emergencies; infection prevention and control (IPC); the environment and records management. Other examples included the management of the patients' care pathway; patient confidentiality; communication; governance arrangements and ensuring the core values of privacy and dignity were upheld.

No immediate concerns were identified regarding the delivery of front line patient care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the clinic is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

We issued posters to the registered provider prior to the inspection inviting patients and members of staff to complete an electronic questionnaire.

One patient, three staff members and five visiting professionals submitted responses. All of the responses indicated that they felt the care was safe and effective, that patients were treated with compassion and that the service was well led. All indicated that they were either satisfied or very satisfied with each of these areas of their care. A number of responses included positive comments regarding the environment and the staff.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 March 2025		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 19 (2) (b) **Stated:** First time	The responsible individual shall ensure that prior to granting or amending practising privileges there is evidence that the private doctor is suitably qualified and skilled to carry out the proposed private doctor service to be delivered in Malone Medical Chambers Ltd.	**Met**

	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.9.	
Area for Improvement 2 **Ref:** Regulation 19 (1) (b) **Stated:** First time	The responsible individual shall review and strengthen the practising privilege policy and procedure, ensure strict implementation of the revised procedure with robust arrangements for the granting and reviewing of practising privileges for private doctors including a clear scope of practice for each private doctor.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.9.	
Area for Improvement 2 **Ref:** Regulation 7 **Stated:** First time	The responsible individual shall ensure Malone Medical Chambers Ltd operates in accordance with the Statement of Purposes and within their RQIA registration status and categories of care at all times.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.10.	
Area for Improvement 4 **Ref:** Regulation 13(1) **Stated:** First time	The responsible individual shall establish and implement robust oversight and governance arrangements to ensure Malone Medical Chambers Ltd operates in accordance to the legislation and Minimum Standards.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.10.	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of patients and that staff are suitably trained?

The staffing arrangements in respect of Malone Medical Chambers and the private doctor service were reviewed.

As previously stated, a private doctor is a GMC registered doctor who does not have a prescribed connection to a RO within the HSC sector in Northern Ireland.

Miss Shaw confirmed that some of the private doctors who work in Malone Medical Chambers only provide medico-legal or occupational health services. The provision of medico-legal or occupational health services are exempt from regulation with RQIA in accordance with regulation 5(b) of The Independent Health Care Regulations (Northern Ireland) 2005.

Miss Shaw confirmed that six private doctors who work in Malone Medical Chambers fall within regulated activity and the category of care for which the establishment is registered. A review of the details of three of these private doctor records evidenced the following:

- confirmation of identity
- current 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 RO
- arrangements for revalidation

A review of a selection of training records evidenced that the private doctors had completed training in basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm. However, the frequency of some of the training undertaken was not always in keeping with RQIA training guidance. Advice and guidance was provided and following the inspection, RQIA received confirmation that refresher training had been undertaken accordingly.

Miss Shaw confirmed that some of the private doctors have support staff working with them who are also involved with delivery of the private doctor service for example: a registered nurse, an occupational therapist, an assistant psychologist and a nursing assistant. Training records were not available in relation to these staff and this was discussed with Mr Cooke and Miss Shaw. Advice was given to ensure that all staff involved with the delivery of the private doctor service have undertaken continuing professional development (CPD) in accordance with their professional body's recommendations and training in keeping with RQIA training guidance. Following the inspection RQIA received confirmation that a training matrix had been developed to record all training undertaken and that all of the support staff involved in the delivery of the private doctors service had undertaken training in keeping with RQIA training guidance.

Miss Shaw confirmed that induction training is provided to new staff on commencement of employment.

Systems were in place to undertake, record, and monitor all aspects of staff supervision, appraisal and ongoing professional development of the private doctors. Miss Shaw was advised that this should also include all staff involved with the delivery of the private doctor service.

As a result of the actions taken following the inspection, it was determined that staffing levels are safe and staff are appropriately trained to meet the needs of patients.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

The directors of Malone Medical Chambers Ltd oversee recruitment and selection and approve all staff appointments. Discussion with Mr Cooke and Miss Shaw demonstrated a clear understanding of the legislation and best practice guidance.

Registered establishments are required to maintain a staff register. A review of the staff register evidenced that two new private doctors had been recruited since the previous inspection. It was identified that the details of some of the support staff involved with delivery of the private doctor service had not been included in the staff register. This was discussed and following the inspection, RQIA received confirmation that this issue had been addressed.

A review of the personnel files of newly recruited private doctors evidenced that all of the relevant recruitment records had been sought; reviewed and stored as required with the exception of a health declaration. This was discussed and RQIA were given assurances that this issue would be addressed.

A review of a selection of personnel files of support staff involved in the delivery of the private doctor service evidenced that not all of the relevant recruitment records had been sought; reviewed and stored as required. This was discussed and an area for improvement against the regulations has been made in this regard.

Addressing the area for improvement will help to strengthen the recruitment and selection procedures in place, in keeping with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the clinic.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

A policy and procedure was in place for the safeguarding and protection of adults and children 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 or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with staff confirmed that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Miss Shaw gave assurances that all staff who work in the private doctor service undertake safeguarding training in keeping with best practice.

Review of records demonstrated that Miss Shaw, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (November 2024) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were available for reference.

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance.

Systems were in place to ensure that in general emergency medicines and equipment are immediately available as specified in the clinic's policy and do not exceed their expiry dates. It was identified on the day of the inspection that the oxygen for use in the event of an emergency was not easily accessible. This was discussed and Miss Shaw agreed to address this issue with immediate effect.

Managing medical emergencies is included in the induction programme. Miss Shaw gave assurances that all staff who work in the private doctor service undertake training annually in keeping with best practice.

Relevant staff were able to describe the actions they would take in the event of a medical emergency and were familiar with the location of medical emergency medicines and equipment.

As a result of the action taken during and following the inspection, it was determined that the service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The consultation and treatment rooms reviewed were clean and clutter free. Discussion with Miss Shaw and staff evidenced that appropriate procedures were in place for the decontamination of equipment between use. Cleaning schedules for the establishment were in place.

Miss Shaw confirmed that no reusable medical devices requiring decontamination are used in the establishment.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. It was confirmed that the private doctors had up to date training in IPC and Miss Shaw gave assurances that all staff who work in the private doctor service undertake IPC training in keeping with best practice.

Miss Shaw is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

As a result of the action taken following the inspection, it was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 How does the service ensure the environment is safe?

The areas reviewed within the premises were maintained to a good standard of maintenance and décor.

Miss Shaw confirmed that appropriate arrangements were in place to maintain the environment.

5.2.7 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. The policy reviewed included the arrangements for the creation; use; storage; transfer; disposal of and access to records in keeping with best practice guidance and legislative requirements.

Miss Shaw confirmed that the private doctors involved in the delivery of regulated services were aware of the importance of effective records management and that records for patients receiving private doctor services in Malone Medical Chambers are held in line with best practice guidance and legislative requirements. Patient records are kept either manually or electronically.

The patient pathway was discussed with Miss Shaw and staff, who stated that the private doctors submit a list of their patients who are due to attend Malone Medical Chambers. Some of the private doctors provide this list in advance electronically and others provide this list on the day of their outpatients' clinic. Each private doctor is responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice.

Miss Shaw advised that some of the clinical records pertaining to private consultations were available on an electronic software system called DGL practice manager and other records held manually. Miss Shaw confirmed that all patients' medical records are stored securely.

The establishment and private doctors are registered with the Information Commissioner's Office (ICO).

Discussion with Miss Shaw and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

It was determined that clinical records are managed in accordance with legislation and best practice guidance.

5.2.8 How does the service ensure that patients are treated with dignity and respect and are involved in the decision making process?

Discussion with Miss Shaw and staff regarding the consultation and treatment process confirmed that patients are treated with dignity and respect.

The consultations and treatments are provided in private consultation rooms. If required, information is provided to the patient in verbal and written form during their consultation to allow patients to make choices about their care and treatment and provide informed consent.

Malone Medical Chambers obtains the views of patients on a formal and informal basis as an integral part of the service they deliver. Patients are provided with feedback questionnaires and are asked for their comments in relation to the quality of treatment provided, 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.

A review of the most recent patient satisfaction survey report completed for 2025 evidenced that patients were satisfied with the quality of treatment, information and care received.

Appropriate measures are in place to treat patients with dignity and respect and to ensure they have sufficient information to make informed decisions.

5.2.9 Are practising privileges being effectively managed?

The only mechanism for a medical practitioner to work in a registered independent clinic is either under a practising privileges agreement or through direct employment by the establishment. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005.

Two private doctors had been granted practising privileges since the previous inspection. Both of these private doctors' personnel files were reviewed and evidenced that there was a written agreement between each of the private doctors and the establishment setting out the terms and conditions of practising privileges.

Practising privileges granted defined the speciality or specialities in which the private doctors may treat patients or patients. Arrangements were in place to review each of the practising privileges agreements every two years or more frequently if required.

Discussion with Mr Cooke and Miss Shaw confirmed that a system had been developed to ensure that all of the private doctors working in Malone Medical Chambers are suitably qualified and skilled to carry out the care and treatment they deliver in the clinic. Therefore, it was determined that the previous area for improvement one, made against the regulations, as outlined in section 5.1 has been met.

Review of documentation confirmed that the establishment had a policy and procedure in place for the granting, review and withdrawal of practicing privileges agreements. The practising privileges policy had been reviewed and further developed since the previous inspection. Mr Cooke and Miss Shaw confirmed that robust arrangements were now in place for the granting and reviewing of practising privileges for private doctors that included a clear scope of practice for each private doctor. Therefore, it was determined that that the previous area for improvement two, made against the regulations, as outlined in section 5.1 has been met.

It was determined that appropriate measures are in place to grant and review practising privileges; and manage practising privileges agreements.

5.2.10 Are robust arrangements in place regarding organisational and medical governance?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the clinic, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Miss Shaw is the nominated individual with overall responsibility for the day to day management of the establishment. Malone Medical Chambers is operated by a limited company which has three directors. At least one of the directors is on site on a daily basis and Mr Cooke, Responsible Individual, works on site at least two days each week, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Review of minutes of meetings confirmed that the Medical Advisory Committee (MAC) meets quarterly as a minimum; formal minutes are kept and a record of meetings is maintained. There are arrangements for extraordinary meetings where necessary. The MAC reviews the latest key performance indicators, audit findings within the establishment and advises the private doctor service on developments in clinical practice.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients were made aware of how to make a complaint by way of the patient's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Miss Shaw confirmed that a complaints audit is undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Miss Shaw confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Miss Shaw confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Policies and procedures were available outlining the arrangements associated with Malone Medical Chambers. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

Miss Shaw as registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation.

The nature of the services provided by the private doctors working in Malone Medical Chambers was discussed with Mr Cooke and Miss Shaw. It was confirmed that minor surgical procedures are not undertaken and the clinic operates in accordance with the statement of purpose and within their RQIA registration status and categories of care.

It was evident that more robust oversight and governance arrangements had been implemented since the previous inspection to ensure that Malone Medical Chambers operates in accordance to the legislation and minimum standards. Mr Cooke and Miss Shaw have given assurances that they will strengthen the oversight and governance arrangements in relation to any support staff involved with delivery of the private doctor service. It was determined that that the previous areas for improvement three and four, made against the regulations, as outlined in section 5.1 have been met.

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 displayed in a prominent place.

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

It was determined that suitable arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

5.2.10 Does the service have suitable arrangements in place to record 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 Shaw and staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the QIP were discussed with Miss Shaw, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (2), Schedule 2, as amended **Stated:** First time **To be completed by:** 11 February 2026	The responsible individual shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (NI) 2005, as amended, is sought and retained in respect of all staff involved with delivery of the private doctor service. Ref: 5.2.2
	Response by registered person detailing the actions taken: All recruitment documentation as outlined above has been sought and will be retained in respect of all staff involved with delivery of the private doctor service. These staff have been added to the clinic's staff register. Future practising privileges proforma has been amended to reflect the above.

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

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