The Regulation and Quality Improvement Authority

Inspection Report

4 November 2025

Affidea Belfast

Type of service: Independent Clinic (IC) - Private Doctor
Address: Malone Private Clinic, 93 Malone Rd, Belfast BT9 6SP
Telephone number: 028 9066 0050

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: Northern MRI Ltd	**Registered Manager:** Mrs Geraldine Ferris
Responsible Individual: Dr Mark Hampton	**Date registered:** 23 December 2020
Person in charge at the time of inspection: Dr Mark Hampton	
Categories of care: Private Doctor (PD)	

Brief description of the accommodation/how the service operates:
Affidea Belfast is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care.

A PD is a medical practitioner who is not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) and/or who is not named on the NI Primary Medical Performers List (PMPL).

Affidea Belfast provides medical consultations specialising in orthopaedic and sports medicine. The private doctor service provides medical cover to the magnetic resonance imaging (MRI) service when intravenous (IV) contrast is required for patients. This inspection focused solely on the private doctor service that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

Northern MRI Ltd is part of Affidea Ireland which also owns and operates Orthoderm Clinic and Hillsborough Private Clinic, also registered with RQIA.

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 4 November 2025 from 10.00 am to 1.45 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 staffing; recruitment and selection of staff; staff training; 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.

No completed staff or patient questionnaires were received prior to the inspection.

5.0 The inspection

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

The last inspection to Affidea Belfast was undertaken on 14 October 2024; no areas for improvement were identified.

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 Affidea Belfast were reviewed.

As previously stated, a PD is a medical practitioner who is not affiliated with the HSC sector in NI and/or who is not named on the NI PMPL. Dr Hampton confirmed that he is the only PD working in Affidea Belfast.

A review of the details of Dr Hampton's records evidenced 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

Dr Hampton confirmed that he is aware of his responsibilities under GMC Good Medical Practice.

A review of training records evidenced that staff had completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with RQIA training guidance.

Mrs Ferris confirmed that induction programmes and training are provided to all new staff on commencement of employment.

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Evidence was available that staff who have a professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

It was demonstrated 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 was a recruitment and selection policy and procedure in place that adhered to legislation and best practice guidance.

Affidea Belfast human resources (HR) department supports registered managers during the recruitment process and are responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; and seeking all required recruitment documentation. Discussion with Mrs Ferris confirmed that she had access to all recruitment documentation and that she had a clear understanding of the legislation and best practice guidance.

Registered establishments are required to maintain a staff register. It was identified that a staff register needed to be developed, this matter was discussed with Mrs Ferris and the HR and compliance manager for Affidea, who agreed to develop this during the inspection. Mrs Ferris confirmed that two new staff had been recruited since the previous inspection. A review of one of the personnel files of the newly recruited staff evidenced that relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with staff confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the clinic.

As a result of the assurances given during the inspection, it is determined that there are robust recruitment and selection procedures in place that adhere to 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?

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 HSC Trust should a safeguarding issue arise.

Discussion with Mrs Ferris confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mrs Ferris, 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 a copy 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 emergency medicines and equipment are immediately available as specified in the clinic's policy and do not exceed their expiry dates.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

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.

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.

Review of the premises noted that the clinic was clean and clutter free. Discussion with Mrs Ferris evidenced that appropriate procedures were in place for the decontamination of equipment between patients. Cleaning schedules for the establishment were in place.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, staff had up to date training in IPC.
Mrs Ferris is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

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 premises were maintained to a good standard of maintenance and décor.

The most recent fire risk assessment had been undertaken during January 2025.

It was determined 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.

Dr Hampton confirmed that he was aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements.

The patient pathway was discussed with Mrs Ferris who stated that a record is retained for patients who attend Affidea Belfast.

It was confirmed that the private doctor is responsible for maintaining clinical records in accordance with GMC guidance and Good Medical Practice. It was demonstrated that all clinical records in relation to the PD service are stored securely and can be located if required

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Mrs Ferris 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 Dr Hampton and Mrs Ferris 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.

Mrs Ferris told us that patients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. Advice and guidance was provided to Mrs Ferris to collate these results in an anonymised annual summary report which should be made available to patients and other interested parties. Mrs Ferris confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

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 robust arrangements in place regarding organisational and medical governance?

Organisational 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.

Mrs Ferris is the nominated individual with overall responsibility for the day to day management of the clinic and is responsible for reporting to Dr Hampton. Dr Hampton monitors the quality of services at least every six months in accordance with legislation. The report of the most recent monitoring visit along with any identified actions was available for inspection.

Medical Governance and Practising Privileges

The only mechanism for a clinician 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.

Review of documentation confirmed that the establishment had a policy and procedure in place for the granting, review and withdrawal of practicing privileges agreements.

There was a written agreement between the PD and the registered provider that clearly sets out the terms and conditions of granting practising privileges. Practising privileges granted defined the speciality or specialities in which the private doctor may treat patients.

Arrangements were in place to review the practising privileges agreements every two years or more frequently if required.

Governance and oversight arrangements were discussed with Dr Hampton and Mrs Ferris. As mentioned previously, Dr Hampton is the only PD providing services at Affidea Belfast. Dr Hampton has a responsible officer and is affiliated with a designated body.

Mrs Ferris advised us that clinical governance meetings take place quarterly and these are attended by the medical director for Affidea Ireland. Dr Hampton confirmed that there is a peer support network with the Belfast Health and Social Care Trust and that he maintains regular contact with the chief executive officer (CEO) of Affidea Ireland.

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. The MAC reviews the latest key performance indicators, audit findings within the establishment and advises the private doctor service on developments in clinical practice.

Complaints Management

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 confirmed that no complaints had been received since the previous inspection.

Notifiable Events/Incidents

Discussion with Mrs Ferris confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Ferris confirmed that incidents would be 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.

Quality Assurance

Policies and procedures were available outlining the arrangements associated with Affidea Belfast. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. Mrs Ferris demonstrated a clear understanding of her role and responsibility in accordance with legislation.

A review of the statement of purpose and patient's guide identified that some minor amendments were required. This matter was discussed with Mrs Ferris and the HR and compliance manager who agreed to action this following the inspection.

The RQIA certificate of registration was displayed in a prominent place.

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

As a result of the actions taken following the inspection, it is 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 Mrs Ferris.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Ferris, Registered Manager and the HR and compliance manager for Affidea, as part of the inspection process and can be found in the main body of the report.

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