The Regulation and Quality Improvement Authority

Inspection Report

29 October 2025

Healthcare 2000 (NI) Ltd

Type of service: Independent Clinic (IC) - Private Doctor Service
Address: 62A Bloomfield Avenue, Belfast, BT5 5AD
Telephone number: 028 9045 5556

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: Healthcare 2000 (NI) Ltd	**Registered Manager:** Ms Karen Armstrong
Responsible Individual: Mr Paul Swift	**Date registered:** 10 December 2013
Person in charge at the time of inspection: Mr Paul Swift	
Categories of care: Independent Clinic (IC) – Private Doctor	

Brief description of how the service operates:
Healthcare 2000 (NI) Ltd 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).

Healthcare 2000 (NI) Ltd provides a doctor-led weight management service. This inspection focused solely on the arrangements for providing PD services that fall within regulated activity and the category of care for which the establishment is registered.

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 29 October 2025 from 10.00 am to 1.30 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 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 Healthcare 2000 (NI) Ltd was undertaken on 12 September 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 Healthcare 2000 (NI) Ltd 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 PMPL. Mr Swift confirmed that currently two PD's work in Healthcare 2000 (NI) Ltd.

A review of the details of the PD 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

Mr Swift confirmed that the PD's are aware of their responsibilities under GMC Good Medical Practice.

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

Through discussion and review of relevant documentation, it was confirmed that there were systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development. Advice and guidance was provide to Mr Swift to sign and date all PD appraisals to confirm oversight. Mr Swift was receptive to this advice.

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 were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance that ensured suitably skilled and qualified staff work in the establishment. Review of recruitment and selection procedures demonstrated overall good practice in line with legislative guidance.

Ms Armstrong oversees recruitment and selection and approves all staff appointments. Discussion with Ms Armstrong confirmed that she had 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 PDs had been recruited since the previous inspection.

A review of both personnel files evidenced that relevant recruitment records had been sought; reviewed and stored as required.

A review of records confirmed that as a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Mr Swift confirmed the PDs have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the clinic. However, a review of induction training records evidence that induction documentation required further development. Advice and guidance was provided in this regard and Ms Armstrong told us that this matter would be addressed following the inspection.

As a result of assurances provided by Ms Armstrong it is determined recruitment and selection procedures are in place that adhered 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?

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

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 were included for onward referral to the local HSC Trust should a safeguarding issue arise. Advice and guidance was provided to Ms Armstrong to ensure that a copy of Adult Safeguarding Prevention and Protection in Partnership (July 2015) is readily available. Ms Armstrong provided assurances that this matter would be addressed.

Ms Armstrong confirmed that staff are 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 one of the PDs is the safeguarding lead and 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.

As a result of assurances provided 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?

The establishment has a policy and procedure on dealing with medical emergencies which required minor amendments. This was discussed with Ms Armstrong and assurances were provided that this matter would be addressed.

The clinic does not hold any emergency medicines or equipment. A formal risk assessment had been carried out to underpin the decision not to hold emergency medicines or equipment.

Mr Swift confirmed staff were able to describe the actions they would take in the event of a medical emergency.

The PDs had both completed advanced life support training.

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 establishment has two consultation rooms which were clean and clutter free. Discussion with Ms Armstrong 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.
Mr Swift and Ms Armstrong are 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 establishment was found to be clean, tidy and well maintained.

The most recent fire risk assessment had been undertaken during September 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.

Mr Swift 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.

All patient records were held manually and no electronic records were maintained. Mr Swift confirmed that as all record are held manually the establishment is not required to be registered with the information Commissioners Office (ICO).

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

A review of a selection of patient care records relating to the PD service found entries were dated and signed by the PD and outlined a record of the treatment provided.

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 Mr Swift and Ms Armstrong 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.

Ms Armstrong told us that patients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. Results are collated to provide an anonymised summary report which is made available to patients and other interested parties. Ms Armstrong 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.

Ms Armstrong is the nominated individual with overall responsibility for the day to day management of the clinic and is responsible for reporting to the responsible individual.

The responsible individual monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were 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. On review of the practicing privileges policy and procedure it was identified it required further development. This was discussed with Mr Swift who provided assurances this matter would be addressed.

There was a written agreement between each medical practitioner and name of PD service that 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 each of the practising privileges agreements every two years or more frequently if required.

Mr Swift confirmed that Healthcare 2000 (NI) has well established links with other obesity management networks and expert clinicians who work in weight loss management in England which helps to further strengthen the medical governance of the PD service.

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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A review of records confirmed that no complaints had been received since the previous inspection.

Notifiable Events/Incidents

Discussion with Mr Swift and Ms Armstrong confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Armstrong 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 Healthcare 2000 (NI) Ltd. Observations made confirmed that policies and procedures were dated and systematically reviewed on a three yearly basis or more frequently if required.

Mr Swift and Ms Armstrong demonstrated a clear understanding of their role and responsibility in accordance with legislation.

Ms Armstrong confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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 Mr Swift and Ms Armstrong.

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 Mr Swift, as part of the inspection process and can be found in the main body of the report.

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