

# Announced Care Inspection Report 28 January 2020



## Escripts Marketing Limited

**Type of Service: Independent Medical Agency (IMA)**

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**Inspectors: Carmel McKeegan and Frances Gault**

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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

Escripts Marketing Limited is an independent medical agency (IMA) which provides an internet based healthcare service in the form of private and online health consultations and the provision of individual health advice in relation to travel health and occupational health. Escripts Marketing Limited also co-authors Patient Group Directions (PGDs) for use by community pharmacists in Northern Ireland. Following training and assessment, this service allows authorised community pharmacists to supply and administer certain medications to patients without a prescription.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Escripts Marketing Limited  <b>Responsible Individual:</b> Mr Colin Davidson (applicant)	<b>Registered Manager:</b> Mr Colin Davidson- applicant responsible individual and registered manager
<b>Person in charge at the time of inspection:</b> Mr Colin Davidson	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> Independent Medical Agency (IMA) Private Doctor (PD)	

### 4.0 Inspection summary

An announced inspection took place on 28 January 2020 from 10.00 to 14.00 in the RQIA offices in Belfast.

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 since the last care inspection and to determine if the IMA 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 medical emergencies and infection prevention control. Other examples included: the management of the patients' care pathway; communication; records management and engagement to enhance the patients' experience.

No areas requiring improvement were identified.

Since the previous inspection an application was submitted for the registration of Mr Colin Davidson as the responsible individual and registered manager. Following review of the submitted responsible individual application and supporting documentation and discussion with Mr Davidson registration of Mr Colin Davidson with RQIA as responsible individual is recommended.

The findings of this report will provide the IMA with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience. The findings of this report will provide the independent medical agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Colin Davidson, applicant responsible individual, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 20 February 2019

No further actions were required to be taken following the most recent inspection on 20 February 2019.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the IMA 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; and
- review of the submitted responsible individual application and supporting documentation

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were received by RQIA.

Escripts Marketing Limited is based in England, therefore as per an agreed RQIA protocol for the inspection of IMAs; the inspection was conducted in the offices of RQIA. A request for supporting documentation was forwarded to the provider prior to the inspection. Mr Colin Davidson, applicant responsible individual, was requested to be available for contact via the telephone on 28 January 2020, at an agreed time. Having reviewed the records Mr

Davidson was then contacted at the conclusion of the inspection to discuss any issues and to provide feedback on the inspection findings.

During the inspection the inspector held discussions with Mr Davidson and reviewed a sample of records during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provision
- patient consultation
- practising privileges
- clinical records
- management and governance arrangements

The findings of the inspection were provided to Mr Colin Davidson, applicant responsible individual, at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 20 February 2019**

The most recent inspection of the IMA was an announced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 20 February 2019**

There were no areas for improvement made as a result of the last care inspection.

## **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**

Discussions demonstrated that there was sufficient staff in various roles to fulfil the needs of the agency and patients.

We confirmed that there are induction programme templates in place relevant to specific roles within the agency.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

We found that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Mr Davidson is the Medical Director of Escripts Marketing Limited and is the only private doctor employed in the agency. It was confirmed that Mr Davidson does not prescribe medications or treatments for patients. A review of the details of Mr Davidson evidenced 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

We determined that Mr Davidson is aware of his responsibilities under GMC Good Medical Practice.

## **Recruitment and selection**

A review of the submitted staffing information confirmed that no new private doctors have been recruited since the previous inspection. During discussions it was confirmed that should private doctors be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is 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

## **Safeguarding**

Mr Davidson confirmed that Escripts Marketing Limited only provides services to patients aged 18 and over.

We found that Mr Davidson who is the safeguarding lead has completed Level 3 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016). We were informed that authorised pharmacies and support staff have completed Level 1 safeguarding awareness training and training records are maintained in this regard.

The agency's safeguarding policies and procedure were provided by electronic mail prior to inspection and were found to be in accordance with current regional guidance. 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.

### **Management of medical emergencies**

Escripts Marketing Limited does not offer face to face services to residents of Northern Ireland. However Mr Davidson and the independent prescribing pharmacists complete annual basic life support training and this is recorded in the medical professional's log.

Should it be identified following review of the patient registration and assessment documents, that a patient requires immediate medical intervention patients would be signposted to their general practitioner (GP) or local accident and emergency department when applicable.

### **Medicines management**

Mr Davidson confirmed that patients are able to access an online travel vaccination and anti-malarial treatment consultation and prescribing service and be signposted to community pharmacies where they are able to attend to have the vaccines administered or the anti-malarial treatments supplied using the agency's PGDs. On completing a consultation, the system generates a code for the patient which allows pharmacists registered with the service to access the patient's record when the patient attends the pharmacy and, following a face to face consultation, administer any authorised vaccines and/or anti-malarial treatments that the patient has consented to.

Mr Davidson confirmed that PGDs are drawn up by a multi-disciplinary group involving a doctor, a pharmacist and a representative of the agency. The PGD is signed by each member of the multi-disciplinary group; the representative of the agency; and, the individual health professionals working under it. Each PGD is reviewed annually or sooner if circumstances change.

The community pharmacist has to provide the following evidence to the agency before they are eligible to use the agency's travel health eTool and PGD package:

- that they have undergone practical injection technique and basic life support training in the last 3 years; and,
- that they have a solid understanding of travel health.

The agency also checks the pharmacist registration with the Pharmaceutical Society of Northern Ireland.

The superintendent community pharmacist is responsible for ensuring that only pharmacists who are trained and competent provide the service.

It was proposed that the agency should have a mechanism to re-evaluate the training uptake by community pharmacists and maintain a record of this information.

The monthly clinical review includes a review of patient survey responses, patient complaints, pharmacist survey responses, pharmacist complaints, adverse events and significant events. The review is done by the registered manager and a medical clinician.

## Infection prevention control (IPC) and decontamination procedures

As previously discussed Escripts Marketing Limited does not see patients residing in Northern Ireland face to face. Mr Davidson and independent prescribing pharmacists have completed awareness of IPC training and would signpost patients where necessary.

### Patient group directions (PGD)

It was confirmed that for each PGD there are governance arrangements with clear lines of responsibility and accountability and that PGD's are developed in accordance with The Human Medicines Regulations 2012.

All PGD's have been authorised by a pharmacist registered with the Pharmaceutical Society of Northern Ireland

Discussion with the applicant responsible individual and a review for the PGDs confirmed that a process is in place to ensure that they are kept up to date and reflect more frequent changes for example: Seasonal Influenza Vaccine.

### Risk Management

It was confirmed that risk management procedures are in place to ensure that risks are identified, assessed and managed. Escripts Marketing Limited has a corporate risk register, this is a live document which is updated and amended as and when necessary. The corporate risk register is presented and discussed annually at board meetings. It was confirmed that arrangements were in place to review the risk register and measures to mitigate and control the risks identified have been developed.

### Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, safeguarding, management of medical emergencies, infection prevention control the arrangements in respect of PGD's and risk management.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

#### 6.5 Is care effective?

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

### Clinical records



Review of ten electronic patient records relating to the Escripts Marketing Limited service found that all entries were dated, signed and outlined a contemporaneous record of the treatment provided.

We were informed that any alterations or additions were recorded in such a way that the original entry could still be read.

Patient electronic records are accessed using individual usernames and passwords. Mr Davidson confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

Discussion with Mr Davidson and review of training records confirmed that appropriate staff have received training in records management. We confirmed that all staff are aware of the importance of effective records management and records are held in line with best practice guidance and legislative requirements.

Mr Davidson demonstrated a good knowledge of effective records management including maintaining patient confidentiality.

There are systems in place to audit the completion of clinical records remotely and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the agency's clinical governance structures.

It was confirmed that the staff in Escripts Marketing Limited are aware of the General Data Protection Regulations May 2018 and that they are compliant with this legislation.

The IMA is registered with the Information Commissioner's Office in England.

Review of documentation confirmed that Escripts Marketing Limited has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

Escripts Marketing Limited also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Review of staff questionnaires and discussion with Dr Davidson confirmed there is an open and transparent culture that facilitates the sharing of information and patients are aware of who to contact if they want advice or if they have any issues/ concerns.

## **Audits**

We confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. There is a rolling audit programme in place.

Prior to the inspection the following audits were submitted to RQIA and reviewed:

- healthcare records audit
- annual clinical review

- monthly audit of incidents including Northern Ireland and Great Britain

Mr Davidson stated that the monthly review of incidents is shared with all pharmacies to highlight areas of learning. Mr Davidson also described the arrangements are in place to escalate shortfalls identified during the audit process through the agencies governance structures.

## **Communication**

Information about services provided by the agency was reviewed and found to accurately reflect the types of IMA services provided and was in line with GMC Good Medical Practice.

In order to access online services patients must register and complete an assessment and diagnosis questionnaire. Following review of the assessment and diagnosis questionnaire should additional information be required telephone contact is made with the patient. During the registration stage prospective patients must provide contact details for their GP. If a prospective patient does not provide contact information for their GP, they cannot proceed and services would be withdrawn. Following diagnosis and treatment systems are in place to contact the patient's GP to inform them of treatment prescribed. There are also systems for the GP to contact the agency.

The Escripts Marketing Limited website contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the Escripts Marketing Limited for information via the website and by telephone.

Mr Davidson confirmed that there are systems in place to identify and verify the patient at the start of the first consultation and subsequent consultations. Escripts Marketing Limited utilises the services of a third party provider to verify the identity of patient and protect against individuals using multiple identities.

Information provided to patients is written in plain English.

Discussion with Mr Davidson and review of records confirmed that information provided to patients affords a transparent explanation of their condition and any treatment, investigation or procedure proposed. The information also includes any risks, complications, options and the expected outcome of the treatment or procedure. The costs of treatments were found to be up to date and include all aspects of the treatment.

It was confirmed that prescriber review meetings are held regularly and learning from complaints incidents/near misses is effectively disseminated to staff.

## **Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

## **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 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.**

#### Confidentiality and Consent

A policy and procedure was in place in relation to confidentiality and we were informed how confidentiality is maintained.

We confirmed that consent is obtained in line with GMC guidance on consent. There are systems in place to ensure patients are effectively involved in making decisions about their treatment and are provided with clear and accessible information about the implications of the treatment and the options available to them. Informed consent or refusal is documented in the patient's record and completed consent forms are kept in with patient records.

#### Dignity, respect and rights

Discussion with Mr Davidson evidenced that the patient's dignity is respected at all times during the consultation and treatment process.

Consultations are provided online through the website. Patients' rights to make decisions about care and treatment are acknowledged and respected and patients are treated and cared for in accordance with legislative requirements for equality and rights.

Discussion with Mr Davidson evidenced that the patient's dignity is respected at all times during the consultation and treatment process.

We confirmed through the above discussion that patients are treated in accordance with the DoH standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

All patients 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 to read online on the agency's website.

#### Mental Capacity

Mr Davidson confirmed that should any concerns be identified in relation to mental capacity following review of the patient registration and assessment documentation and any subsequent correspondence with patients that services would not be offered and the patient would be signposted to their GP.

## Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, consent, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
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 agency, and Mr Davidson was able to describe his role and responsibilities and confirmed staff were aware of who to speak to if they had a concern. Mr Davidson as the new responsible individual and registered manager is in day to day control of Escripts Marketing Limited.

Where the entity operating the agency is a corporate body or partnership or an individual owner who is not in day to day management of the IMA Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Davidson is in day to day charge of the agency, therefore Regulation 26 unannounced quality monitoring visits do not apply.

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patients's guide. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Mr Davidson confirmed that there have been no complaints made regarding NI pharmacies since the previous inspection. We found arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was demonstrated that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Mr Davidson informed us that an audit of complaints is undertaken for the entire organisation and the learning outcomes are analysed to identify trends, drive quality improvement and to enhance service provision throughout the organisation. Any themes emerging from complaints are reviewed with the relevant governance committees.

We found policies and procedures were available for staff reference. The policies and procedures provided to RQIA were indexed, dated and included a minimum of a two yearly review date.

Mr Davidson described the system to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. We determined that a system was also 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.

We determined that a process for granting practising privileges is not required as Mr Davidson is the only private doctor and is a Director of the organisation.

We found that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

Mr Davidson demonstrated a clear understanding of his new role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. We were assured that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

Mr Davidson confirmed the RQIA certificate of registration was up to date and displayed in the agency.

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

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 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 Mr Davidson.

## 6.9 Patient and staff views

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. No completed client questionnaires were returned prior to RQIA.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

## 7.0 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment/agency of any description without being registered in respect of it.

Mr Colin Davidson submitted an application to RQIA to become the registered provider of Escripts Marketing Limited. The relevant information, supporting documentation and appropriate fees accompanied the application.

Discussion with Mr Davidson evidenced that he had a clear understanding of his role and responsibilities as the registered provider under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk
- responsibilities under the Independent Health Care Regulations (Northern Ireland) 2005
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- responsibilities under the DoH Minimum Care Standards for Independent Healthcare Establishments (July 2014)
- responsibilities under health and safety legislation
- adherence to professional codes of conduct
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Mr Colin Davidson with RQIA as registered provider is recommended.

## 8.0 Quality improvement plan (QIP)

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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